

Kardinal Healthcare Limited

Kardinal Healthcare Ltd

Inspection report

Kardinal House
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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

About the service

Kardinal Healthcare Ltd is a domiciliary care agency providing personal care to people living in their own homes. It provides a service to older adults, people who live with dementia and younger adults with physical disabilities. At the time of the inspection the service was supporting 127 people in Worthing and the surrounding areas.

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.

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

People were protected from avoidable harm and abuse. Safeguarding policies and procedures were embedded within practice and were consistently followed. Staff had recognised signs of abuse and had reported any concerns.

People told us they were happy with the care they received, and that staff helped them to feel safe. Risk assessments and care plans guided staff in how to provide care safely and in the way the person preferred. There were enough suitable staff employed to cover all the care visits. People said they received their calls on time and for the duration that they expected. Staff supported people to have their prescribed medicines safely.

People were supported to ensure their healthcare needs were met. People were encouraged to live healthy lives and received food of their choice.

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.

People received kind and compassionate care. People's independence was promoted by staff. People were treated with respect and dignity and supported to make decisions about their care. One person said, "It's a good service; they've never let me down. There's never been a problem with a carer, they've never cancelled a visit. I've got complete confidence in them."

People received personalised care that was tailored to meet their individual needs, preferences and choices. Care plans were detailed and guided staff about people's needs and how to meet them. People's concerns and complaints were listened to and used to improve the service they received. Staff had training and experience to provide end of life support when people needed it.

The registered manager and service managers were well regarded and had a clear vision for the service

which was understood by the staff and embedded within their practice. One person said, "The manager is lovely, and I think she does a superb job." There were effective quality assurance systems in place that were used to drive service improvements. People, their relatives and staff were asked for their feedback about the home and meetings were held regularly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 09/10/2018 and this is the first inspection since that registration. The last rating for this service was good (published 18 September 2018). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the timescales set out on our registration programme.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Kardinal Healthcare Ltd

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and two Expert by Experiences. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' 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 and so that people were available to speak to us. Inspection activity started on 2 October 2019 and ended on 4 October 2019. We visited the office location on 3 October 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We telephoned and spoke to 15 people and six relatives before the site visit. We used all this information to plan our inspection.

During the inspection

We spoke with six members of staff including the registered manager, operations manager, three supervisors and a healthcare assistant. We reviewed a range of records. This included seven people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received feedback from seven professionals who have a working partnership with the service.

Is the service safe?

Our findings

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

The service has been operating since 2007. However, as the provider changed location, CQC is required to re-inspect under its inspection protocol. This is the first inspection for this newly registered service in their new location.

This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us unreservedly that staff made them feel safe. One person said, "I do feel safe with my carers especially while we are out. Staff sometimes stay longer than planned if needed. They never rush, they leave when they leave." Another person said, "I know all the staff. They've been coming such a long time we all know each other." One relative told us, "She has quite a small team of carers, identified carers, and I feel she's in good hands."
- People were consistently protected from abuse. Staff told us that they received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe. Staff had a clear understanding of the different types of abuse, how to recognise these and what to do should they witness any poor practice. For example, one staff member said, "If I had cause for concern in relation to financial abuse, I would ensure that I didn't touch anything, cheque books or cards, or anything like that. I would try and reassure the person and calm them. I would report to the office, and on the system, I would raise an office communication alert."
- People and their relatives told us that staff helped them to feel safe living at home. People told us they felt safe because they had support from staff who knew them well. People told us that staff always wore their uniforms and ID badges so that they could be sure that they let trusted staff into their home.
- Staff supported people to have additional safety measures in place to ensure they remained safe from abuse. For example, the registered manager had worked with the local police to train staff to use a call blocker device on people's telephones. Staff had previously supported one person who was identified at being at risk from fraudulent callers.
- Records confirmed that the provider had raised appropriate safeguarding alerts with the local authority in line with their policy and had taken action to protect people from abuse. One social care professional said, "I also dealt with a situation that was involving safeguarding and I found them quick in alerting us with any concerns, and took appropriate actions where needed."

