

Cardea Healthcare Limited

# Cardea Healthcare

## Inspection report

6-8 Arundel Road  
Uxbridge  
Middlesex  
UB8 2RP

Tel: 01895204882

Website: [www.cardeahealthcare.co.uk](http://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

The inspection took place on 14 November 2018. We told the provider two working days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

The last inspection was on 6 March 2018 when we rated the service requires improvement for the key questions of, 'is the service safe?', 'is the service effective?' and 'is the service well-led?' The overall rating of the service was requires improvement. We asked the provider to complete an action plan to show what they would do to improve the service. At the inspection of 14 November 2018, we found the required improvements had been made and we have rated the service good for all key questions and overall.

Cardea Healthcare Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people needing care and support at the end of their lives and to younger adults who have learning disabilities. Some care is provided by 'live-in' care workers, who stayed at people's homes during the day and night. At the time of our inspection 12 people were using a service, six people were supported by 'live in' care workers. All of the people using the service were adults with a learning disability and their care was commissioned by Bracknell Forest Borough Council. The service also provides staff to work in care homes, this part of the service is not regulated by CQC.

The service was the only branch of the organisation, which was a private company. The owner of the company was also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were happy with the service they received. They said their needs were being met and they liked the care workers who supported them. They were involved in planning their own care and felt able to raise any concerns or discuss changes to the service which they wanted. People's medicines were managed in a safe way. They were supported to access healthcare services and they had the food and drink they needed and chose.

At the time of the inspection, the provider did not access any training or information for the staff about how to provide an inclusive service which promoted the rights of people who identified as LGBT+ (Lesbian, Gay, Bisexual and Transgender). However, following the inspection visit they told us they were looking at ways to support the staff to gain a better understanding of how they could be inclusive.

The provider produced information in an easy to read format for people who had learning disabilities and may find this type of information easier to understand.

The staff were well supported, trained and had the information they needed to care for people. They were

happy working for the organisation and enjoyed the work they did. There were appropriate systems for ensuring staff were suitable when they were recruited, and they undertook a range of relevant training to make sure they had the skills and knowledge to care for people. There were enough staff to meet people's needs. 'Live in' care workers had sufficient breaks and familiar replacement staff were allocated to care for people when the regular care workers had time off. Care workers arrived on time for visits and people said they stayed the agreed length of time.

There were processes for safeguarding adults and reporting abuse. The staff and people using the service were aware of these and felt confident raising concerns with the provider. The provider had systems for monitoring the quality of the service and making improvements. They consulted with people using the service and other stakeholders to ask for feedback about their experiences. The provider made regular checks on staff to ensure they were providing the right care and support and that people using the service were satisfied.

## 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.

Systems, processes and practices were designed to safeguard people from abuse.

The risks to people had been assessed and planned for.

There were sufficient numbers of suitable staff deployed to keep people safe and meet their needs.

People received their medicines in a safe way.

People were protected by the prevention and control of infection.

Lessons were learnt, and improvements made when things went wrong.

### Is the service effective?

Good ●

The service was effective.

People's needs and choices were assessed so that care and support could be delivered to meet these needs.

The staff had the skills, knowledge and experience to deliver effective care.

Consent to care was sought in line with the legislation and guidance.

People had the support they needed to access healthcare services.

People's nutrition and hydration needs were met.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness, respect and compassion.

People were able to express their views and make decisions about their care.

People's privacy, dignity and independence were respected and promoted

**Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised care that was responsive to their needs.

People's concerns and complaints were listened to and used to improve the quality of the service.

People were supported at the end of their lives with personalised care.

**Is the service well-led?**

**Good** ●

The service was well-led.

There was a clear vision and credible strategy to deliver a quality service.

There were effective systems for monitoring and improving the quality of the service.

People using the service, staff and other stakeholders were consulted about the service and able to offer their views about their experiences.

