

# A S Care Limited

# Kestrel House

## 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?      | Requires Improvement ● |
| Is the service well-led?        | Good ●                 |

# Summary of findings

## Overall summary

Our inspection took place on 31 May and 1 June 2016 and was announced. We gave notice of our inspection because the service is a domiciliary care provider and we needed to make sure someone would be in the office.

At our last inspection we identified three breaches of legal requirements and asked the provider to take action. At this inspection we found the provider had made improvements and was now meeting all legal requirements.

Kestrel House provides domiciliary care services to people in their homes in Leeds and Wakefield, and is known to people who use the service as 'Carewatch'. At the time of our inspection there were 246 people using the service.

There was 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 2008 and associated Regulations about how the service is run.

People told us they felt safe and had confidence in the care provided and that improvements had been made in the reliability of the calls. Staff confirmed they had been given more time to get from call to call and said the provider was now better at planning rotas to enable them to meet people's needs.

Staff we spoke with had a good understanding of safeguarding and how to report any concerns. They were confident the registered manager would act on what they were told, and said they had seen and understood the provider's whistleblowing policy.

The provider ensured recruitment practices were safe. References were taken up and checks were made with the Disclosure and Barring Service before new staff commenced work.

Care plans contained assessments of risk associated both with people's care and support. These assessments included guidance for staff to help them minimise any risks.

Medicines were managed safely, although we found medicines administration records (MAR) were not always completed correctly. The registered manager showed us they had identified this issue and had discussed it in recent staff meetings. Their checks showed no medicines had been missed.

We saw evidence which showed staff received an effective induction and probationary period which included a range of training and shadowing which helped prepare them for their roles. During their employment staff received regular training to keep their skills up to date.

The provider held regular supervision meetings with staff to discuss performance and training needs, and we saw evidence which showed this programme was supported with annual appraisals.

There were robust arrangements in place to assess the decision making capacity of people who used the service, and appropriate arrangements in place to ensure decisions made on people's behalf were in their best interests.

People gave us positive feedback about their relationships with staff and told us they were caring. Staff we spoke with talked with fondness for the people they supported and knew their needs and preferences well. We found there were good practices in place for protecting people's privacy and dignity when receiving personal care.

We saw evidence that care plans were written in consultation with people who used the service, and the provider had systems in place to ensure care plans were kept up to date and reflected people's current needs. This was achieved by regularly consulting people about their needs.

People we spoke with told us the provider had made improvements which meant staff were better able to arrive on time at their calls. There were systems in place to monitor calls and alert supervisory staff to any instances of calls which may be missed. Supervisory staff who received these alerts contacted people by phone so that alternative arrangements could be made.

The provider had systems in place to respond to complaints appropriately, and people told us they had been made aware how to complain and were given phone numbers to enable them to contact the office whenever they needed to. Records of complaints showed the provider followed their policy and investigated concerns brought to their attention.

Staff told us they liked working for the provider and felt the registered manager and senior team were approachable and listened when staff made suggestions. The registered manager held regular meetings with staff and we saw minutes which showed a range of operational issues were discussed. People told us they were satisfied with the service they received.

There was a programme of audit and action plans in place to ensure that quality was monitored and improvements were made when necessary. Surveys were used to monitor satisfaction, and people told us they were sent information about the results of surveys.

## 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.

Call management had improved and people told us staff usually arrived on time to provide care and support. An electronic call monitoring system alerted the office staff when calls were not attended on time. Staff told us the provider had improved their planning of calls.

The provider was managing recruitment of staff safely. Gaps in employment were explored, employment references sought and checks made to ensure potential new staff were not barred from working with vulnerable people.

Medicines were managed safely. The provider was vigilant and had identified where records were not being kept up to date and taken action.

### Is the service effective?

Good ●

The service was effective.

People told us they had confidence in the ability of staff members to provide effective care and support. The provider ensured staff received an effective induction and kept their skills up to date with regular training, supervision meetings and an annual appraisal.

