

Cardea Healthcare Limited

Cardea Healthcare - Uxbridge

Inspection report

Cardea Healthcare, Suite 553
The Atrium, 1 Harefield Road
Uxbridge
UB8 1EX

Tel: 01895913777

Website: www.cardeahealthcare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Cardea Healthcare – Uxbridge is a care agency providing personal care and support to people living in Berkshire. They provide a service to children as well as older and younger adults with learning disabilities, physical disabilities, mental health needs and dementia. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, 43 people were receiving personal care and support.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support: The service supported people to have the maximum possible choice and to make decisions about their lives. People were supported to learn new skills and be independent. Staff focussed on people's strengths and helped people to have fulfilling and active lives. People were supported to pursue a range of different social activities when this was part of their care. Staff did not restrain people and worked with other professionals to help plan effective care which reduced the likelihood of harm and incidents. Staff understood people's individual communication needs and provided them with the support they needed to make choices. People received support to take their medicines safely and as prescribed. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care: People were treated well. Their individual and diverse needs were met. Staff understood how to provide care which met these needs. Staff treated people with kindness and respect. People's privacy and dignity were maintained. Staff understood how to protect people from poor care and abuse. There were enough suitably skilled staff to meet people's needs and to care for them safely. People who had individual ways of communicating could interact comfortably with staff and others involved in their care because staff had the necessary skills to understand them. People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life.

Right culture: There was an inclusive and positive culture where people received personalised care. People were asked for their opinions, and these were listened to and acted on. People received good quality care and support. There was low staff turnover which supported people to receive consistent care from staff who

knew them well. People and those important to them, including advocates, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families, and other professionals as appropriate.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 18 December 2018).

Why we inspected

We had not inspected this service for over 5 years, and we needed to check that they were still providing good quality and safe care.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cardea Healthcare - Uxbridge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection visit was conducted by 1 inspector. A second inspector and an Expert by Experience supported the inspection by making phone calls to people who used the service, their relatives and staff. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service a short period of notice of the inspection. This was because we needed to be sure that

the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 November 2023 and ended on 28 November 2023. We visited the location's office on 28 November 2023.

What we did before the inspection

We looked at all the information we held about the location, including notifications of significant events.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 6 people who used the service, the relatives of 12 other people and 12 staff on the telephone. We met the registered manager and other office staff when we visited the agency's office.

We looked at the care records for 5 people who used the service, records of staff recruitment, training and support and other records used by the provider for managing the service. These included audits, meeting minutes, records relating to medicines management and records of adverse events.

Is the service safe?

Our findings

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines safely and as prescribed. However, we found some records around medicines needed to be clearer. For example, the staff had not always recorded the reason why they had administered PRN (as required) medicines or whether these had the desired effects. We discussed this with the registered manager who put in place systems to improve this directly after our visit.
- The provider had assessed and planned for the risks relating to people's medicines. They monitored these.
- Staff were trained to understand about safe medicines management and had their skills and knowledge assessed by managers.
- The provider liaised with other professionals and prescribing doctors when they had concerns about a person's medicines or when they felt these needed to be reviewed.
- People were supported to be independent with their medicines if they wanted and were able to do this.

Systems and processes to safeguard people from the risk of abuse

- There were systems to help safeguard people from the risk of the abuse. The provider had suitable policies and procedures. Staff undertook training to help them understand how to recognise and report abuse. Staff demonstrated a good knowledge of this.
- The provider had worked with the local safeguarding authority to help investigate concerns and to protect people from abuse.
- Some people were supported with shopping and money handling. There were systems and checks to help protect people from the risk of financial abuse.

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing had been assessed and planned for. Risk management plans included actions for staff and the person to help keep them safe. These were regularly reviewed and updated.
- The provider had worked with other professionals to help assess and plan for risks associated with people becoming agitated. The plans around this were personalised and included ways for staff to recognise signs of and the triggers for people's distress. There were planned interventions to help people manage their own anxiety and to calm themselves. For some people, the provider, with the support of other professionals, had developed guides and plans specifically for the person to follow. This empowered people to self-manage risks when they started to feel unsettled.
- The staff did not use any form of restraint, although they had received training and guidance so they could safely protect themselves and others should people be physically aggressive.

