Kestrel Homecare Limited

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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?	Good
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on the 23 and 28 January 2015. This was an announced inspection. This means the provider was given notice due to it being a domiciliary care provider and we needed to ensure someone was available.

Kestrel Homecare Ltd is a domiciliary care company based in Burwash Weald. They provide support and care for people living in their own homes. The age range of people was 55 to 99 years of age. Some people were at risk of falls and had long term healthcare needs. The service also provided support to people who were at the end of their lives. Kestrel Homecare Ltd provide their services within an approximate 15 mile radius from their office in Burwash Weald. The catchment area is predominately rural. At the time of our inspection 41 people were using the service. There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We last inspected Kestrel Homecare Ltd on 18 June 2014. We found the provider was not meeting all the regulations we inspected against. There were not

Summary of findings

adequate risk assessments being undertaken. There were not suitable safeguarding procedures in place with regards to polices, reporting and staff training. Staff did not feel supported or have an opportunity to talk to the registered manager in private. There were no effective systems in place to measure the quality of the service provided. The provider submitted an action plan which stated all the required improvements would be made by February 2015.

At this inspection we found that the manager had updated policies and procedures and made improvements to the quality assurance system. However, there remained areas where there was not effective provision to monitor the quality of the service. For example, care plans and medicine records were not routinely audited.

The provider did not routinely submit statutory notifications to the Care Quality Commission, as required. Under the Health and Social Care Act 2008, providers are required by law to submit notifications of incident affecting people.

People told us they felt Kestrel Homecare Ltd offered a safe service however we found areas of concern with medicines. The service on one occasion had not followed its own policy. We found gaps in a person's Medication Administration Records (MAR) this had not been picked up by the registered manager as no medication audits were undertaken. There was no staff signature sheet within people's care plans.

Peoples care plans had been reviewed regularly and updated when appropriate to reflect changes in people's needs. Improvements to risk assessment had been made. However there remained areas where risk assessment and care plan guidance had not met the needs of individuals.

Staff told us they felt supported in their roles. A supervision and appraisal programme was in place. Staff were trained in safeguarding and were confident about what they should do if they had any concerns or suspected someone was at risk of abuse. People were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

The registered manager was aware of the requirements of the Mental Capacity Act 2005 (MCA) and care plans reflected assessments had been undertaken where appropriate.

People felt their health and care needs were met. There were some areas of good practice and District Nurses were complimentary about Kestrel Homecare Ltd.'s staff.

The feedback we received about the registered manager was positive. There was a clear philosophy of care at the service which was understood by staff. This included the importance of dignity, privacy and choice.

People had been consulted about their care and were clear how to raise concerns if they had any.

We found a number of breaches of Regulations. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

The provider did not have effective systems in place for the safe administration of medicines.

Some key areas of risk assessment were missing within people's care plans.

People told us they felt safe at the service and staff were confident about what they should do if they had any concerns or suspected someone was at risk of abuse.

There were sufficient staff. The staff had undergone a robust recruitment procedure before staff started employment at Kestrel Homecare Ltd.

Is the service effective?

Requires Improvement

The service was not always effective.

Care plans did not contain all the necessary information to inform staff how to care for people's needs effectively.

People's nutritional needs were met and people could choose what to eat and drink.

The provider and staff understood the requirements of the Mental Capacity Act 2005 (MCA) and obtained consent from people appropriately.

Staff had regular supervision and appraisal planned.

Is the service caring?

Good

The service was caring.

People told us they were supported by staff who were caring and kind.

People were treated with dignity and respect by staff who took the time to listen and communicate.

People's confidentially was protected by staff correctly implementing the services policy.

Is the service responsive?

Good

The service was responsive.

Individual care plans had been updated regularly.

People's choices were respected and supported.

There was a complaints procedure in place and people felt comfortable raising any concerns or making a complaint.

Summary of findings

Is the service well-led?

The service was not always well led.

There were some systems to assess the quality of the service provided to people in their homes, however not all areas had been considered.

Statutory notifications had not been submitted to the Care Quality Commission.

People spoke positively about the registered manager and staff were well supported in their roles.

Requires Improvement

Kestrel Homecare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 the 23 and 28 January 2015. This was an announced inspection. Forty eight hours notice of the inspection was given to ensure that the people we needed to speak to were available. The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the service. This included the report from the previous CQC inspection and information from the public and whistle blowing enquires. We spoke with the local authority who confirmed they had no additional information that we were not already aware of.

During the inspection process we spoke with five people who used the service and three relatives. We asked what it was like to receive care and support from Kestrel Homecare Ltd. We reviewed five people's care plans and associated records. We spoke with the administrator, four care staff and the registered manager to find out what it was like to work for Kestrel Homecare Ltd. We also spoke with two district nurses who had regular contact with Kestrel Homecare Ltd.'s staff. We looked at staff's recruitment, supervision and training records, and spoke with the registered manager about the systems in place for monitoring the quality of care people received. We reviewed comments people had made in a feedback survey and looked at a variety of the service's policies such as those relating to accidents and incidents, complaints and quality assurance.