Assessing risk, safety monitoring and management

- Risks to people were identified, and comprehensive assessments were in place. Some people had risks associated with their mobility and needed support to move around, and there was detailed guidance for staff in how to support people in the way they preferred. For example, one person suffered pain in their back and their moving and handling risk assessment highlighted the additional measures staff needed to consider when supporting them to move. One relative said about staff's consideration of risk, "Yes, they're very good. They wash him, and they put his safety equipment in place. They're really good in the way they

handle him."

- Staff told us of the importance of identifying risks and ensuring these were mitigated. Carers assessed the safety of people's equipment before they used them, such as shower chairs, hoists and walking aids. One staff member told us they took time to read risk assessments before supporting people. They said, "Anything that has been identified as a risk and what we should do about that, e.g. moving and handling, slings, etc. If something has changed, the office will contact me to notify, but we also look at a person's care plan when we go in."

Staffing and recruitment

- People told us there were enough suitable staff to provide the care visits. One person said, "Staff sometimes stay longer than planned if needed. They never rush, they leave when they leave." Another person said, "I don't think the staff are under pressure to leave for their next call. They certainly never show it if they are."
- The registered manager used a dependency tool to ensure that they had enough staff to carry out allocated calls. Staff told us that they had enough time to travel between people's homes and complete care calls fully. One staff member said, "If I felt I wasn't getting enough time because the person's care needs had changed, I can ask the office, their needs would be reassessed and reviewed."
- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people.

Using medicines safely

- Some people needed support with medicines. There were safe systems in place to ensure that medicines were administered safely. We do not inspect how medicines are stored in people's homes. Staff had received training in administration of medicines and had regular checks to ensure they remained competent. One staff member said, "At first we had the induction, then had refresher training. When I first started I went on shadow shifts with someone else, and they showed me what to do with medicines."
- People told us staff supported them to manage their medicines safely. One person said, 'Yes, always. They go through everything they have to do. They put my medication in a glass. They're excellent.' Another person said, "They prompt me to take my medicines. They check on me and say, "Have you remembered to take your pills?'
- Records were completed consistently and there were systems in place to monitor recording and check that people received their medicines safely. Carers used a new electronic recording device to record medicines that they administered. The system ensured that staff administered all medicines on a specific call by not allowing the carer to move on to their next call without completing the record.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) including gloves and aprons. They had received training in the prevention and control of infection and food hygiene.
- The provider had appropriate policies in place to guide staff in how to provide care safely to avoid spreading infection.

Learning lessons when things go wrong

- Systems were in place for staff to report and record any accidents and incidents, while appropriate actions had been taken for each event.
- The registered manager had planned training with staff to support them to understand their roles and responsibilities of reporting incidents using the new electronic system. This was to ensure that incidents that

required further actions were formally recorded.

- The provider had reviewed staff policies and procedures when things had gone wrong. For example, following an incident where staff had supported someone who had fallen, the provider had changed their policy to ensure that the person had continuity of support prior to medical support arriving at the person's home.
- There were effective arrangements in place to respond to emergency situations. A business continuity plan was in place to prioritise people according to risk, in the event of events such as untoward weather or systems failure.

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.

The service has been operating since 2007. However, as the provider changed location, CQC is required to re-inspect under its inspection protocol. This is the first inspection for this newly registered service in their new location.

This key question has been rated 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; Staff working with other agencies to provide consistent, effective, timely care

- Peoples' needs, and choices, were assessed in a holistic way to take account of people's diverse needs and preferences. The registered manager or senior staff met with people before setting up the care package to ensure they could effectively meet their needs. One person said, "I had them initially as part of my home from hospital help and then went on to have help from them privately. They did a very thorough assessment of what help I needed and what I wanted for myself and they have respected that."
- Staff worked with other agencies to ensure timely and effective care. For example, staff discussed people who were ready to be discharged from hospital at daily handover meetings. A staff member would be tasked with visiting the person in hospital, reviewing their care needs to ensure these could be met and reinstate their care.

