

Cardinal Care Services Limited

Goshen'09 Business Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

A comprehensive inspection took place on 15 May 2018 and was announced. This was the first inspection of the service since it was registered in May 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults and at the time of this inspection the service were supporting three people.

Not everyone using Goshen'09 Business Centre received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. We spoke with the registered manager regarding the name of the service and they told us the service was actually called Cardinal Care Services as Goshen'09 Business Centre was the name of the building the service was located.

There was a registered manager in post at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

Medicines management was not always safely managed; there was no system in place to ensure people received their medicines as prescribed. Staff received training in medicine management but we were unable to evidence an assessment of staffs competency to administer medicines had been completed. When necessary staff involved community nurses, GP's or the emergency services to make sure people's health care needs were met.

People we spoke with told us they felt safe with the staff and the care and support they received. We found there were appropriate systems in place to protect people from risk of harm. Although, the registered manager's knowledge around safeguarding procedures and reporting incidents to the local authority safeguarding team and the Care Quality Commission (CQC) required strengthening.

People who used the service said their visit times suited their wishes and staff always arrived on time and stayed the agreed length of time. We saw sufficient staff were employed to cover people's allocated visits. Recruitment procedures were not always robust as not all necessary information had been recorded by the registered manager.

Staff had opportunities for on-going development, although there was no mechanism in place to 'knowledge check' staff members to make sure their learning was robust. The registered manager ensured new staff received an induction but said they were behind with staff supervisions.

People were not supported to have maximum choice and control of their lives. The registered manager had

not completed mental capacity assessment where required.

People and relatives we spoke with told us they were very happy with the service they received and staff were reliable, kind and caring, treated them with dignity and respected their choices. The registered manager told us, currently, the service did not provide care and support for people whose primary need was end of life care. People received assistance with meals and healthcare when required.

The staff we spoke with were able to describe how individual people preferred their care and support delivered. The care plans we looked at contained details of people's preferred routines, visit times and information about people's health and support needs, although we noted some areas could be more person centred.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. Although, these were investigated by the registered manager, they were not documented.

People who used the service, relatives and staff we spoke with were very positive about the registered manager. They said the registered manager was hands on, approachable and responsive.

We found effective systems to monitor and improve the quality of the service provided were not in place. People who used the service and family members were able to offer their opinion about the service as the registered manager spoke with them on a regular basis.

We found three breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

We found appropriate arrangements were not in place for the safe handling of medicines.

Staff understood how to keep people safe and where risks had been identified action had been taken to mitigate those risks. Although, the registered manager did not fully demonstrate a good understanding of safeguarding procedures.

There were enough skilled and experienced staff to support people and to their meet their needs. We saw the recruitment process were not fully robust.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Where people lacked capacity to make specific decisions, records needed to be improved to evidence the service was fully compliant with the Mental Capacity Act 2005.

Staff received training appropriate to their job role, although, there was no effective way to measure staff skills and knowledge.

Staff supported people to maintain good health and people's nutritional needs were met.

Requires Improvement ●

Is the service caring?

The service was caring.

People were very happy with the care and support provided to them. They spoke positively about the way in which staff helped them. We saw interactions with staff were kind and friendly.

People's privacy and dignity was respected.

Good ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

We found care and support plans contained sufficient detail, although, some area could be more person centred. Currently, the service did not provide care and support for people whose primary need was end of life care.

People were supported to maintain links with the community and access community activities.

People were provided with information about how to make a complaint.

Is the service well-led?

The service was not always well-led.

Effective systems were not in place to monitor and improve the quality of the service provided.

People who used the service, relatives, staff we spoke with were very positive about the registered manager. They said the [registered manager] was committed to providing the best service they could and was approachable.

Requires Improvement 

Goshen'09 Business Centre

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 was planned to check 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.

A comprehensive inspection took place on 15 May 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in. The inspection team consisted of one adult social care inspector. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures.

The provider had 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 used this to help plan the inspection.

