Kardinal Healthcare Limited

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Inspection report

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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

This announced inspection took place between the 14 and 21 August 2018. The office visit took place on 21 August 2018.

Kardinal is a domiciliary care agency and provides personal care to people living in their own homes. It provides a service to older adults, people who lived with dementia, people who lived with learning disabilities and younger adults with physical disabilities. At the time of the inspection, the service was supporting 149 people in We are Arun, Adur and Worthing. Not everyone using Kardinal Healthcare Limited receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating and drinking.

At the last inspection in June 2016, the service was rated Good. The key question well-led required improvement as there was no registered manager.

There was now a registered manager in post. 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.

At this inspection we found the service remained Good.

People told us they were very satisfied with the care and support that Kardinal Healthcare Limited provided. People told us, "Yes they just make sure I am comfortable and safe for the day," and, "Very safe."

There were systems to protect people from harm, including how medicines were managed. Staff had been trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team. Safe recruitment processes were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people. Risks to people's safety were assessed and managed to keep them safe. People were supported by sufficient numbers of a well-trained staff group who arrived on time and supported them in the time allocated in their care package. People who received medicines were supported in a safe way as staff had had the necessary training to administer medicines safely. They were protected from the risks of infection through good working practices by staff.

People's care was delivered in line with legislation and evidenced based practice. People who used the service had the capacity to make decisions about what they did and the choices they made. Staff understood the requirements under the Mental Capacity Act 2005 and about people's capacity to make decisions. People were supported to have choice and control of their lives and staff supported people in the least restrictive way possible: the policies and systems supported this practice. Staff received regular training in all aspects of their role and received regular supervision from the registered manager. Where

people were supported with their nutritional needs, staff showed a good awareness of their dietary needs and where to get further support should this be required. Staff worked with people, their relatives and health professionals to manage people's health needs, making appropriate referrals for individuals when necessary.

People told us they were treated with kindness and said their privacy and dignity was respected. Comments included, "It makes me feel that I have someone there, someone to turn to if needed."
Staff had an understanding of legislation designed to protect people's rights and were clear that people had the right to make their own choices. Staff had developed meaningful relationships with people they supported. Staff knew people well and had a caring approach. People were treated with dignity and respect.

Care plans provided information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs. Changes in people's health care needs and their support was reviewed when required. People were involved in reviewing care plans with the management team.

People's views about the quality of the service were obtained informally through discussions with the registered manager, annual care reviews and formally through questionnaires. Staff felt supported by the registered manager and could visit the office to discuss any concerns.
There were systems to monitor the quality and safety of the service provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

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

Kardinal Healthcare Limited remains Good

People told us they felt safe and staff knew what to do if they thought someone's safety was at risk. The provider had an appropriate safeguarding policy and
procedure in place and care workers had a good understanding of their responsibilities.

Risks to people's safety were managed appropriately and risk management guidelines were in place.

Is the service effective?

Good

Kardinal Healthcare Limited remains Good.

People were asked for their consent. The registered manager and staff had a good understanding of the Mental Capacity Act 2005.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Staff received training which was appropriate to their job role. They had regular supervisions with their manager, and formal personal development plans, such as annual appraisals.

Is the service caring?

Good

Kardinal Healthcare Limited remains Good.

Staff knew people well and had good relationships with them. People told us they were treated with respect and dignity.

Is the service responsive?

Good

Kardinal Healthcare Limited remains Good

People were able to express their views about their choices and preferences. People knew how to make a complaint and said they would feel confident to

do so if they needed to.

Is the service well-led?

Good

Kardinal Healthcare Limited has improved to Good

There was now a registered manager in post. The registered manager, staff and provider encouraged people, their relatives and friends to be involved in developing the service. A quality assurance and monitoring system was in place and the registered manager used this to identify areas that could improve.

Kardinal Healthcare Limited

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.

The inspection process took place between the 14 and 21 August 2018 and was announced. The provider was given 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection.

We visited the office location on 21 August 2018 to see the registered manager and office staff and to review care records and policies and procedures. After the site visit was complete, we contacted care staff and health and social care professionals who were not present at the site visit.