Staff support: induction, training, skills and experience

- People and their relatives told us they had confidence in the skills and knowledge of the staff. One person told us, "Yes, they know a lot about what they should do and how to do it. They always do things in the correct way." One family member said, "All the ones I've seen have seemed confident and competent. They encourage (their relative) to do things and they seem good at what they do." Another person said, "They are very well trained - excellent. Nothing phases them. I have to say one of the carers saved my life as I had been having blackouts. She realised I was not at all well and called the ambulance. She phoned the office and told them and stayed with me until the ambulance came when I was rushed to critical care."
- Staff told us they received the training they needed and were well supported in their roles. Staff could also access more specialist training to support people in areas such as catheter care and epilepsy. Some people required more complex support to manage their percutaneous endoscopic gastrostomy (PEG) feeding tube. A PEG allows nutrition, fluids and medicines to be put directly into the stomach, bypassing the mouth and throat. Staff told us that they were fully trained, and their competencies were assessed prior to carrying out the task in the community. One staff member said, "I went to the hospital last year and did a three-hour training on PEG. I went and shadowed one of the other carers. I did three shadow shifts, and then she watched me and made sure I did it right. Then a nurse came and signed me off three or four weeks later."
- There were systems in place to ensure that staff competency was monitored on a regular basis. One staff member who undertook these spot checks said, "I watch them go into a client's house and watch how long

they're there for. I see everything is clean and tidy and the client is happy. Then the 2nd spot check I go in and observe them doing the care there as well."

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

- 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 said, "We choose together what I am going to have to eat and my carer always leaves a drink for me before she leaves."
- People told us they were happy with the support they received. One person told us, "Since I came out of hospital they've been doing my meals. I like a hot lunch and they do that." Another person said, "They heat up a meal and bring it and they leave me a flask of coffee."
- 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.
- Some people required additional support from staff to ensure they had enough food and drink. For example, one person living with dementia often forgot to eat. Their care plan instructed staff to observe their food intake, check around the home for any foods that the person may have left and to report any issues.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to access health care services if they needed to. One professional said, "They contact the surgery on behalf of the patient and respond appropriately with changes in medication or care requirements." Another person said, "If I need to go to the doctors then the carer takes me down there in my wheelchair and comes in with me so that if I miss anything she can explain it to me later."
- Records confirmed that staff spoke to relatives or the GP on behalf of people when they were not able to make contact themselves. Staff described positive working relationships with health care professionals including district nurses, dementia crisis team, GP and pharmacist. For example, staff made a referral and worked closely with the dementia crisis team for one person whose personal care was declining rapidly as their dementia progressed.

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 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. 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.

- Staff demonstrated a clear understanding of the MCA and could describe their responsibilities with regard to the legislation. One staff member said, "It's to be assumed that people have capacity unless deemed otherwise. People should be able to make their own decisions. If they don't have capacity, other things are put in place."
- People told us that staff consistently checked with them before providing care. One person said, "They respect the fact that it is my right to say how I want things." Another person said, "Yes they ask for my consent, and they ask if I want anything else doing."
- The registered manager confirmed that no one was currently under the Court of Protection. They stated that they assumed everyone has the capacity to make decisions and that staff were aware that people could make unwise decisions. The registered manager stated that staff will refer to the person's GP and work with the local authority if staff raise concerns about people's capacity to make decisions.

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.

The service has been operating since 2007. However, as the provider changed location, CQC is required to re-inspect under its inspection protocol. This is the first inspection for this newly registered service in their new location.