- The provider had assessed the risks within people's environments. They worked with others to help minimise these. We saw examples of how they had liaised with landlords and others to address problems within people's homes.
- Staff undertook training, so they understood how to care for people safely. For example, how to use equipment people needed, how to support them to move safely and how to support people to eat and drink in a safe way.

Staffing and recruitment

- There were enough suitable staff to care for people and keep them safe. The provider did not take on new care packages if they did not have sufficient staff. The staff were matched to people to reflect people's choices and personalities as well as their care needs. People had the same regular care workers and staff turnover was low.
- Some people had 24-hour staff support with staff who stayed with them overnight in case of emergencies. There was a system to help make sure these staff had sufficient breaks. People who received different visits during the day told us staff arrived on time and stayed for the agreed length of time.
- There were systems to help make sure only suitable staff were recruited. These included a range of checks before they were employed and assessments of their competencies during their induction.

Preventing and controlling infection

- There were systems to help prevent and control infection. The staff had relevant training and people told us staff wore personal protective equipment (PPE) such as gloves when needed, washed their hands, and followed good hygiene practices.
- The provider had updated their policies and procedures in line with government guidance about COVID-19 and infectious diseases. They provided support and information for people using the service and staff about these and how to access vaccinations.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The staff recorded and reported all accidents, incidents, and adverse events. The management team reviewed these records and investigated what had happened. They took action to put things right and shared learning with staff.
- Following incidents which had occurred, the provider had changed key procedures at the service. They had improved monitoring and communication with people using the service and their families. They also carried out more robust and regular audits.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's needs and choices before they started using the service. They regularly reviewed and monitored these assessments to reflect any changes in their needs and to make sure they were relevant.
- The provider helped people to plan objectives they wanted from the service. These reflected best practice guidance and were personalised.
- The provider liaised with the person receiving care, professionals involved in their care and other representatives to make sure these assessments were comprehensive and included the advice and guidance from others when needed.

Staff support: induction, training, skills and experience

- People were cared for by staff who were trained, skilled and had the experience needed to provide effective care. New staff completed induction training and were assessed by the registered manager. All staff undertook regular training updates.
- The registered manager was a qualified trainer and provided bespoke personalised training for staff. Staff also accessed online courses and were supported to undertake qualifications in care if they wanted.
- Staff had completed training to understand about best practice when supporting people with learning disabilities and autistic people.
- Staff told us the training was useful and that they felt supported. Staff had regular opportunities to meet and talk with their line managers. They had their work appraised and were able to ask for additional support when needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink when this was part of their care. Their dietary needs were assessed and planned for. Staff monitored people's food and fluid intake, when this was needed.
- Some people required nutritional support through a Percutaneous endoscopic gastrostomy (PEG). This is a device where food, fluids and medicines are provided directly into a person's stomach. The staff had training to understand about this and there were systems to monitor this care was well provided.
- The provider recognised some people had restricted diets and did not have opportunities to eat freshly prepared, home cooked food. They had set up a weekly club for people to work together with staff to plan and prepare fresh meals. The group members then took home 7 individual portions of different meals, which they could reheat at home, to last them for the week.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were assessed, planned for, monitored, and met. There were clear care plans which provided staff with information about people's health and the support they needed.
- Staff had responded appropriately when people became unwell, liaising with other professionals and making sure guidance and plans were updated.
- The staff supported some people to attend medical appointments and health checks.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider was acting within the principles of the MCA. People's mental capacity to make different decisions had been assessed. For people who lacked mental capacity, the provider had worked with their legal representatives and family to help make decisions in their best interests.
- People had consented to different aspects of their care and treatment. People told us they were given choices, and these were respected.
- Staff undertook training regarding the MCA. They demonstrated a good understanding of this and how to implement this in their work.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported. They were cared for by familiar staff who they had good relationships with. People and their relatives spoke positively about the staff. Their comments included, "They are very kind", "[Care worker] is friendly and [person] likes them" and "They go above and beyond to help me, and I really appreciate the support I am getting."
- People's diversity needs were assessed and planned for. People confirmed the staff understood their culture, religious needs and identity. One relative explained, "They are mindful of our religious needs and respect this." Staff explained about the different people they cared for. They demonstrated a good understanding of people's different cultures and what was important to them.
- People told us the staff had supported them during times of illness, unhappiness, bereavement, and other difficult times. They explained staff were understanding and sensitive. One person told us, "When I was unwell and needed to attend hospital, the carers supported me through that and all the worries I had."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their own care. They were involved in developing and reviewing care plans.
- People told us staff offered them choices and respected their decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. They were asked about any preferences for the gender of their care workers. Staff were selected for personality traits that suited people's needs and choices. Staff used people's preferred names and pronouns.
- People told us staff provided care which helped maintain their dignity. For example, one person described a change in need which had left them embarrassed. They explained, "The carers were very kind and considerate. They were aware of how I was feeling and showed an interest in me as a person to help reduce my embarrassment and anxiety."
- People were supported to develop and maintain independence. Care plans described the things people could do for themselves. They told us the staff encouraged this independence. People were supported with exercises to help increase their mobility.
- The provider developed skills training for people who wanted to be more independent with maintaining their house, shopping, using money, travel, and cooking. They supported people to plan goals and work towards these.
- The provider rang a weekly group for people to socialise and learn skills together. They planned each