Requires Improvement

Is the service safe?

Our findings

During our inspection in June 2014 we found concerns with the services safeguarding procedures and a lack of risk assessment made the service not safe. We set compliance actions following our inspection. The provider sent us an action plan stating they would meet the requirements of the regulations by February 2015.

People we spoke with told us they believed Kestrel Homecare Ltd offered a safe service and they felt safe whilst staff were in their homes. One person's relative told us, "I feel reassured when I know 'X' will be having a call from their carers." However, we identified some issues with the running of the service in relation to medicines and risk assessments that placed people at risk.

People and their relatives told us that they were pleased with the support they received with regard to their medicines. Where required, people stated they received their medicines correctly and on time. However, we found some areas which required improvement. We looked at peoples medication administration records (MAR) and found one had multiple gaps. This person's daily visit record identified they had received a care calls on the dates in question and should have been assisted with their medicines. However, the gaps in the MAR meant this person may not have received their medicines correctly on the dates the MAR had not been signed. The registered manager could not explain why there were gaps in this person's MAR.

There was no up-to-date staff sample signature sheet available which meant that it would be difficult to identify which staff member had assisted with or administered people's medicines.

There were policies in place for medicines and guidance for the administration of medicines within a 'home care' setting. However, it was not evident when the medicines policy had been written or when it would be reviewed. The policy for the administration of medicines identified that staff should not administer medication from dosette boxes. A dosette box is a container where medicines can be stored and organised into individual compartments. One person's care plan identified they use a dosette box for their medicines which staff had signed for on their MAR. The dosette box had been filled by family members. This contravened Kestrel Homecare Ltd.'s own policy. This placed this person at risk from taking incorrect medicines as the dosette box may have been filled incorrectly.

All the issues identified with the management of medicines were a breach in Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was evidence that improvements to risk assessment had been made. For example, a home environmental risk assessment was now undertaken when a person joined the service. However there remained areas which had not been assessed. People were not assessed for possible breakdown of their skin. There were people using the service who required pressure relieving equipment. This indicated that they had been identified at risk of skin breakdown by other health care professionals. This meant risk assessments had not been completed which were specific to the people's needs. This is an area that requires improvement.

However, care plans did contain detailed risk assessment when staff were required to offer support with moving and handling. We saw evidence that people's risk assessments were regularly reviewed and where appropriate care plans were updated accordingly.

Accidents and incidents had been recorded and staff knew how and where to record the information. Remedial action was evident and learning outcomes logged. However one staff member informed us of a recent incident they had been involved with, for which they had not completed an incident form. They stated they had 'called it in' to the office. The registered manager stated they would address this matter with the individual staff member as they had not followed the correct process.

All people spoken with stated they were happy with staffing levels. Staffing levels for individual care calls were determined during a person's initial assessment of needs. This was then reviewed in line with any change in needs or when care plan reviews were undertaken. People told us they felt that staffing levels were correct for their calls. One person told us, "No problems for me, I'm happy with the level of support I get from the carers." Another said, "They are always here as they should be."

Requires Improvement

Is the service safe?

Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and staff had undertaken Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff we spoke with described the recruitment process they had gone through, which further evidenced correct procedures were followed.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed all staff had received safeguarding training. Staff demonstrated good understanding of safeguarding procedures and were able to describe different types of abuse and what action they would take if they suspected abuse had taken place.

Requires Improvement

Is the service effective?

Our findings

During our inspection in June 2014 we found that the support the provider offered staff was not effective. We set compliance actions following our inspection. The provider sent us an action plan stating they would meet the requirements of the regulations by February 2015.

People and their relatives told us they were happy with the care they received from Kestrel Home Care Ltd. One person told us, "Nothing is too much trouble for them; they are always looking out for me." However, care was not found to be effective in all areas. There were no care plans for staff to follow on effective care management for people who used catheters such as how to ensure cleanliness, and how often the tubing and bag should be changed. This meant that people who used catheters were at risk of not receiving effective care. This was an area that required improvement.

Staff completed an induction when they started work at Kestrel Home Care Ltd; they 'shadowed' experienced members of staff until they were deemed competent to work unsupervised. They also received additional training specific to peoples' needs, for example around food hygiene and fire safety. There were opportunities for staff to complete further accredited training such as NVQ (National Vocational Training). NVQ's are work based awards that are achieved through assessment and training. To achieve NVQ candidates must have proved that they have the ability and competence to carry out their job to the required standard. One member of staff said, "I have picked up lots of useful information from the training that helps me." However, we identified there were people using the service who required support with catheter care and there was no formal training provided for staff. This was an area that required improvement.