This key question has been rated 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 consistently positive about the caring attitude of staff. One person said, "They are absolutely caring and compassionate. I feel so fragile and they are just so kind to me. It's hard and I would be lost without them, I couldn't cope at all." Another person said, "They do little things like when they know my partner will be away, they ask if I need anything or anything else doing because they know I'll be on my own."
- People and their family members told us that staff were skilled in providing emotional support when it was needed. One person said, "My carer is lovely, nothing is a trouble. She knows me so well she can tell if I am a bit down. She will take a bit of extra time to chat to me sometimes, and sometimes that's all it takes to turn your mood around." Another person said, "They are very, very good. The staff are so lovely. I've not had one bad carer. My [relative] has been depressed and they get him laughing."
- One staff told us about the support they provided for a person with a mild learning disability. The staff member said, "I would treat them exactly the same as anyone else. (The client) doesn't have any specific communication difficulties, (they) manage to communicate perfectly fine with us."
- Staff told us how they respected people's diverse needs. One staff member said, "We have people with varied religious beliefs which we always support with. We have to adapt to their needs at the end of the day because we are there to help them and in their homes."
- Staff were proactive in ensuring that they protected people's diverse needs and wishes. For example, one person's religion stated that they only had permitted foods where there were strict guidelines on how they were produced and prepared before eating. The registered manager identified a gap in staff knowledge and researched their religious needs. The registered manager shadowed the person's personal assistant to learn about continuity in food preparation and storage. This was filtered down to care staff so that they could properly respect the person's wishes.
- People and their family members told us they received a consistent and reliable service. One relative said, "I have an autistic son, and everything has to be routine otherwise he gets upset, so there is a very small window when the carers can come to support my husband. Right from the assessment they have understood the importance of this - they have never missed a call, never been late and it is always a regular carer."

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

- People and their family members told us unreservedly that they could express their views and be involved in their care. One relative said, "He talks to them and tells them what he wants them to do and how he wants things done. He put it in the care plan. He rules the roost."
- Staff understood the importance of involving people in decisions about their care. One staff member said, "By giving choices generally. If they're getting dressed in the morning, I might say what would you like to wear today, or with meals what do you fancy today?" Another staff member said, "One client doesn't like staff going in there. Some days it takes a while to encourage her to wash in the mornings. Medication is important, so I usually try and start off with that. She has always taken medication with me. They have a decision about everything."
- People told us they benefitted from having regular carers. One person said, "I've had the same lady for seven years. If she's on holiday or anything I know in advance. They email the rota to me and they send it in the post. If they have to make any changes they let me know as soon as they know." One relative said, "It's usually the same two or three people coming." One staff member said, "We try and always have the same carers with clients. You are more likely to spot if anything goes wrong or if they are out of sorts or something, because you know them so well."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff were respectful and supported people's dignity. One person spoke highly of the staff saying, "They are very polite and respectful."
- People were consistently supported to remain as independent as possible. One person described how staff had encouraged them with rehabilitation when they came out of hospital. The person said, "I can't praise them enough. They provide encouragement and help me to build my confidence. When I came out of hospital I felt as weak as a kitten, barely able to do anything but they have been patient with me and made me do things and now I feel more positive." Another person said, "They encourage me to do things for myself. They encourage me to walk."
- People were supported to maintain relationships with their loved ones and maintain their independence. One person was reluctant to take their loved one out in the community due to the extent of their dementia. Staff offered to provide background and discreet support in the community, so that they could both have lunch at their local garden centre. One person said, "What I'd like is to be as independent as I possibly can be. That's the nice thing about them, they ask what is important to you and then they work with you to help you achieve it."
- Professionals told us of staff members abilities to maintain and promote people's independence. One professional said, "One young client living by themselves had restrictions in their post-operative mobility and was unable to complete the daily task of taking their support stockings on and off. The staff came and made all the difference to that person's independence and improved their recovery."

Is the service responsive?

Our findings

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

The service has been operating since 2007. However, as the provider changed location, CQC is required to re-inspect under its inspection protocol. This is the first inspection for this newly registered service in their new location.