As part of the inspection we reviewed the information we held about the service and requested feedback from other stakeholders. These included Healthwatch, the local authority safeguarding team and local authority commissioning and contracts department. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with the registered manager, the office administrator, two members of staff, two people who used the service and one person's relative. We looked at three people's care and support plans. We inspected three staff members' recruitment records, and supervision, appraisal and training documents. We reviewed documents and records that related to the management of the service.

Is the service safe?

Our findings

We looked at the systems for managing people's medications and found they were not always appropriate arrangements in place for the safe handling of medicines.

We saw a list was recorded in people's care and support plans of the medicines they were taking at the time they started using the service. Although, the care and support plan did not fully described what medicines were for or what (if any) support people needed to take them. The registered manager told us people's medication was dispensed from the pharmacist in blister packs. We asked the registered manager if staff completed a medication administration record (MAR) when any medicines had been administered, they said they did not use MARs but did record when medication had been given in the person's daily log. The service had a medication policy which stated what tasks staff members could and could not undertake in relation to administering medicines. The policy stated 'all staff involved in medication management and administration are responsible for accurate record keeping and medication administration record must record ...'. Following our inspection we received a copy of a MAR which was to be used for one person's administration of their medicines.

The registered manager told us staff administered prescribed creams for people. For example, they said one person used Vaseline. We noted from the persons care and support plan they used Vaseline for their skin and E45 cream which was to be applied to their legs, but it was not clear which part of their legs. A staff member told us they did apply creams for people. Both the registered manager and staff member said these were again recorded in the person's daily log, as topical medication administration records were not used.

The registered manager told us the daily log sheets came into the office every couple of months or so and they reviewed these, although no actions had been identified from the logs. There was no formal audit system in place to show the logs had been checked to see if medication had been administered as prescribed.

The registered manager told us one person, who was new to the service, had been prescribed a 'pain patch' but this had not been changed until care staff had gone to shower the person and noticed the patch. They said the pain patch had not been received from the pharmacy and therefore, had not been applied. The registered manager was unclear how often the pain patch needed to be changed and the person's care and support plan stated, 'pain patch on right shoulder (morphine) put new patch on before removing old one, rotate areas (carer put patch on)'. This meant people were at risk of not receiving their medicines as prescribed and in line with the prescriber's instructions.

The training records we looked at showed staff members had received training in medication awareness for residential staff, although this had been completed with a range of other subjects over a two day period. We asked the registered manager whether they carried out staff competency checks to ensure medicines were managed safely; they told us they had not completed these. The registered providers medication policy stated, 'care workers must be trained in the handling and use of medication and have their competency assessed'.

During the registration process of the manager, the registered manager told us, 'they would ensure medication was delivered in a safe and appropriate manner. All medication would be recorded correctly on MARs and on recording sheets within people's care plans. Notes would be monitored and audited to make sure information had been logged correctly and in the event of any errors, they would inform the relevant people, such as GPs and relatives'.

We concluded that appropriate arrangements were not in place to ensure people were given their medicines safely. This is a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe when staff were in their home. One person said, "Yes, I feel safe." Staff we spoke with had a good understanding of safeguarding and were able to confidently describe what they would do should they suspect abuse was occurring. They told us they had not had to report any safeguarding incidents as yet. Staff had received training in safeguarding adults, although this had been completed with a range of other subjects over a two day period. We saw safeguarding and whistleblowing policies were in place and available for staff if needed.

During the registration process of the manager, the registered manager told us, 'they had not been involved in a safeguarding investigation or had any experience of reporting safeguarding. When asked what steps they would take if they were required to report any safeguarding incidents, they described procedures for reporting to the local authority safeguarding team, CQC and the police if necessary'.

When we spoke with the registered manager regarding how they would report a safeguarding incident, they did not fully demonstrate a good understanding of this procedure. They were not aware of who to contact at the local safeguarding team or how to notify the CQC. We asked if the incident with one person's pain patch not being changed had been reported, they said this had not. However, they would retrospectively report this to both the local safeguarding team and CQC. The registered manager told us they had not completed safeguarding training.