The inspection was carried out by one inspector. It also included an expert by experience who were responsible for contacting people from the 14 August 2018 to find out about their experiences of using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

We telephoned 24 people who used the service and managed to speak with 13 of them. We also spoke with one relative and five staff members. This included the registered manager, We looked at four people's care plans, five staff recruitment files, staff training files, staff supervision programme and audits and records related to the management of the service.

During the inspection process we spoke with three health and social care professionals who worked with people using the service for their views and feedback.

Good

Is the service safe?

Our findings

At the last inspection, this key question was judged to be good. This inspection found it remained good.

People told us that they felt safe when they received personal care and support. One person said, "I know them well and they handle me well. I don't ever feel as if I am going to fall when they move me out of the sling." Another person said, "They remind me if I have not taken the medication." A relative told us, "It eases our minds knowing that the carers are trained, safe and very kind."

Staff had received safeguarding training and understood their responsibilities for keeping people safe from the risk of abuse. They were able to give examples of signs and types of abuse and discuss the steps they would take to protect people, including how to report any concerns. One staff member said, "If I saw or heard something that I was concerned about, I would report to the manager and follow the procedure." Another staff member said, "We have had training, I would immediately tell the office and I know to contact the local authority."

People continued to be protected, as far as possible, by a safe recruitment practice. All applicants were required to complete an application form, attend a face to face interview and references were sought to confirm they were of good character. In addition, a check was carried out with the Disclosure and Barring Service (DBS) to highlight any previous history that may prevent applicants from working with vulnerable people.

There were enough competent staff to carry out people's visits and keep them safe. The management team were all able to provide additional cover and worked together to provide an on call and out of hours service. People received a rota each week so they knew who was visiting them and when the visit would take place. Staff told us they had enough time at each visit to ensure they delivered care safely. People and their relatives told us that continuity of care was good along with time keeping. One person told us, "Pretty good with their timekeeping, not kept waiting often; if they are going to be late they ring to let me know." Another person said, "My carers are usually on time" and "I've always had the same carer which makes me feel safe because they know me." The registered manager told us that people, as much as was possible, were always visited by the same members of staff to maintain continuity, build trusting relationships, and ensure good communication between staff members and the people they supported. Holiday cover was planned in advance to ensure the covering care staff member was introduced to the person and ensure continuity of care. A relative told us, "Very professional, if the regular carer is sick, they ring and tell us of the replacement and ensure the call is covered."

Staff were knowledgeable about people's health history, including whether they had been in hospital and the reason for this as well as any current conditions they had and how they could recognise any signs of deterioration. People's care records included the contact details of healthcare professionals in the event of any incidents or changes in people's health and well-being. Assessments had been reviewed six monthly or sooner when people's needs fluctuated and/or deteriorated or improved.

Risks to people were effectively assessed and regularly monitored and reviewed. Care plans included person centred risk management plans that detailed ways in which to keep individual people safe and actions staff took to mitigate risk. These included assessments of the person's safety at home (such as the grounds and entrances, security and fire risk safety), medicine management, preventing pressure damage and personal care. Moving and handling assessments were in place, providing details of the manoeuvres that care workers were to employ when helping to transfer people from various situations such as bed to chair and others. Care workers also confirmed they assessed the safety of people's equipment before they used them, such as shower chairs, hoists, wheelchairs and walking aids. Care workers confirmed they checked equipment before using it on each occasion and would report any faults to the office. One care worker told us, "We would report any issues to the office and they would contact the OT if there was a problem."

The service had a business continuity plan in place to deal with foreseeable emergencies. This covered events such as extreme weather and had been successfully implemented over the previous winter. One person told us, "The bad weather made no difference, they [staff] still came as normal." One staff member told us they had volunteered to come into work during the bad weather." The plan included assessments of the vulnerability of people and those for whom the timing of calls was critical due to medical conditions and helped ensure people received the necessary support in an emergency. In addition, all staff were trained to administer basic life support to people.