This key question has been rated 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 were receiving a personalised service that was responsive to their needs. People and their relatives told us that they were involved in planning their care and support. One family member said, "I seem to remember before the carers started that we all sat and filled in mum's care plan and it took quite a long time, but I think they hit the nail on the head. It's just right."
- Care plans were detailed and provided personalised information for staff. Regular reviews had ensured that information was kept up to date, identified changes in people's needs and reflected the care that was provided. One person said, "Yes. I've had to change the times because of appointments or visits and that's been all right. If I've asked for things to be added to the plan it's no problem, it's been changed straight away."
- Staff used an electronic recording device to send alerts to management staff when there was a change in people's needs. This meant that changes in people's care plans were made quickly to ensure staff had the most up-to-date information. For example, one person living with dementia was declining personal care and showing signs of distress at the number of other tasks being completed during their personal care calls. Staff alerted the office immediately to ask for a domestic task to be moved to another day to alleviate their distress. Staff consulted with the person's advocate and agreed for one staff member, who had experience of supporting people living with dementia, to dedicate one call for the person's personal care. The impact of this was that the person began to accept support with their personal care. One staff member said, "If there's anything that needs changing I will contact the office through (the electronic system). I can put in a communication alert for something to be updated".
- People's personal histories were used effectively to tailor their support. For example, staff noticed that one person was regularly declining food that was served to them as a cooked meal. Staff discovered that, during the person's career, their working pattern meant they spent years picking food from buffets and eating on the go. Staff stopped preparing singular cooked meals and provided them with buffet style choices, which resulted in a marked improvement of their weight to safe and healthy levels. One professional said, "Their service was excellent, and they ensured the staff met my client's specific needs."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of AIS and described how they had initially assessed every person they supported, before focussing on those with sensory needs, to ensure that they were meeting the standard.
- The registered manager confirmed that no one receiving the regulated activity required alternative formats to ensure they understood the care they received. Staff previously supported one person who they provided large print documentation to support sensory difficulties.

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 received support to continue hobbies and interests that enhanced their quality of life. The registered manager explained she had provided people with resources to enable them to pursue their preferred leisure activities. For example, staff supported one person to visit their local library.
- The registered manager and staff were aware of the risks of social isolation and emphasis was placed on meaningful conversation and the promotion of people's emotional well-being. For example, staff arranged a charity coffee morning and invited people, including those who had been identified at risk of social isolation. Another person who had worked at a local college before retirement had been supported by their carer to retrace his roots at the college where they spoke to staff they used to work with. One person said, "They are an absolute Godsend. Very kind and I couldn't ask for better. They always chat to me while they are helping me, they are really friendly and helpful. We have a good laugh and you need that when you are in my situation."

Improving care quality in response to complaints or concerns

- The provider had a complaints system and people and relatives told us they were aware of how to make a complaint and would feel comfortable making one if needed. One person said, "If I had any problems I would ring Kardinal. I have always found the office staff very accommodating, very willing to help. You don't feel a nuisance and I feel sure that if I did complain they would bend over backwards to sort it out."
- Records showed that complaints were responded to in a timely way and people had been informed of the outcome of the investigations. People had access to the complaints policy and process within their home folders.
- The registered manager used complaints to improve the quality of care. For example, one complaint related to a lack of communication from office staff and late calls. The formal response detailed how the new electronic system would alert staff to late calls and improve communication with people. Another complaint related to the disposal of waste in someone's home. Although it could not be established whether care staff were responsible, the registered manager took the decision for all staff who covered that area to complete further infection control training.

End of life care and support

- Although no one was currently receiving end of life support at the time of the inspection, the provider explored people's wishes and preferences for end of life care. Staff were responsive in seeking support from health professionals when people's health deteriorated.
- People's wishes were recorded in end of life care plans when they chose to discuss it. Staff attended end of life training, while some had attended more specialist training at a local hospice that helped staff support people living with dementia at the end of their lives.

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.

The service has been operating since 2007. However, as the provider changed location, CQC is required to re-inspect under its inspection protocol. This is the first inspection for this newly registered service in their new location.