The provider made appropriate assessments of people's capacity to make decisions. Where people lacked capacity there were processes in place to ensure decisions were made in their best interests.

We saw a range of consents recorded in people's care plans, for example consent to care and consent to support with medicines. People told us their choices about care and support were written into their care plans.

### Is the service caring?

Good ●

The service was caring.

People told us they had good relationships with staff, and staff we spoke with had good knowledge of the care needs, preferences and interests of people they provided care and support to.

Care plans were personalised and included information about individual outcomes each person said they wanted to achieve. Care plans contained guidance for staff to enable them to support people to achieve these goals.

### Is the service responsive?

The service was responsive. While improvements had been made since our last inspection we have not rated this key question as 'good'. To improve the rating to 'good' would require a longer term track record of consistent good practice.

Care plans were based on an assessment of people's care and support needs, and we saw these were kept up to date through a programme of regular review.

People who used the service told us the provider had made improvements to the management of calls..

There were systems in place to ensure complaints were thoroughly investigated. People who used the service told us they were given information about how to make complaints.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

We saw evidence the provider had made improvements in the management of the service. Staff said they were happy working in the service and told us the registered manager was approachable and listened to them.

The registered manager had a programme of audit and customer survey activities in place which enabled them to monitor the quality of the service and make improvements where needed.

Staff had regular opportunities to attend meetings where they discussed operational matters and said they felt free to make suggestions which were listened to.

**Good** ●

# Kestrel House

## 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.

The inspection took place on 31 May and 1 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office.

The inspection team consisted of one adult social care inspector, a specialist advisor in governance and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone that uses this type of service.

Before the inspection we reviewed all the information we held about the service, including past inspection reports and notifications sent by and about the provider. We contacted Healthwatch and local authorities who commissioned services from the provider to ask if they had any information about the service we needed to know. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not provide any information of concern.

We did not send a provider information request before this inspection. 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.

During the inspection we spoke with 12 people who used the service and 14 relatives. We spoke to the majority by phone but also visited some people in their homes. In addition we spoke with eight members of staff, the registered manager, deputy manager and quality officer. We looked at the care plans of six people including medicines administration records, and reviewed other documentation relating to the management of the service.

# Is the service safe?

## Our findings

At our last inspection we rated this domain as 'Requires Improvement.'

People we spoke with told us they felt confident in the care and support provided by staff and had no concerns about safety. One person told us, "They are very good carers, never had a bad one. Good all the time." Another person said, "I need to use a hoist, they know what they are doing with it. I feel safe."

People we spoke with about staff providing care and support on time were broadly positive about their experience, or said they felt this was an area that the provider had improved. One person told us, "Sometimes they are a little bit late but it's never a long time. They didn't turn up, but that's in the past. It's better now." Another person said, "They are usually on time or they ring up to say they might be ten minutes late. The office does this."

We spoke with staff about whether call rotas were managed safely and gave them sufficient time to travel between calls and arrive at agreed times. One member of staff said, "This has got better. They understand better now, build in travel times." Another member of staff told us, "This was quite poor, everyone was saying there wasn't enough time but now it has got better. I like the electronic call monitoring we have. I know that if I am late because I've had to spend extra time with someone, the office will know automatically that the person is maybe on their own and can contact them, or arrange another carer to go."

Records we looked at showed staff training was kept up to date in relation to safeguarding. Staff we spoke with confirmed they had received training and were knowledgeable about how to identify signs of potential abuse and their responsibilities to report any concerns. Staff were confident the registered manager would act appropriately on any reports made to them, and all said they were aware of the provider's whistleblowing policy and how to raise concerns outside the organisation if they felt any aspect of people's care was not safe.