The safety of staff undertaking visits had been considered. There was a lone working policy and staff could be tracked via their work phone. This meant staff could alert the office staff of their whereabouts especially during poor weather conditions and road incidents.

Staff safely prompted and supported people to take their medicines, if this was required and were trained to do so with annual refresher courses and competency tests. Medicine givers told us they received comprehensive training and regular competency checks to ensure they were safe. They also had access to updated guidance. The registered manager and senior staff checked and monitored people's medicine and records. It was discussed of future plans to use electronic medicine systems which will alert the management team of any potential errors in timings of medicines.

Accidents and incidents were recorded promptly and the management team had systems to ensure any emerging patterns were identified and acted upon.

Staff told us how they used personal protective equipment when providing personal care in people's homes. This was disposed of after each activity and at the end of the day in bags in outside bins. One staff member said, "We always bag it and bin it. We don't leave anything behind." They explained how they always cleaned up after themselves and often did some cleaning as part of their visit according to the care plan. We saw policies in place to support staff and evidence that staff had completed training in infection prevention and control. This ensured staff took precautions to prevent cross-contamination and keep people and themselves free from infection.

The provider had systems to help prevent discrimination. We saw the provider had an equality and diversity policy in place which stipulated that people were to be treated fairly and their choices met regardless of their race, gender, sexual orientation and other protected characteristics as defined by the Equality Act. Care workers had received equality and diversity training and spoke passionately about the need to promote people's choices without discrimination. One care worker told us "We don't let our personal opinions interfere with the service we are providing."

Good

Is the service effective?

Our findings

At the last inspection, this key question was judged to be good. This inspection found it remained good.

People told us they were given choice and asked for their consent before staff provided care for them. One person told us, "They ask me if it is okay before they do anything, very polite and makes me feel I'm still in control." Another person said, "Always very courteous and ask me first especially when moving me."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. Staff demonstrated understanding of involving people in decisions and asking their consent before providing care and support. This was also reflected within people's care plans. People had decision specific mental capacity assessments that demonstrated involvement from people and those who knew them best. One staff member said, "We assume that somebody has capacity unless we are told otherwise and the care plan will tell us this." Another staff member said, "Before we visit people we read their care plan and that will tell us whether they have capacity and if they haven't then we will have guidance on how to approach the client."

People's needs and choices had been assessed in line with current legislation and good practice guidance. The registered manager or senior staff met with people before setting up the care package to ensure they could effectively meet their needs. The assessments were clearly recorded and incorporated information about their preferences and wishes. The provider used a series of standard assessments to establish people's needs with regards to health, skin integrity, nutritional needs, assisted moving and mental capacity. These helped determine people's base line care and social needs. The assessments contained personalised information which had been provided by the person themselves and their representatives. The registered manager had identified further personal information would be beneficial in improving outcomes for people and had introduced a 'this is me' document which had just started being used. This document will be used to provide a more person centred approach to creating care plans. The staff used these assessments and additional initial observations to create care plans so people received the care and support which was right for them. Assessments were reviewed six monthly and following any changes in people's needs.

The service supported people to maintain good health with input from health professionals on a regular basis. Records showed people were supported to access their GP, chiropodists and health appointments if they became unwell. This was mainly arranged for people in their own homes. We saw occupational therapists worked closely with the service in respect of safe moving and handling practices. One person told us, "I tell my carers if I am unwell and they offer to phone my GP for me." Another said, "If I have to go to hospital, my care will come with me." One health professional also felt that the provider was quick to

contact them if they had any concerns about people's health, "I am happy to say that have been really good with a client of mine, communication between us was very good and efficient." Feedback from the local authority was very positive and comments included, "Work really well with us, no package of care is turned away because it may be complex, they are extremely adaptable and work at finding solutions to problems." We were also told, "Staff are always professional, kind and approachable."