week with the attendees and looked at how to develop a range of skills in a fun environment.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and reflected their preferences. They were asked for their views and to the provider developed person-centred care plans.
- The provider supported people to plan objectives and work towards these. There were regular reviews of care. People using the service and their relatives told us the service was responsive when their needs changed, or they wanted a change.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Information was provided in different formats when people needed. This included guidance about the service and other important information, for example about COVID-19 and accessing other services.
- Some people did not use words to communicate. There was good information and training for staff to help them understand how to communicate well. Staff used a range of sign language, pictures, body language and objects of reference to help people understand them and be understood.
- Comments from people's relatives included, "The staff understand [person]. They understand the sounds [they] make and what these mean" and "The staff are good at reading body language and facial impressions."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop relationships and make friends. The provider organised for group activities and events including parties, holidays, and clubs. They invited people to join these. The registered manager gave us examples of how people had made new friends and developed these friendships beyond the initial activities where they had met
- People were supported to take part in a range of different leisure and social activities. People using the service and their families told us about these. The provider kept photographs of different events which included day trips, meals out, visiting places of interest, attending sports matches, and supporting one person to attend an end of year school prom.

- The staff worked with people to understand about their hobbies and interests. They helped them to pursue these as well as supporting them to try new things.

End of life care and support

- At the time of our inspection, the provider was not providing any end-of-life care. However, they had information they shared with people and their families to help them prepare for this time and plan ahead.
- Staff undertook training to understand about the importance of good end-of-life care.

Improving care quality in response to complaints or concerns

- The provider had an appropriate procedure for dealing with complaints. They investigated these and made changes to the service when improvements were needed.
- People using the service and their relatives told us they knew how to make a complaint and felt confident in doing so. People who had raised concerns in the past explained these had been addressed to their satisfaction.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture where people received person-centred care. People were happy with the service, felt well supported and were empowered to make decisions about their care.
- People using the service and their relatives told us they would recommend the agency. Some of their comments included, "They are like part of our family", "I cannot speak highly enough of them" and "Staff are passionate about their role."
- The staff were happy working at the service. They felt supported and had good relationships with managers and each other. Some of their comments included, "The agency is reliable", "They look after their clients" and "Everyone is nice and friendly, and they are reliable and transparent."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under duty of candour. They had responded appropriately, investigated, learnt from and apologised when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was appropriately managed. The registered manager was also the director of the company. They were an experienced and qualified care manager. They kept themselves updated with training requirements and information about best practice and changes in legislation.
- People using the service, their relatives and staff told us they found the registered manager responsive and helpful. Their comments included, "[Registered manager] is really nice and regularly visits me", "[Registered manager] is responsive and approachable" and "The manager is incredibly supportive."
- The provider had developed a range of policies and procedures. Staff were familiar with these and were given guidance and information through training, contact with the management team, and meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people and involved them in planning and reviewing their own care. The management team visited people each month to discuss their care and any changes they would like.
- People were asked for their views about the service. They were able to complete surveys about their experience. We saw the provider analysed and responded to the results of these.

- There were staff meetings and opportunities for the staff to talk with and meet their line managers individually.
- Staff completed training about equality and diversity. This helped them to understand how to meet people's individual needs.

Continuous learning and improving care; Working in partnership with others

- There were effective systems for monitoring and improving the quality of the service. These included audits of records, medicines management and care provision.
- The provider worked closely with commissioners and other agencies to discuss and implement best practice.
- There was evidence of joint working with healthcare professionals to provide good quality care for people.