The registered manager had a limited knowledge of reporting safeguarding incidents. This is a breach of Regulation 17 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were recruitment and selection processes in place, although these were not always fully robust. Appropriate checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. Although, we noted a risk assessment had not been completed for one person where disclosures had been identified. The registered manager was aware they needed to complete the risk assessment but did not have a form to complete it on.

The staff files we looked at included an application form and references. Although, we saw one staff members file showed only one written reference had been received prior to them starting work and this was from a family member. The registered manager and office administration told us they had tried several times to obtain a second reference without success. The registered providers recruitment policy and procedure stated 'at least two satisfactory written references have been received for that candidate'.

The previous employment section of the application stated 'please cover the last 10 years'. We saw one staff members file showed only one previous employer. We asked the registered manager if they had explored this at interview, they said yes they had but had not recorded this. We also noted there were no dates required in the previous employment section and therefore, the registered manager would not be able to

explore gaps in employment. The office administrator told us they had reviewed and revised the recruitment documentation which would address these concerns.

The registered manager did not always record information relevant to the recruitment of new staff. This is a breach of Regulation 17 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing levels were determined by the number of people who used the service and their needs. The registered manager said they were recruiting to ensure they had enough staff to meet the needs of the people who used the service and provide consistent care and support for people. They said over the past six months they had recruited three new staff members, with a further three more potential staff members to interview. They told us they would not offer a service to any new customers until they had enough staff in place to cover the visits. One staff member told us, "Staffing is good at the moment." Another staff member said, "We have enough staff."

We saw from the staff rotas and the people, relatives and staff we spoke with people received care and support from familiar or regular care staff members. The registered manager told us they matched staff to the person based on mutual agreement and feedback rather than on geography. The PIR stated 'staff are matched to meet the individual and unique needs of the service users. Two staff members are assigned to each service user to ensure continuation of care'.

The registered manager recorded details of the times people required their visits and which staff were allocated to go to the visit. Staff we spoke with told us they had been allocated enough time to complete each call. People we spoke with said staff arrived on time and stayed the required length of time. One person told us, "I always know who is coming and they [staff] are usually on time and stay for the length of time. They always turn up. They always give me a shower and I don't feel rushed."

The registered manager told us if staff were running late the office staff were made aware and they contacted the person to advise of the lateness.

Our review of records, discussions with people who used the service, relatives and staff, led us to conclude there were sufficient staff to ensure people's care and support needs were met and that people received consistent care.

We saw before a service was offered the registered manager completed an assessment which included looking at the person's home environment in order to identify any potential hazards to the individual or staff member. These included internal and external areas of the home.

We looked at care and support plans and found risks were assessed for hazards that people might face, these included the use of a zimmer frame and stair lift. There was guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Staff said they felt confident to deal with emergencies and they would have no hesitation in calling a GP or an ambulance if they thought this was needed. At the time of our inspection the registered provider did not support people with their financial affairs.

The registered manager told us they were always contactable and staff knew if they were unsure about anything they could ring them for advice and would be sure they would get a response.

People told us staff members visiting their homes were provided with and used gloves and aprons when appropriate. One person told us staff always wore gloves when providing personal care. The registered manager said one person had recently raised a concern the staff member was not wearing gloves when preparing food. They said this was addressed immediately with the staff member and a supply of gloves was put into the person's home, with their permission.

Staff we spoke with said they always had enough personal protective equipment (PPE) and had completed infection control training. This meant care staff used PPE to protect people from the risk of infections.

The registered manager told us they had learnt lessons from an incident and a complaint and this had been shared with the staff team. Although, the registered manager did not have a process in place to track and progress investigations or to analyse trends or patterns in order to learn further lessons and improve the safety and quality of the service.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection.

Staff members we spoke with understood the importance of seeking people's consent on a day to day basis. Staff told us people were given choice. One staff member said, "It does not take anything away but they might not remember certain things. I always give people choice." The registered provider had policies and procedures in place and staff had access to these in the office. One person we spoke with told us staff always told them what they were doing and asked if it was ok.