People who required support with eating and drinking reported they were given choice and control over what they wanted to eat and drink. One person told us, "They ask me what I fancy to eat and prepare it for me, they leave me plenty of drinks." Food and fluids were made available so they could be easily accessed by people when carers left. For those that required their intake of food and fluid to be monitored, there were records kept on the daily log. These were evaluated daily by the office team and action taken as required, such as informing the family and GP if food or drinks were being refused. Care plan summaries also highlighted people's nutritional needs to remind staff to monitor closely and report to the office if they had any concerns. One staff member we spoke with told us, "We keep an eye on how much people eat and drink if we are worried we contact the office."

People told us staff were efficient, competent and knowledgeable. One person said, "Yes they are well trained. They always ask if there is anything else they could do. They are very willing." Another person said, "I have never had anyone who did not make me feel that they didn't know what they were doing." One relative said, "We had a review after 6 months. He has limited mobility and the staff suggested a stair lift. He didn't want one but they manage it well. Another time the carer suggested he may have an infection and they took a specimen and took it to the doctors. So I think they are on the ball and do know what to be aware of."

People received support and care from staff who had the skills, knowledge and experience to deliver effective care and support.

The staff we spoke with told us they received a range of training to ensure they had the skills to provide the support people required. All training was face to face with work books. The registered manager said that staff competencies are regularly assessed. One member of care staff told us, "We have lots of training and its really good training." Another member of staff said, "We have lots of training and there's always more planned." When the service accepted a person with complex and specific needs, training was arranged by the registered manager to ensure the staff had the necessary training to deliver the care. We saw examples of specific training which included catheter care and care of a Percutaneous endoscopic gastrostomy (PEG) PEG is a tube that people receive nutrition, fluids and medicines through, directly in to the stomach.

Most staff had completed a National Vocational Qualification (NVQ) or were working towards various levels of Health and Social Care Diplomas (HSCD). These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability and competence to carry out their job to the required standard. Those in supervisory roles achieved a level three NVQ or HSCD or above to ensure they had the correct skills and knowledge to support other care staff.

The registered manager talked of how they had recently made the decision to have staff take on the role of champion for specific areas of care. This would include medicines, moving and handling and infection control. These would provide training for those staff to enable them to provide training within the service and be responsible for those specific care plans and risk assessments.

New employees completed an induction and training programme before working in people's homes. Staff told us they were being well supported in their work. The registered manager said, "The previous staff induction program has been replaced with a revised 12 week program that runs alongside the requirements

of the new care certificate. The Care Certificate sets out the learning outcomes, competences and standards of care that are expected from care workers to ensure they are caring, compassionate and provide quality care. Staff described how the training was a good mix of practical and academic work and they were encouraged to ask questions about anything they did not understand.

Staff told us that they received regular supervision, face to face, whilst undertaking care delivery, and over the phone. Staff told us and records confirmed unannounced 'spot checks' were carried out twice a year on their work performance. One staff member said, "I feel very supported and listened to", while another said, "Supervisions are very helpful." Collectively, staff felt that supervisions with their line manager gave them opportunities to raise any concerns or issues and that these were dealt with appropriately. Staff also received annual appraisals where they could reflect on the previous year, discuss any additional training needs and talk about their future goals.

At present the service was run from an office that has the necessary equipment to provide an efficient service. There was a private office for interviews/meetings with people, staff and health professionals plus an open area for senior staff to answer calls, update care plans and manage the day to day running of the service from computer terminals. The registered manager informed us that they were moving into a larger office space in September 2018 which would include a training room.

Good

Is the service caring?

Our findings

At the last inspection, this key question was judged to be good. This inspection found that it remained good.

People we spoke with told us the care staff who visited them were kind and helpful. People told us that the care staff who visited were caring and would always ask them how they were feeling and ask them what they would like support with. Comments from people included, "All very nice, I have two main carers and I can't thank them enough," "They are famously nice to have a chat with," "100% it is nice to know someone is there who actually cares," and "They are all very nice, there is not one who is not. They are all nice natured." One relative told us, "The majority have all been very nice, but if they are not suitable the office staff will change them." Another relative said, "The ones we have all the time are very caring. They know Dad very well."