We looked at the recruitment records of ten staff and saw these contained application forms, interview notes, employment references with any gaps in employment explored, identity checks and evidence of checks made with the Disclosure and Barring Service (DBS). The DBS is a national agency which holds information on people who may be barred from working with vulnerable people. These checks help employers make safer recruitment decisions.

Care plans we looked at contained clear and up to date assessments of risks including medical conditions, medicines, personal safety, equipment use, communication, continence, visitors to the home, lone working for staff attending alone, use of cleaning products and emergency evacuation. These contained clear guidance for staff to enable them to reduce the risk of harm to the person.

We looked at the medicines administration records (MAR) for six people and saw these were not always completed. We spoke with the registered manager about this and they showed us it was an issue which had been identified and raised at staff meetings, and we saw minutes of recent meetings that confirmed this.

The registered manager showed us that gaps we had identified on some MARs had been investigated. Staff had recorded medicines administration in daily notes rather than on the MAR. When we looked at all the information available to us we concluded no medicines had been missed. People told us they were happy with the support they received with medicines. We saw MAR sheets contained information relating to the importance of the medicine any special instructions, for example for the use of as and when needed medicines such as inhalers.



# Is the service effective?

## Our findings

At our last inspection we rated this domain as 'Requires Improvement'. We concluded the provider had not ensured that staff received support, supervision and appraisal to enable them to remain effective in their roles. At this inspection we found the provider had taken appropriate action and was now meeting legal requirements.

People we spoke with told us they had confidence in the staff's abilities to provide effective care and support. One person said, "They are well trained, very good. Even the new ones are good." Another person told us, "They have constant training. They are always telling me about going into the office to train."

Staff we spoke with told us they received comprehensive induction training which prepared them well for their roles. One staff member said, "I had a few days of training in the office, then shadowed people on their shifts. I was on probation for 12 weeks. It was my choice to say when I was ready to start working by myself." Another member of staff told us, "We had a lot of practical training. There were presentations, practicals and we had plenty of time to ask questions afterwards if we needed to. We did practical training on using hoists, it was good because it meant we knew exactly how it feels to be in a hoist."

We saw formal evaluations of shadowing shifts in staff files, evidencing competence in a number of areas including communication, care and support, record keeping, medication and use of personal protective equipment (PPE).

We saw evidence staff received a balanced rolling programme of training, and this was kept updated. Staff files contained a 'continuous personal development log' which evidenced training staff had undertaken, the expiry date and any relevant certificates. Staff told us they completed mandatory training in areas such as moving and handling, safeguarding, health and safety and management of medicines. We saw the provider kept records including written worksheets to evidence the effectiveness of each member of staff's training.

The provider ensured staff were supported to remain effective in their role through regular supervision meetings and an annual appraisal. Staff told us these were productive meetings in which they felt able to speak openly and honestly. One member of staff told us, "When we have a supervision there's a feedback sheet, and we can add things to it later if we want to. If you ask for something like extra training it gets followed up." Another staff member said, "We have a full appraisal once a year. We talk about how I am finding things, check my knowledge of my job and any concerns I have. It's like a supervision, but a much more personal conversation."

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.

We checked whether the service was working within the principles of the MCA.

Care plans we looked at contained evidence the provider had assessed the capacity of people using service. It was clear which people had capacity and where someone using the service lacked capacity we saw appropriate best interest decisions, for example for support with medicines, had been made. We saw a range of consents were included in people's care plan. These included consent to staff entering people's homes, sharing of information with health professionals, personal care, care review and support with medicines.

A person we spoke with told us about how their choices were reflected in their care plans. They said, "Someone came out to see me. They did loads of writing, asking me what I wanted." Staff we spoke with said they understood the importance of offering choice and respecting people's decisions. One member of staff said, "People can do as they want, we can suggest but we can't force someone to do anything if they don't want to."

There were arrangements in place to support people with access to healthcare where needed, and we saw contact information relating to health professionals involved in people's care was listed in their care plans.