Feedback from staff and the registered manager confirmed that formal systems for staff development, including annual appraisal were in place. Our last inspection found that there were not opportunities for staff to discuss supervision feedback in a private setting as they were undertaken in people's homes. At this inspection we found staff received supervision in two parts. Part one was an observation of a staff member whilst undertaking their role by a senior member of staff. Part two took place with the registered manager in the office. The registered manager told us, "It's important to support staff so as they are confident in their roles as care workers." Staff told us they felt they supported through the supervision process and understood the importance of being observed whilst undertaking their roles. One said, "It makes sense our performance is checked on."

Staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA). Staff were aware decisions made for people who lacked capacity had to be in their best interests. All care plans contained a signed service user agreement which referenced the MCA and a service user contract that identified what services the person consented to and would receive. People we spoke with were aware of these documents and most could recall signing it.

One person told us, "My family buys my food but the carers prepare nice meals for me." People's nutritional needs, where necessary, had been assessed and care plans showed what support people required to ensure they had sufficient amounts of suitable food and drink. This included meeting dietary requirements for people with health conditions such as diabetes. People's preferences were recorded and care plans prompted staff to respect people's choices about food. Risk assessments showed that where people had been assessed as being at risk of malnutrition, extra measures had been put in place to support them. These included support with shopping and meal preparation to ensure that people were eating food that was appropriate for them. Staff told us they routinely asked people what they had had to eat and drink that day and checked care notes and food supplies in the person's home.

People told us that if required staff would assist to ensure they received medical care. One person told us, "The staff always make sure I am ok, they have called my GP for me in the past." A District Nurse we spoke with said, "I have been very impressed with how quickly the staff have picked up on things." Another District Nurse told us, "Their staff do not hesitate to contact me straight away if they are concerned about anyone who uses their services." Staff told us they were clear on their duties and responsibilities as carers however if there were changes in people's health and well-being they would raise these concerns with the registered manager or to people's GP's.

Good

Is the service caring?

Our findings

People told us they had a good relationship with staff. A person told us, “Staff are very kind and helpful.” People told us staff were reliable and came at the times when they were expected. Staff spoke about the importance of compassion and empathy, particularly when people received bad news or were feeling unhappy. All of the people we spoke with said that staff were approachable, they could chat with the staff and they were listened to. The registered manager told us, “The time staff spend at client’s homes is important; we always try to make every visit count.” Staff we spoke with were aware of the principles of equality and diversity and gave examples of how they reflected these values in their work. For example making adaptations to the way they communicated with people to ensure information was accessible. One staff member told us, “Simple things can make a difference, like being aware where you stand; some clients have better hearing on one side than another.”

There was evidence that people were involved in planning their care. People told us they were regularly consulted regarding the care they received. One person told us, “I know that my care paperwork is looked over and we discuss if anything has changed.” One person’s relative told us, “I know they relook at the care they offer ‘X’ as their requirements are changing as they are getting older; it’s great they are still able to be at home.” Another relative told us that they felt confident that the service was effective at supporting people to make decisions, they said, “The thing that works well is that the staff listen to what X says, they might be a bit slower but they know what they want and the staff know that.”

Care plans identified that people may require ‘encouragement’. One care plan stated, ‘give X the opportunity to do X for themselves.’ One staff member said, “Keeping independence is essential for people living by themselves, I will always encourage people to do things for themselves where possible.” People told us that staff, although busy, were not rushed. One said, “They whizz about but will chat to me and give me time.” A district nurse told us, “I have noticed that their staff take their time with clients.”

One person said, “Carers are very professional, they look after me well.” Staff we spoke with were aware of the importance of respecting people’s privacy and dignity. They provided examples of how they did this, such as by keeping doors closed when supporting people with personal care. One staff member told us, “I am very aware if there are other relatives or friends around that I am discreet.” Another said, “Protecting dignity is so important.” One relative told us, “The carers seem to realise that they are in someone’s home and they are the visitor, respect is really important.”

Care plans were held securely in the office and another copy was kept within people’s homes. The registered manager told us that protecting people’s personal information was important. “Staff are regularly reminded about the importance of privacy.”

Is the service responsive?

Our findings

Care plans focussed on what people would like staff to do so that their needs and preferences were met. One person told us, "Staff are very good, I don't always see the same one's but they all know what they are doing."

Where people received end of life care the service was seen to respond to their needs effectively. A district nurse told us, "I have nothing but praise for the way the staff have managed end of life care." There was evidence of liaison with other healthcare professionals to ensure that people had the appropriate equipment and care they required at this stage of their lives.