People said staff treated them with dignity and respect. They felt they were listened to and their opinions valued. This was made possible by the training staff received regarding people's rights to dignity and respect. Staff told us that they ensured peoples dignity whilst washing and dressing people. One staff member said, "I ensure that curtains are closed and that I cover them with a towel, it's really important to make sure that people are treated with respect." It was reflected, from the conversations we had with people, that care and support was delivered by caring, compassionate and respectful staff in a friendly, helpful and professional way. Dignity and privacy was respected not just with regard to personal care but in terms of professional conduct, For example, one staff member said, "I am very careful about intruding in to their personal life, I ensure that their personal letters and papers are put away safely with their permission." One person told us, "I have never heard them gossip or betray a confidence, I trust them totally." This meant staff conducted themselves professionally and in line with the confidentiality and privacy expectations of the service. The care practices followed the agency's philosophy of enabling people to make their own decisions regarding the support they needed and when it was required.

The registered manager and staff demonstrated strong caring values, a very good understanding of people's diverse needs and gave clear accounts of the care given to individuals. Staff showed genuine interest and concern in people's lives and their health and wellbeing. One person said, "They always ask about my family, tell me about theirs and I look forward to seeing them."

People told us the support they received helped them to stay in their own homes and said this was very important to them. They told us they had developed positive relationships with the care staff that supported them. One person told us the service was "Second to none" and another person said, "They are marvellous, their help means I can stay at home, where I am happiest." A relative told us, "Dad likes to be at home. We take him out in the wheelchair sometimes. The other day a carer took him out when it was hot to get an ice cream. If we haven't been at home when they come round, they call me immediately and say "OK we are a little early, we will just get his tea ready in the meantime."

The registered manager said that consistency of care was a priority. Staff were matched to people by their skills and their personalities and this had ensured the partnership was strong. People were relieved and

pleased about having consistent care staff who understood their needs and how they liked their care delivered. We were told that staff listened to how they wanted their care delivered and ensured that changes to care were discussed and agreed in their best interest. This demonstrated a person-centred approach to the care that was provided.

Staff arrived on time, carried out required tasks and stayed the agreed time. The service did not undertake calls of less than 30 minutes, this was because they did not feel that 15 minutes allowed staff to undertake the task in way that promoted a caring approach.

The management team and staff were knowledgeable about the people they supported. They were able to give us information about people's needs, interests and preferences that demonstrated they knew people well. Staff recognised the importance of their roles in establishing relationships with people and enriching their lives, as for some people their visits maybe a large part of or the only point of contact for people. One person told us, "The carers are lovely and caring." A staff member said, "We are sometimes a client's only contact to the outside world, so to be able to chat and get to know the person is the best part of the job."

The care records we looked at included information about any support people needed to be able to communicate their wishes. The language used within care plans and associated documents, such as reviews and progress notes, was factual and respectful. One person told us, "I'm very independent and the staff know and respect that." Another person said, "The staff encourage me to make decisions. I feel very comfortable that I can tell them what I want doing."

The provider had links to local advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care.

People's religious and cultural beliefs were respected. Staff understood the importance of their religious beliefs and told us they had at times liaised with the local vicar to ensure, when the person could no longer attend church, that the vicar visited them. This meant people's independence and choices were empowered, whilst protected characteristics such as their religious beliefs were respected. People's protected characteristics are set out in the Equality Act 2010.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality, dignity and respect were included in induction and on-going training

Good

Is the service responsive?

Our findings

At the last inspection, this key question was judged to be good. This inspection found it remained good.

People felt the staff at Kardinal Healthcare Limited were responsive to any changes to their support and also to any concerns that they had. We were told by one person, "Staff talk to me about any changes needed to my care after I've seen the doctor." One relative confirmed, "They let me know if there has been any changes to my relatives care, and they invite me to all the reviews."

People and their relatives felt that they received care that was specific to their individual needs. One person told us, "They do my care in a way that suits me, never had any problems" and another said, "They sometimes seem to know me better than I know myself, they pick up when I'm not quite right."