Some people received assistance with the preparation of food and drink. Staff told us they prepared meals and drinks using items supplied by family members, and were able to tell us about people's preferences and dietary requirements.

## Is the service caring?

### Our findings

People told us they had good relationships with the staff. One person said, "They are caring. We have a nice chat, very friendly." Another person told us, "They will do anything to make sure I am comfortable." Relatives we spoke with also shared examples of caring practice they had seen. One relative said, "They are very good, very patient with [name of person]'s Alzheimer's, they talk to her and reassure her. They try to interact even when the conversations are not going well." Another relative told us, "They are really caring. They will cuddle [name of person] when she is upset."

Staff we spoke with told us about people they provided care and support for. They spoke with genuine fondness for people and had good knowledge about care needs and their likes, dislikes and preferences. They gave examples of the kinds of topics people liked to talk about, foods they liked and memories they enjoyed sharing. In addition staff understood the importance of protecting people's privacy and dignity, particularly whilst providing personal care. They gave examples including ensuring doors and curtains were closed, covering the person as much as possible and being mindful of encouraging people to maintain their independence. One staff member told us, "We try and encourage people to keep doing the things they can, we don't do everything for someone. It's important to help people keep their independence."

People told us how they had been consulted about their care and support needs. One person said, "The plan was discussed and I was listened to. They looked around the house to make sure I could manage on the plan."

We saw care plans evidenced people had been involved and consulted when they were written. Alongside individual assessments of need we saw plans to ensure individual outcomes were identified and planned. For example, one care plan contained plans to help the person improve health and emotional well-being, quality of life and increasing choice and control. These were written in the first person and included guidance for staff to show how they could work in ways to help achieve these outcomes and any equipment or other resources that may be needed.

## Is the service responsive?

### Our findings

At our last inspection we rated this domain as inadequate. We found the provider was not providing care that was person centred, and did not protect people from risks of unsafe care through adequate planning. At this inspection we found the provider had followed their action plan and found they were now meeting legal requirements. Although we saw improvement had been made, we have not rated this domain as 'Good'. We require a longer track record of consistent good practice before rating the provider as 'Good' in this domain.

People told us their care plans were based on a thorough assessment of their needs. One person said, "They came and introduced themselves when I was in hospital and we discussed the care plan." In addition people told us the plans were flexible to meet any changes in their needs. One person told us, "We made a care plan, and it changes as my situation changes." We saw care plans contained key information including names and contact details of other health professionals involved in the person's care such as GPs.

In addition to documents held at the provider's office, we saw people had their own copies of care plans in their homes, and people said these were regularly reviewed and updated. One person we spoke with said, "The manager comes out to discuss changing the plan and they keep me informed." Another said, "I am involved in the reviews with the senior staff or management. I can ask for changes."

We saw evidence care plans were regularly reviewed to ensure they reflected people's current needs. Where full reviews had been carried out in person, we saw people had signed and dated the care plan to confirm their agreement with the contents. We saw reviews included all areas of the care plans including health, medicines, mobility, nutrition, hobbies and religious and cultural preferences and needs. Individual outcomes documented in care plans showed how successful achievement of these would be measured and we saw this was part of the review process. We also saw records of regular phone contact to check the care plan was still adequate to meet people's needs.

We spoke with people about how their calls were managed and whether staff arrived at the times they had requested. We received mostly positive feedback about the provider's improved performance in this area. One person told us, "They are on time, if they are running late they let you know. I have never had one not turned up." Another person said, "They are usually on time or they ring up to say they might be ten minutes late. The office does this." Some people told us about times when the provider had not met their expectations for call times. One person's relative told us, "They are not always on time, sometimes they don't turn up at all but they don't tell us so we don't know to go to [name of person] and do it ourselves." A person who used the service said, "Quite a few months ago some failed to turn up, but it has improved now."