The registered manager told us mental capacity assessments had not been completed where needed and the care and support plans did not contain information about specific decisions people were able to make or any best interest documentation that may be required. The registered manager did not demonstrate a good understanding of the mental capacity assessment procedures.

The registered manager told us they and the staff team had not received MCA training. During the registration process of the manager, the registered manager told us, 'they would ensure they and all staff completed training in relation to the MCA and would source external training in relation to dementia and the MCA.

Care and support plans we looked at did not provide clarification about people's ability to consent to the care and support they received.

People who were unable to make some decisions relating to their care and support had not received an appropriate and decision specific mental capacity assessment which would ensure the rights of people who lacked the mental capacity to make decisions were respected. This is a breach of Regulation 11 (need to consent); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff training certificates we looked at showed staff had completed a range of training sessions over a two day period in February 2018. These were safeguarding, infection control, health and safety, food hygiene, fire safety, information governance, role of a care worker, manual handling, medication awareness, dignity, equality and diversity, conflict resolution and first aid awareness. We asked the registered manager how they reassured themselves staff knowledge was up to date. They told us they did not have a mechanism in place to 'knowledge check' staff members to make sure their learning was robust. This meant people may

be at risk from staff who did not have the knowledge to deliver effective care.

The office administrator told us there were in the process of introducing a mechanism for monitoring training and what training had been completed. Staff we spoke with told us they had completed training and were well supported by other staff members, the office staff and the registered manager. The registered manager told us staff had been enrolled onto the Care Certificate, with staff having completed the majority of the modules. The 'Care Certificate' is an identified set of standards that health and social care workers adhere to in their daily working life.

The registered manager told us staff completed induction training which lasted for two hours and included information about the company, uniforms, personal hygiene, expectations and responsibilities, time management and holidays. They said new staff members undertook shadow shifts with an experienced staff member; after which they were reviewed on a one to one basis with the registered manager and if both parties agreed they started working alone.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they had received supervision. When we looked in staff files we were not able to see evidence each member of staff had received supervision, we saw only one staff member had received supervision in April 2018. The registered manager told us they were a little behind with staff supervision but went on to say they communicated with each staff member daily as they were a small staff team. We saw as part of the registered provider supervision procedures that four staff supervision should be conducted yearly.

As the service had only been operating for approximately one year, we saw one staff member had received an annual appraisal in April 2018 and other staff member's appraisals were not yet due.

We saw one staff member had received a 'spot check' in April 2018 which had been carried out by the office administrator. We saw an action had been identified within this 'spot check' and the office administrator told us they had spoken with the staff member about it but had not recorded this.

During the registration process of the manager, the registered manager told us, 'they said all staff would be supported through regular supervisions, appraisals and team meetings'.

We recommend the registered manager implement a mechanism to ensure staff knowledge is appropriate to support people who used the service and to record actions from 'spot checks'.

People, where appropriate, were assisted to maintain their nutritional and fluid intake. Staff told us they would sometimes prepare meals for people and this would be from items already purchased or ready meals. They said others, such as family members were also involved with these aspects of care. We saw one person's care plan stated, 'meals are left by family to be heated or cooked in the microwave'. Staff told us before they left their visit they made sure people had access to food and drink, if required. We saw people's likes and dislikes recorded in the care and support plans. This meant people's individual dietary needs and preferences were being planned for and met.

Staff members we spoke with were clear about the needs of people they were supporting. The registered manager explained how changes to people's care plans were communicated to care staff so people would always receive the right support. Staff said they worked well as a team and were well supported by the registered manager. We saw interaction between some staff and the registered manager which showed they worked well as a team to meet people's needs. The registered manager told us they had good relationships

with community health services.

We found people who used the service or their relatives dealt with people's healthcare appointments, although the registered manager told us they did sometimes arrange GP, dental or optician's appointments for people when needed. Staff members told us if people became unwell during their visit then they would either speak with a family member; contact the GP or would call an ambulance and would stay with the person until help arrived. One person we spoke with told us, "If I am not well they [staff] will call the doctor or nurse. I am expecting the chiropodist soon. The optician and dentist come to see me." This showed staff knew what action to take to make sure people's healthcare needs were met.