Before receiving care, pre-assessments were completed with each person to identify their support needs, preferences and wishes. The staff team had a good understanding of the Accessible Information Standard and discussed ways that they provided information to people. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.This included awareness of specific sensory or communication needs. Examples of this were for people who had hearing or sight impairments. Staff were able to tell us how they support people with these needs, such as speaking clearly and checking understanding. For one person the staff had developed hand movements since verbal communication had decreased and this had enabled the person to communicate with them whilst delivering care.

Information from the pre-assessment had been used to formulate the person's support plan. This included contacts for the person such as their GP, next of kin and family. Care records contained contact details for the person, their next of kin and health and social care professionals who were involved in their welfare. They provided a detailed summary of medical histories and health conditions, including people's personal histories, what was important to them, their preferences and communication methods. Care plans contained details of the care that needed to be carried out during the visit. It was discussed that these were quite minimal and contained a list of tasks, rather than a person specific plan of care. For example, a care plan stated 'check catheter', but did not guide staff in how to check the catheter and contained no further information. Another example was that staff talked of 'bariatric equipment' and how they managed to move this person safely but the care plan did not reflect the fact that this person was large and needed certain additional care to ensure their health and well-being. This was acknowledged when discussed during the site visit and we were informed the new computerised care plan due to start soon will address the issue The knowledge that the registered manager and team had of the people they supported had ensured people got the care they wanted in a way they wanted. The people we spoke with confirmed this and therefore the impact of risk was minimal at this time. The registered manager had identified the need to introduce a 'this is me' document which will lead in to the new computerised care plan system. From the feedback from health professionals, people staff and relatives we have every confidence that this will be accomplished.

Care plans reminded staff of specific support needs. For example if a person was at risk of falls. The person's summary highlighted for staff to check the area for trip hazards and to ensure the person was safe. Another example was the risk of pressure sores. The care plan task section emphasised the important of checking for reddened areas and seeking advice from the management team and GP if there were any concerns. The provider responded to people's changing needs by taking appropriate actions to support them. One relative told us how carers were "Quick to identify issues," when their relative became ill recently; "They phoned the doctor and were very concerned and kept us informed as well as the GP." Another relative said, "Whenever there has been an emergency, both carer and staff have been fantastic." Comments from people included, "The office always call me if they have concerns or if my relative's needs change" and "The carer's give us good feedback." The registered manager showed us the computer system that supported staff delivery of care. Staff kept in contact with the office and informed them of their completion of visits. This meant that the registered manager could monitor that people get their care calls at the right time and for the right length of time and enabled the registered manager to constantly assess that the call visits were of the right timing to deliver the care required and the care the person wanted delivered.

We spoke with a health professional who was involved with the service due to the support needs of a person. They felt that staff were responsive and told us, "The office staff and carers I have met have a good understanding of their clients and they have a good insight of care."

People told us they participated in reviews about their care regularly. One person said they are always involved in care reviews. Another said that further needs were identified and a review was arranged. These were either face to face or over the telephone. During this time they discussed current support needs and reviewed documentation in the home file. The senior staff completed satisfaction questionnaires with people to see how they felt about care provided. There was also involvement from relatives. Two family members told us, "I have completed a survey very recently." Another said, "Following review, it was identified that my relative needed more support and things have changed. It came through very quickly". People advised they had not had any care calls missed and that if staff were late, they were phoned with an explanation. Relatives agreed that carers were on time. One said, "The morning carer is very, very good. They arrive on time and seem to have enough time to do what needs to be done."

The provider had established an accessible effective system for identifying, receiving, recording, handling and responding to complaints. A complaints procedure was available to people in their information folder. The complaint system was also available on the website for the service. People told us they felt confident in raising any concerns or making a complaint. One person told us, "Yes I know how to moan and make a complaint." Another said, "I would tell one of the staff and I know it would be taken seriously." Complaints were recorded and responded to as per the organisational policy. A complaints log was kept and monitored by the registered manager. There was evidence that complaints were fully investigated, responded to, apologies given if there was a need to with actions they were going to take.