# Cardea Healthcare

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 November 2018. We told the provider two working days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

The inspection visit was carried out by one inspector. Before the visit, we contacted people who used the service, their representatives and the staff for feedback about their experiences. Phone calls to people who used the service were made by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service

Before the inspection visit we looked at all the information we held about the service. This included the last inspection report, the provider's action plan in respect of this, statutory notifications and information from members of the public. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

We looked at public information about the service such as care agency review websites.

We received feedback from two people who used the service and eight members of staff.

During the visit we met the registered manager and care coordinator. We looked at the care records for four people who used the service and the personnel files for four members of staff. We also looked at other records used by the provider for managing the service, these included meeting minutes, records of complaints and records used for quality monitoring.

# Is the service safe?

## Our findings

At the inspection of 6 March 2018, we found that risk management plans were not always in place and the care workers had not been given guidance to mitigate these risks.

At the inspection of 14 November 2018, we found improvements had been made. Care files included a range of detailed risk assessments, regarding people's physical and mental health, assisted moving, equipment being used, their home environment and in relation to activities they took part in. The assessments included guidance for the staff on how to support people to minimise these risks. The registered manager had reviewed and updated all of the risk assessments to make sure they were relevant and incorporated people's changing needs.

At the inspection of 6 March 2018, we found there were no protocols for the administration of topical creams and PRN (as required) medicines.

At the inspection of 14 November 2018, we found improvements had been made. There was a clear procedure for the management of medicines and the staff were trained to understand this. The registered manager had observed their competencies at administering medicines to make sure they did this correctly and in line with procedures.

There had been improvements to the records around medicated creams and PRN medicines with in-depth guidance about when and how to use these provided within people's care files. There were details about all prescribed medicines and risk assessments relating to these for each person. The staff recorded when they administered medicines and these records were checked each month by the registered manager to make sure people had received their medicines as prescribed.

At the inspection of 6 March 2018, we found that actions arising from accidents and incidents had not always been recorded so we could not see where improvements had been made as a result of these.

At the inspection of 14 November 2018, we found improvements had been made. The staff recorded all accidents and incidents and there was evidence these had been analysed by the registered manager and discussed with staff so they could learn from these. The learning from these had been recorded and changes had been made to the service to minimise the risk of the incidents occurring again. The registered manager had a system for tracking when incidents occurred and identifying any trends or patterns.

The provider had systems designed to safeguard people from abuse. These included a procedure linked to the local authority safeguarding procedures. The staff were aware of this and how to whistle blow. They received training regarding safeguarding and this was also discussed at team and individual staff meetings.

The provider had worked appropriately with the local safeguarding authority in reporting allegations of abuse, investigating these and putting in place safeguards to protect people from further abuse.

There were enough staff deployed to keep people safe and meet their needs. People told us that the care workers arrived on time for visits. They had the same regular care workers and they stayed the full allocated time. There comments included, "[Care worker] is always on time and calls me if she is going to be late, which is very rare" and "They always do what they are supposed to do. If my regular care worker is on holiday I have someone else who I know."

There were suitable systems for allocating staff work, which included sufficient time off for "live in" care workers. People were allocated the same familiar staff who were introduced to them by the registered manager before they started working with them. The care workers told us they had enough travel time and enough time with each person so that they did not have to rush their care or support.

The provider had systems to help prevent and control infections. The staff were provided with protective equipment, such as gloves and aprons. They had training around infection control and the registered manager made sure staff were following good hygiene practices when they carried out observations. The staff had been advised about the importance of flu vaccinations so they could help prevent the spread of winter flu.



# Is the service effective?

## Our findings

At the inspection of 6 March 2018, we found that the provider was not always working within the principles of the Mental Capacity Act 2005.

At the inspection of 14 November 2018, we found improvements had been made.

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 Act 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The provider had assessed people's capacity to make decisions about their day to day lives and more complex decisions. The assessments considered the assistance people needed in a range of areas, such as memory loss, mental health needs, orientation, anxiety and difficulty to follow instructions. The information as used to record whether people could make decisions about their care, medicines, finances and daily lives. There was detailed information to support the staff to understand how to communicate with people to support them to make informed decisions. People had been consulted about their care plans and there was evidence they had consented to these.