This key question has been rated 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

- People and their relatives said they were happy with the care and would recommend the service. One person said, "It's a good service, they've never let me down. There's never been a problem with a carer, they've never cancelled a visit. I've got complete confidence in them."
- People spoke highly of the management of the service and that they promoted a person-centred service. One person said, "In the time that we have had support from them they have been an excellent company. The manager is right there on the end of the phone if you need her. They run a damn good service. I would definitely recommend them." Another person said, "The company has a different approach than others, it's centred on the individual, it's not about fitting people into any gaps in the rota they may have."
- Staff told us that they were happy at work and described an open and inclusive culture. One staff member said, "It's very open, the manager and the director are both very open to input because we are the ones out there. Teamwork makes the dream work." Another staff member said, "I really do like the company because I have been doing the job for a long time. They are very supportive with anything. I can go to any one of the office team and they will listen and deal with it. You can come in and have a chat and have a laugh."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager ensured that systems were in place to make sure that care and support was of good quality and to drive improvements. Regular audits and monitoring were completed on areas such as people's medicines, staff training, and staff performance.
- The provider had implemented technology to help drive quality and improve standards. Staff used electronic devices to record the care they carried out. This allowed them to focus more time on delivering care and less time completing manual care notes. For example, tasks were generated automatically allowing staff to quickly confirm when they had completed them. Medicine administration was monitored more effectively as management could see when administration had taken place. The electronic devices allowed care staff to alert the office of changes in people's care. These alerts were monitored and any actions that were required would be allocated to senior staff to complete.
- Staff told us that the drive to improve care for people was central to the registered manager's role. The manager understood the importance of continuous learning to drive improvements to the care people

received. For example, group meetings would always include a training aspect that would involve staff discussions and information sharing. For example, the registered manager had asked staff to think about CQC's key line of enquiry of Safe and come up with alternative ideas to promote and ensure people's safety. One professional said, "They have clear progression, supported by training, followed up by genuine recognition of development and good practice."

- Senior staff ensured that regular spot checks and service reviews took place. Spot checks were undertaken in people's homes and included areas such as staff approach and their communication with people as well as their competence in undertaking tasks or using equipment needed to move people.

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

- People and their family members told us that they had been asked for feedback about the service on a regular basis through reviews and quality assurance surveys. One person said, "Yes and they've been taken to the office by [carer]. We have had reviews every six months. There's another due in December. They know what I like and how I like things done." Staff ensured that feedback was followed up with people where appropriate. For example, staff called one person to discuss their feedback on changes to their rota and explained what the service was doing to improve this.

- The registered manager had organised a focus group to gain people's views on how they should capture their opinions more effectively, and what the provider should be asking people in surveys. From this group, the provider changed their questionnaires to become more relatable and less formal, with an emphasis on exploring people's views in areas they cared about, such as call timings.

- The provider was clear about their responsibilities for reporting to the CQC and their regulatory requirements. Risks were clearly identified and escalated where necessary. The registered manager said that they kept up to date with latest local authority guidelines and safeguarding thresholds.

- The provider offered staff rewards for good performance. There was a prominent display in the office of carers who had been awarded 'Carer of the Month' awards. One staff member said, "You do feel like a family here, they're always touching base with you. If you're sick they will always see how you are. They have a Carer of the Month. I think it's discussed, and you get a bunch of flowers and congratulations."

- Staff also received incentives to encourage them to pick up additional work which needed to be covered due to sickness and staff leave. Staff accrued points for each call they covered and received monetary vouchers when they achieved a certain level. The registered manager said that these incentives and rewards contributed to the provider's high staff retention which ensured continuity for people.

Working in partnership with others

- Staff had developed positive working relationships with a range of health and social care professionals. The registered manager attended provider forums to build relationships and share knowledge.

- Staff had formed good links with professionals in areas such as the dementia crisis team, local authority commissioners, occupational therapists and GP's. One professional said, "(The registered manager) and her team at Kardinal Care have an established reputation for quality delivery in Worthing and serve their community well."