At the time of inspection, no person required support with end of life care. When people's health deteriorated, additional health professionals were accessed. Most people had then been supported to hospital or to a residential placement. Where people were comfortable discussing it, their wants and wishes for end of life care had been written in their care plans. The registered manager advised that should end of life care be required, they would work with the person, their families and health professionals to support them.

Good

Is the service well-led?

Our findings

At the last inspection, this key question was judged to be Requires Improvement. This inspection found that it had improved to good.

At the last inspection there was a rating limiter as there was no registered manager in post. There was now a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. The registered manager had extensive experience of working in adult social care and displayed a sound knowledge of the service's policies and procedures and the individual needs and preferences of people who used the service.

People were happy with the support they received from Kardinal Healthcare Limited. They told us they felt 'comfortable' speaking with the registered manager and would be able to raise any concerns with them as they were with talking to the staff providing support. They also told us there was frequent contact from the office. One person said, "Because it's a small agency it's much more personal, I feel I know everybody at the end of the phone." One person told us, "I know who to speak to if I had a problem."

The agency had a clearly set out statement of purpose that staff understood and followed. The statement contains sentences that support their philosophy and ethos, for example, 'treated as an individual and given our special attention' and 'your wellbeing is our priority. We want you to be safe and know that "someone cares.'

The values that governed the service were explained during induction training and regularly revisited at staff meetings. Staff were able to tell us what the values meant to them. For example, "We support people to live the life they want" "Our customers drive everything we do" and "We support and train all staff to a high standard." The registered manager described the agency vision as nurturing our staff so they can provide outstanding care."

The agency's culture was open, transparent and supportive with clear, honest and enabling leadership. This was also reflected in staff comments. One staff member said, "Excellent agency to work for, they really care about us as well as our clients." Another staff told us, "Couldn't ask for a better job, plenty of support." The registered manager was supported by a strong, committed team of office staff, who had clear responsibilities and accountabilities, including training, compliance, scheduling, care reviews and business development. The skills of the office staff members complemented each other and we observed the team worked well together and morale was high. Care staff visited the office throughout the day of the inspection visit and the atmosphere was supportive and encouraging. Staff we spoke with individually confirmed they were well supported, stating, for example, "You can talk to the manager about anything," and, "The support here is great."

The provider had invested in technology to help improve quality standards. Staff had been fully involved in the roll out of the software which was used by all staff and feedback from staff was very positive. The registered manager and provider spoke of how the new computerised system would allow staff to be

continually updated of changes and could access the information immediately. They also told us that the administration of medicines would be safer as they would be able to monitor when medicines were given and they could also monitor whether the timings of calls and travelling were sufficient to give good quality care.

Other systems that had been implemented included a flexible contact management software tool, which gave the provider an overview of interactions with all people using the service, their relatives and health and social care professionals. Messages texts could also be sent out to all staff and could be tracked to see when they were received and read. For example if someone was on the way to a client and there was information they needed, such as encourage fluids, the text alert would reach them and they could ensure extra fluids were made available.

People told us they were asked for their views about the support they received. They told us they had received quality questionnaires to share their experiences with the registered provider and manager. One person told us, "I do get a questionnaire from time to time. They also ring for a chat to find out if everything is okay with my care." Records showed that frequent spot checks and service reviews took place. The reviews also identified what worked for people, what did not and what people considered the most important aspects of the service for them. Spot checks took place in people's homes and included areas such as care staff conduct, courtesy and respect towards people, ensuring people's dignity was maintained, competence in the tasks undertaken and in using any equipment. Frequent phone contact quality checks took place with people and their relatives.
Staff told us that they enjoyed working for the agency and the staff files demonstrated that regular staff supervision and annual appraisals took place that included input from people and their relatives.

The registered manager carried out audits that included people's care plans, staff files, risk assessments, infection control and medicine recording. This information was used to identify how it was performing, areas that required improvement and areas where the agency performed well. It had been acknowledged that the care plans needed to be improved and the provider had invested in a new care planning system that would improve the quality of care plans.

The service had notified us of all significant events which had occurred in line with their legal obligations.

The health care professionals we contacted had no concerns regarding the agency providing a well-led service for people.