People's needs and choices were assessed so that care could be planned in line with these needs. The registered manager met with people to discuss their needs and these were recorded. We saw evidence that their opinions and how they wished to be cared for was part of these assessments. The registered manager told us they spent time with each person getting to know them and then tried to match the right care worker, who had the skills, experience and personality to meet each person's needs. New care workers were introduced to the person by the registered manager and spent time getting to know them before they were assigned to care for them.

People were supported by staff who had the skills, knowledge and experience to deliver effective care.

New members of staff undertook a range of training in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The registered manager was a qualified trainer and delivered the majority of training to the staff, either at people's homes (if appropriate) or at a venue near to where they worked. The staff were given regular updates to their training to make sure their knowledge was up to date and regularly assessed. The registered manager had systems to identify when training updates were needed for each member of staff.

The staff told us they had access to the training they needed and that this was useful. One member of staff told us, "The training is well organised and we have reminders about certain subjects supervisions and meetings."

The registered manager told us they had supported staff to undertake additional training, such as advanced end of life care and training about professional boundaries, as these were areas where they had identified a need for better staff knowledge.

There was good communication between the registered manager and the staff. The staff were sent regular memos and information about important issues, such as hydration and the flu vaccination. They also attended monthly team meetings where they were able to discuss procedures, learn from each other and discuss any issues they had at work. The registered manager and care coordinator carried out spot checks where they observed the staff in the work place and assessed their competencies. They also conducted formal supervision meetings and appraisals where the staff could discuss their work and any needs they had.

People were supported to access healthcare services when they needed. One person told us, "All the staff look after us and help us, they help me get to the GP and the dentist." People's healthcare needs were recorded in their care plans. The care workers supported people to ensure they attended appointments. Changes in their healthcare conditions were reported to the registered manager who liaised with people, their families and healthcare professionals as needed.

People were supported to have a balanced diet. Some people were supported to shop for and prepare their own meals. There was information about their nutritional needs and any risks associated with these. The care plans described ways people could be supported to maintain their independence and make choices about their food and drinks.

## Is the service caring?

### Our findings

People using the service told us they had good relationships with the staff and that they were caring. The provider's quality monitoring surveys also included positive feedback. Some of their comments included, "We have an excellent carer who can be utterly relied upon and who truly cares about the client and family" and "The carer is brilliant."

We looked at a home care review website which contained all positive reviews about the service. Recent comments from people who used the service and their relatives included, "Caring and understanding of time needed to assist the client. Helpful to the whole family unit. Friendly and caring. Do not rush the care given" and "Cardea provided information, knowledge, compassion, understanding and empathy at the most stressful and traumatic time for us as a family. The care and respect that my [relative] received in the last valuable days of [their] life made more difference than I can ever explain. Thank you for being such angels. If I ever need support again, I wouldn't hesitate to call again, in a heartbeat."

People using the service were consulted about their care plans and their daily care and treatment. Their choices and preferences were recorded and there was evidence that they had made decisions each day which were recorded in the logs of visits. The provider had created documents in easy to read format to support people with a learning disability to understand about the service.

The registered manager told us that at the time of the inspection no one using the service identified as from the LGBT+ community (Lesbian, Gay, Bisexual and Transgender). They did not have any specific training or guidance for staff about how to provide an inclusive service for people from this community. Following the inspection visit, the manager agreed to look at ways where they could develop this aspect of the service.

People's cultural needs were being met. Their cultural and religious needs were recorded in care plans. One person did not speak English as a first language. The registered manager told us the person's family were available to support the staff to communicate with the person when they were caring for them.

The staff maintained people's privacy and dignity when caring for them. They were able to explain to us how they covered people up when supporting them with personal care and closed windows, curtains and doors.