People's needs were assessed before they began using the service and regularly reviewed with them. People had signed their care plans and assessments to show that they had been involved. The assessments and reviews recorded people's preferences for how they would like their care delivered. Examples from people's care plans and staff interviews demonstrated when people had expressed preferences for things to be done differently from their usual routine staff had accommodated their wishes. People had signed a form to say they had received information about the service, including a service user guide. One person said, "I have got the office number to ring if I need anything explained." The user guide contained information about the care planning and review process, how to access support and the professional boundaries that staff should observe. This meant people had the information they needed to make decisions about their care and whom to speak to if they needed more information.

Care plans demonstrated that respecting people's choices was routinely undertaken. For example, two care plans stated, 'Ask client X what they would like prepared for their lunch.' Care plans identified if a gender preference had been made regarding the carer. One person told us, "I do not want a male carer and this has always been respected."

The service provided people with a telephone number where they could speak to a member of staff 24 hours a day 365 days a year. The registered manager said, "It offers real peace of mind for clients who know they can get hold of us at any time. We are some people's first port of call." People we spoke to were aware they could call this number if required.

People would be confident to speak to staff or the registered manager if they had a complaint or concern. One person told us, "I would speak to the manager if I had any problems." The service had a complaints policy and people received information in a suitable format about this when they began using the service. The information included whom people could contact if the complaint was not resolved to their satisfaction. We saw records of complaints the service had received, these showed that the service had responded quickly in line with their complaints procedure. We noted actions had been identified for the two most recent complaints received. A recent survey of people who used the service showed that people knew how to complain.

None of the people spoken to identified concerns with missed or late care calls. One person said, "If there is a slight delay, I always get a call." Another said, "Never been a problem." Staff told us they had sufficient travel time between care calls. One told us, "On the routes we are given most calls are quite close together, which helps. The service had suitable systems and resources in place to be able to respond if a staff member was delayed.

Is the service well-led?

Our findings

Our inspection in June 2014 found there were not effective systems in place to assess and monitor the quality of service at Kestrel Home Care Ltd. At this inspection we found there had been some improvements. All care plans now contained a contents checklist which was ticked once completed, this meant that the contents of each care plan was consistent for each person. However there remained some gaps in quality assurance processes. For example, there were no quality assurance audits undertaken with regard to care plans or MAR. There were no systems to collate the number of late or missed care calls during a designated period. This meant that there was an increased risk that patterns of concern could be missed. On our second day of inspection the service had begun to implement systems to cover these shortfalls. However, this was an area that required improvement.

The provider was not notifying the Care Quality Commission of incidents that affected people. Under the Health and Social Care Act 2008, providers are required by law to submit statutory notifications. A notification is information about important events which the provider is required to tell us about. We identified safeguarding incidents which had not been notified to us; however the service had notified the Local Authority. The provider was unaware they were required to submit notifications to the CQC.

This is a breach in Regulation 18 of the Health and Social Care Act 2008 (Registration Regulations 2009).

The registered manager was also the provider at Kestrel Home Care Ltd. This means they do not have another individual within the service with whom they can discuss the complexities of running and managing Kestrel Home Care Ltd. They were not engaged with any external adult social care support networks which would enable sharing of best practice and provide professional support for them.

We recommend the registered manager join a professional network for Registered Managers.

However, people told us that they held the registered manager in high regard. All of the people spoken to could recall a recent occasion when the registered manager visited them. One person said, “They are very efficient and I can always get hold of them.” Staff told us that the registered manager had a good understanding of the pressures of the job and regularly undertook care call themselves.

Staff meetings were held regularly and we looked at a sample of minutes which confirmed this. These meetings provided an opportunity for staff to raise and discuss issues and also for senior staff to remind colleagues about key operational issues. For example, meeting minutes identified the importance for staff to record specific times of arrival and departure times when visiting people’s homes. Staff commented that they found these meetings useful and provided an opportunity to share ideas and provide each other with updates individual people.

Systems were in place to seek the views of people and their relatives. Six monthly satisfaction surveys were sent out. Feedback from the most recent survey in July 2014 was positive in all areas. Responses had been collated and individual comments included, ‘All your team are our friends whom we look forward to welcoming.’

People received information about the service’s vision and aims when they began using the service. Staff were able to describe these and said the service focused on providing care that was respectful and promoted independence. One staff member told us, “It’s like a family” another said “They put people first. I wouldn’t want to work for them if they didn’t.” Staff told us that they liked working for Kestrel Home Care; they said the registered manager was approachable and accessible and knew all the people being cared for.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person did not protect service users against the risks associated with the unsafe use and management of medicines.** **Regulation 12 (g)**

Regulated activity	Regulation
	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The provider had not fulfilled their statutory obligations to the CQC with regard to notifications.** **Regulation 18 (2)b(ii) 2e**