During the registration process of the manager, the registered manager told us, 'the organisation had systems in place to respond to people's changing health needs. Staff would be fully trained and encouraged to be observant and report any changes. All service users would be supported by two members of staff and care plans will constantly be reviewed and changed where necessary to meet an individual person's needs'.

We saw one person's home had a downstairs shower room and bedroom, although the registered manager told us they understood the local authority were looking to install a wet room so the person could be more independent when showering.

We saw some examples whereby people's care and support was delivered in line with legislation and evidence based guidance, included safeguarding policies and procedures, although, when we asked the registered manager if they used any current legislation, standards or evidence-based guidance to achieve effective outcomes, they were unable to offer any examples at the time of our inspection.

During the registration process of the manager, the registered manager told us, 'organisation is supported by a small management committee whose members have experience and an understanding of CQC legislation and requirements'. Although on the day of our inspection the registered manager told us the nominated individual no longer worked for the service and there was no longer a management committee.

Is the service caring?

Our findings

People and relatives we spoke with were very complimentary about how staff and the registered manager responded to their needs. They said they were satisfied with the service provided and happy with the care staff who provided their care and support. Comment included, "Staff are always nice, I am happy to be at home", "Staff are kind" and "I am very happy with the care provided, they have a holistic approach." The staff we spoke with told us the care and support people received was very good. One staff member said, "Care is very good and very safe." Another staff member said, "Care is of a high standard, people are happy and well looked after."

We found the registered manager and staff to be motivated and enthusiastic about making a difference to people's lives. People confirmed they knew the care staff and staff rotas were organised so people who used the service had a familiar staff member. The registered manager told us new care staff were always introduced to people by them before they started to work with the person.

During our inspection we observed a staff member and the registered manager interact with a person who used the service and their relative. We saw both were polite, helpful and friendly at all times, and clearly knew person well as individual. The person's relative told us they could not have progressed with their business if it was not for the service provided by the registered manager and staff. The registered manager told us they also delivered care at times which gave them the opportunity to speak with people and assess if the care and support was still relevant.

The PIR stated, 'we will ensure the service is centred on the service user and all their needs including any specific issues common to their particular ethnic group'.

The registered manager told us the office administrator was in the process of conducting 'spot checks' on staff working with people, which included an assessment of their conduct, punctuality, personal hygiene, politeness and respect of the person's property. This meant in the future staff's conduct in the field would be appropriately monitored.

The registered manager was aware of referral procedures for advocacy services in the local area and assured us people identified as needing independent advice with decision-making would be referred to advocacy services. They described how they worked alongside one person's advocate regarding their care and support needs.

A relative we spoke with told us they were involved with the development of their family members care plan. They said, "I helped to write it and found the manager very knowledgeable." The registered manager told us they involved people and/or their family members/advocate in the development of their care and support plan and with any reviews that took place. Although, this was not clearly evidence in the care and support plans we looked at, as some had not been signed by the person or family/advocate, where appropriate.

The registered manager told us when people were new to the service they would contact them after the first

month to check they were happy with the service and if any changes were needed. The registered manager told us this ensured people were getting the service they expected.

The PIR stated, 'service users are consulted and involved in decisions that are made concerning their care. They are given choices and their opinions are asked for before a decision is made'.

People and their relatives told us care staff promoted people's privacy and dignity and were respectful towards them.

Staff told us they always treated people with dignity and respect. They had a good understanding of equality and diversity and they gave examples of how they maintained people's dignity. One staff member told us, "I always close doors, make sure the curtains are pulled and people are covered when providing personal care." People who used the service were informed about how staff would maintain privacy and dignity in the registered providers 'Statement of Purpose'. We observed people were treated with respect during staff interaction.

We saw people's information was stored confidentially in the office.

The service had an equality and diversity policy and staff received training in respecting and promoting people's diverse needs and dignity as part of the two day training session held in February 2018.