In line with the right support for people with learning disabilities, there was an emphasis on supporting people to be independent and learn new skills. The care plans outlined what people could do for themselves and included objectives for trying new things and gaining independent living skills.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. People told us the agency met their needs and they were happy with the support they received. Each person had a care plan which described their needs and preferences. These were personalised and included information about how the person wanted to be cared for. The registered manager was in the process of updating and improving all care plans. The plans included long term and short term objectives for each person. These were regularly reviewed with the person to make sure they reflected their wishes.

The registered manager told us that they provided monthly updates about people's care to families so that they were also involved and were able to contribute their ideas. The staff recorded daily logs to show the care they had given and these were checked and audited by the registered manager so they could identify if care plans were not being followed.

The majority of people using the service had learning disabilities. The provider had close links with the local authority teams so they had information about suitable community activities and special events people could join in with. They also provided support for people to pursue individual interests. The registered manager showed us photographs which documented the agency's support for one person to design and improve their garden and then to us this to host a barbeque for friends. Another person was supported to attend a rock festival in Spain by staff from the agency.

People were given information about how to make a complaint or raise a concern. The people we spoke with told us they felt happy speaking with the registered manager about any concerns. The provider kept a record of all complaints and how these had been responded to and dealt with. This showed that the provider had investigated all concerns and made improvements to the service as a result of these.

At the time of the inspection, no one using the service was being cared for at the end of their lives. However, this was an area of specialism offered by the provider. In order to provide a personalised service, the staff had attended a Level three training course around end of life care. The staff were able to tell us about this, with one member of staff stating, "I learnt so much from this course and also from close work with the hospice staff and [specialist end of life] nursing teams." This staff member went on to say, "I think the agency does an amazing job with end of life care, it feels good to offer support in the most horrific times and we do that with quiet patience, sure knowledge, big hugs and tea making. We are tirelessly helped by the hospice staff who assist us if and when we might need that extra support."

The registered manager had developed a leaflet about end of life care and support which they made available to people using the service and their families. This included details about external support services which were available, contact numbers for the local hospice and healthcare services and information about how the agency could help signpost people or help them access services.

# Is the service well-led?

## Our findings

At the inspection of 6 March 2018, we found that the provider's checks and audits were not always effective.

At the inspection of 14 November 2018, we found improvements had been made. The registered manager and care coordinator carried out regular audits and checks of medicines administration records, logs of financial transactions and logs of care visits. They identified any discrepancies and recorded the action taken following these. Care plans were regularly reviewed and had been updated to reflect changes in people's needs. They carried out unannounced spot check observations of care workers where they assessed their competencies and skills at caring for people. There were monthly team meetings where different aspects of the service were discussed with the staff to ensure good practice.

There had been improvements since the last inspection. Care plans had been updated to a new format which provided more personalised information, medicines practices had improved, risk assessments were more comprehensive and there had been improvements to the assessment of people's mental capacity and their involvement in decision making.

People using the service and their relatives were happy with the agency. We received positive feedback from people, and information about people's experience was recorded on a home care review website and in the provider's own quality assurance systems.

The staff told us they felt there was an open and inclusive culture where they felt supported. Some of their comments included, "I am very lucky in my job, [registered manager] is one in a million", "They are a caring company for both service users and staff alike", "They take time to visit their clients and staff to make sure everything is running smoothly", "They are a good company for keeping up with training and updates in all aspects", "I would recommend them as a service to work for and to be a client", "There are friendly staff from the boss, to the girls in the office to the carers they employ" and "They make sure we are feeling well, [registered manager] always checks we are doing ok and they look out for us."

The provider asked people using the service, staff and other stakeholders to complete satisfaction surveys. The last of these was in January 2018, when the majority of feedback was positive. The provider had taken action to address where people had expressed a wish for improvements.

The registered manager was also the owner of the company. They had set up their own business and were involved in the day to day management. They knew all of the people using the service and staff well and were able to describe their needs and give us detailed information about each person. The registered manager was undertaking a Level 5 management qualification in care.

The provider regularly met with and liaised with the commissioning authority and attended provider forums set up by them. The commissioners had carried out an audit of the service in October 2018 and were happy with the way it was being managed and the support people were receiving.