The provider had invested in a call monitoring system that had been rolled out to cover all geographical areas in which they provided care and support. Staff used the person's phone to confirm their presence in the person's house by calling a free-to-use number. Where calls were not made an alert was generated in the office to alert senior staff, who could then contact staff and people who used the service to ensure people's needs were met. Staff we spoke with said the introduction of this was a positive initiative. One staff member

told us, "This is an area where things have got better. I like the call monitoring. I know if I can't get somewhere on time because I've been held up or someone else needed more help, then the office will know automatically and they can speak to the person that I was due to see next."

Staff we spoke with told us the registered manager and their senior team had improved call planning. Staff said that previously they had felt rushed and did not always have enough time to travel between calls, but said this was no longer the case. One staff member said, "We have time now. They know how long journeys take at different times of the day and it is all built in to the rota." The quality officer told us, "We look at the journey times, and make sure we know if there is any sort of event planned that will impact on this. We try to take as much into account as we can."

People told us they had been given information about how to make complaints, and some people spoke about their experiences of raising concerns with the provider. One person said, "I have complained about a carer. They handled it discreetly, giving her extra training." Another person told us, "I phoned up about lateness (of carers). They apologised and it has been put right."

We looked at records relating to complaints. We saw all those received had been fully investigated and we saw the provider worked with other agencies such as the local authority where necessary to ensure the issues were resolved.

## Is the service well-led?

### Our findings

At our last inspection we rated this domain as 'Requires Improvement'. We found the provider had not put robust systems in place to monitor the quality of service people received. At this inspection we found the provider had followed their action plan and was now meeting legal requirements.

There was a registered manager in post on the day of our inspection. They were supported by a large team of care workers and senior staff including a deputy manager, quality officer and people in supervisory roles. Staff told us they recognised the registered manager had led change and improvement in the organisation. One staff member said, "There has been a lot of improvement recently, particularly in regards to communication. It has got much better." Another member of staff told us, "Leadership has changed for the better over the last year. Managers are more involved and prepared to listen to what people say."

Staff told us they were happy working for the provider. Reasons for their satisfaction included, "I like the feel here, it is always supportive and friendly," and "You can ask anyone anything and you get an answer," and "It's easy to talk to the managers, they listen and they are understanding."

We saw a robust and well-managed programme of audits had been put in place to monitor the performance of the service. Monthly and quarterly checks were carried out in relation to care plans, staff files, medicines management, complaints and safeguarding incidents. In addition there was evidence of oversight from the provider in the form of branch assessments and franchise audits, which were undertaken annually. We saw audits produced meaningful action plans that contributed to driving improvements in service delivery.

There was evidence of further quality monitoring in the form of surveys and telephone calls to people who used the service to encourage them to give feedback.

We looked at the results of the most recent client satisfaction survey, undertaken in July 2015. 235 surveys were sent out, with 84 being returned. People were asked to respond to a range of questions including 'Do you feel safe and confident with the care we provide you?', 'Do carers check if you have any particular needs on each visit?' and 'Do carers do things in the way you want them to be done?' For each question the answers were mainly positive, with some people stating they did not know or leaving the question unanswered. We saw the survey had been reviewed by the provider and an action plan produced. People who used the service told us they were sent information about the survey responses.

People who used the service gave us broadly positive feedback about the quality of the service. One person said, "I'm reasonably satisfied now. I wasn't at first but they have improved a lot." Another person told us, "I have been using the service for four or five years and it's absolutely fantastic." The majority of people we spoke with said they would recommend the service to other people. We also had good feedback about leadership from people who used the service. One person said, "The service is well run. The family is happy, and that's what counts."

Staff we spoke with said they had regular opportunities to attend meetings with managers to discuss

operational matters. They said these meetings were constructive and they felt free to contribute. One staff member told us, "They are useful and we can make suggestions that get followed up." Another staff member said, "We discuss things like any complaints that have come in, our calls, any problems we have. Everyone speaks up." We saw records and minutes which showed meetings were held regularly.