Is the service responsive?

Our findings

Before people started using the service, the registered manager visited them to assess their needs and discussed how the service could meet their care and support requirements, wishes and expectations. The information was then used to complete a more detailed care and support plan which provided staff with the information to deliver appropriate care. The PIR stated, 'service users will be involved in the assessment and re-assessment of their care so that it can be tailored to their individual needs. This will include all service user needs including personal care and any social and cultural needs required'. The registered manager told us a copy of the care and support plan was kept in the person's own home and a copy was kept in the office.

Staff members we spoke with told us the care and support plans contained all the information they needed to provide the right care and support for people. One staff member said, "Care plans are detailed enough and I record everything in the log." Another staff member told us, "The care plan is comprehensive and the manager lets us know if any of the care plans have changed."

We found care and support plans contained details of people's preferred routines, visit times and information about people's health and support needs. We saw some areas of the care and support plans were person centred, for example, 'would prefer female carers'. Although, some areas could be more person centred. For example, one person care and support plan stated, 'she likes soup and bread' and 'encourage her to have a shower or wash or brush teeth'. We spoke with the registered manager about this and they agreed and would review them all immediately.

We noted one of the care and support plans was in a different format, which the registered manager explained was this first one they had completed, as they changed the way the care and support plans were completed following some external material they had received. The registered manager told us they were going back to the original care and support plan format as this was more relevant for the service and they were easier to record people's care, health and support needs.

The registered manager told us care and support plans were reviewed and updated with the person who used the service and/or family members or advocates, if people's needs had changed. From the care and support plans we looked at, we were not able to see how often these were reviewed and updated. For example, one person care and support plans stated 'white paraffin to be put on legs twice a day'. The registered manager told us this was no longer required. The registered manager told us they spoke with people who used the service and family members on a weekly basis, if not more frequently, and made staff aware of people's needs changes but did not always record this.

Issues with the updating of care and support plans was a breach of 17(2)(c)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as documentation did not constitute a complete and contemporaneous record for each person.

The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they can understand, plus any communication

support they need when receiving healthcare services.

At the time of the inspection the registered manager were not aware of the Accessible Information Standard. Although, they told us they were aware of how people who used the service and their family members or advocate wished to communicate but this was not recorded. For example, they explained one person's family member frequently emailed information to them regarding their relative. We saw in one person's care and support plan information about their sight and hearing needs. The registered manager told us they would, from now on, document information on how people and families/advocates wished to communicate.

The registered providers 'Statement of Purpose' stated 'Cardinal Care Service Limited has a policy of promoting the maintenance of service user's normal social network and social activities'. The PIR stated, 'They are encouraged to do things they enjoy and taken to places such as church, day centres and other places of interest they once frequented'.

The registered providers PIR stated 'ensure service user knows what route to take should they need to raise an issue or make a complaint.' We saw the services complaints procedure was detailed in the registered providers 'Statement of Purpose', which people were given when the service first started. A complaints and compliments policy and procedures was also in place. The registered manager told us people who used the service were regularly asked if they had any concerns about the service informal contact with them and office staff.

We looked asked to look at the services complaints records as the registered manager told us they had received one complaint two days before our inspection visit. The registered manager told us they had not made a record of the complaint as this had been dealt with straight away. They said they would record all concerns and complaints in the future. We spoke with the person who had made the complaint and they told us they were completely satisfied with the outcome and how the complaint had been handled.

The registered manager told us, currently, the service did not provide care and support for people whose primary need was end of life care.

Is the service well-led?

Our findings

The service had been operating for just over a year and the registered manager was supported by an office administrator. When we asked the registered manager about the involvement of the nominated individual in the service and the registered name of the service, they told us the nominated individual had left a few months ago. They were also surprised 'Goshen 09 Business Centre' was the registered name of the service as they told us this should be 'Cardinal Care Services'. They agreed they would submit the appropriate applications to make the amendments to the CQC.

People, relatives/advocates and staff we spoke with told us the service was well-led and were very complimentary about the registered manager. Comments included, "Good manager and is always contactable or will ring you back. [Name of registered manager] is approachable and has an open ear. I am happy with the service and working here", "I am so happy, I feel supported and valued by the manager, it is like a family" and "I cannot speak more highly of them."

During the registration process of the manager, the registered manager stated, 'described audits and evaluations that would be undertaken of the service' On the day of our inspection we asked the registered manager about the quality monitoring systems they had in place to measure the performance of the service. There were no audits undertaken that could be evidenced. In particular, there were no routine regular care and support plan audits undertaken. Although, the registered manager told us they spoke with people, relatives and staff members as least weekly, therefore, changing dependencies or needs could be reassessed but these were not always recorded. The registered provider PIR stated 'complete regular audits of functions to ensure we are offering the best service to our service users.'

There were no systems in place to record information on incidents or accidents. The registered manager was aware of the need to have systems in place to identify if any patterns or trends emerged and to act upon them, however, this was not currently being carried out.

We saw staff rotas showed visits that were scheduled, although there was no overview of the all the staffs allocated visits. The office administration was in the process of reviewing the staff rotas with a view to implementing an easy to see systems of which visits staff were carrying out at what time. The registered manager told us they had a system in place to match staff skills with people's care and support needs. Following our inspection we received a copy of the revised colour coded staff rota.

We were told by the registered manager they did not have a training matrix in place, but there had been a review of staff progress on reading the services policies and procedures. We saw limited staff supervision had taken place and the registered manager told us they were a little behind with these. We noted complaints were not recorded or action taken to resolved the issue.

Formal care plans reviews were not clearly evidenced in people's care and support plans. We saw one person had signed there care and support plan. Although, one person's relative had been involved with the development of their relatives care plan, but there was no MCA or best interest decision as to why this was.

The registered manager told us they spoke with people who used the service and relatives/ advocates weekly if not more frequently. This included asking if there were concerns about the service. Although, this communication was not recorded. We saw one evaluation had been completed by a person who used the service, which showed a high satisfaction level with the service provided to them.

Staff we spoke with confirmed they had attended meetings. One staff member told us, "We have staff meetings every month." Another staff member said, "We have staff meeting if and when and these are recorded." The office administration and registered manager told us they had conducted two or three staff meetings over the past 12 months but only one of these had been recorded. We looked at the staff meetings minutes for January 2018 and saw discussions included training, rotas, shadowing, holidays, sickness and absence.

We asked the registered manager what the key achievements had been since our last inspection, they said, "Delivering the service I wanted to deliver, people and staff are happy." We asked what the key challenges had been and they said, "Enough time to put paperwork in order." They told us, over the past year, they had concentrated on people who used the service and staff and now it was time to concentrate on the paperwork.

The registered manager had a limited overview of the service as quality assurance system did not audit all areas of risk or practice to ensure the service was delivering a good standard of care to meet appropriate quality standards and legal obligations. This is a breach of Regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they had employed a consultant recently and this had produced features and benefits of the service. They said the next steps were going to be how to get to the benefits. They had also created a mission statement for the service which stated 'providing a bespoke, culturally sensitive service'.

We spoke with the registered manager about partnership working and they told us they worked with 'Leeds Black Elders Association', 'Advonet', 'Age UK Leeds's' and 'community nursing teams'. We saw some partnership working was recorded in the registered providers 'Statement of Purpose'.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People who were unable to make some decisions relating to their care and support had not received an appropriate and decision specific mental capacity assessment which would ensure the rights of people who lacked the mental capacity to make decisions were respected.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We concluded that appropriate arrangements were not in place to ensure people were given their medicines safely.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager had a limited knowledge of reporting safeguarding incidents.</p> <p>The registered manager did not always record information relevant to the recruitment of new staff.</p> <p>Issues with the updating of care and support plans as documentation did not constitute a complete and contemporaneous record for each person.</p> <p>The registered manager had a limited overview</p>

of the service as quality assurance system did not audit all areas of risk or practice to ensure the service was delivering a good standard of care to meet appropriate quality standards and legal obligations.