

A S Care Limited

Carewatch Leeds & Wakefield

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Kestrel House is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection the service was providing care and support to 181 people.

At our last inspection in May 2016 we rated the service good. At this inspection on 15 and 16 January 2019 we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in place. 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.

There were sufficient staff to meet people's needs. We received mixed views from people and relatives about visit times. The registered manager told us there was a system in place to monitor, respond and reduce the risk of late calls. They said, in future, they would ensure clearer understanding and expectations of call times would be discussed at the person's assessment stage. Recruitment processes and procedures were robust. Staff received appropriate induction, training and supervision to provide safe and effective care.

Medicines were managed safely. People's nutritional and healthcare needs were met. People told us staff were caring and kind. Staff respected people's privacy, dignity and encouraged them to remain independent. Staff had a good understanding of what care and support people might need as they were approaching the end of their life.

Staff understood how to keep people safe from harm. Processes were in place to keep people safe and risks associated with people's care and support needs had been assessed. Staff had access to a plentiful supply of gloves and aprons to support good infection control management.

Choices were respected and staff encouraged people to retain their independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

It was evident from our discussions with staff they had a good knowledge of people's care and support needs. The new support plans were detailed and person centred.

Staff said they felt supported by the office based staff and the registered manager. There were effective quality assurance systems in place to monitor the quality of the service provided, understand the experiences of people who used the service and identify any concerns. The registered manager worked in

partnership with other organisations to support people's needs. People and relatives knew how to make a complaint and these were managed appropriately and outcomes actioned.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service has improved to Good.

Is the service well-led?

Good ●

The service remains Good.

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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 and 16 January 2019 and was announced. We gave the service 24 hours' notice of the inspection visit because we wanted to make sure the registered manager would be in the office. The inspection team consisted of an inspector, a specialist advisor in governance and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

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

We visited the office location to see the registered manager and office staff; and to review records. On the first day of our inspection we spoke with the registered manager, the assistant manager, the quality officer, a senior coordinator, the training co-ordinator and two experienced staff members and five staff members who were currently completing their induction. On day two of our inspection we spoke with 29 people who used the service, four relatives of people who used the service and six staff members on the telephone to

obtain their views of the service.

As part of the inspection we looked at five people's support plans in detail and a further seven support plans for specific information. We inspected staff recruitment records, supervision, appraisal and training documents. We reviewed records that related to the management of the service, which included quality assurance information.

Is the service safe?

Our findings

At our last inspection in May 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

We received mixed views from people about their visit times and they were not always notified if staff were going to be late. A staff member said, "I stay for the length of time of the call, if I am going to be late I would inform the office and they would tell the client." The registered manager told us they had a system in place to alert office staff in the event planned calls were running late, enabling appropriate action to be taken. They said they used a weekly staff punctuality report to enable office staff to monitor the teams call time performance. They registered manager told us, call times were discussed at the person's initial assessment but, in future, would ensure clearer understanding and expectations of call times was discussed and documented.

The registered manager and records looked at confirmed there were sufficient numbers of staff to meet people's needs. Most people and relatives told us there were enough staff and visits were never missed. People said they felt safe because regular staff members visited them. Staff told us there were generally enough staff to meet the needs of people they supported. A staff member said, "We support each other and make sure all calls are covered."

Safe recruitment practices were followed and appropriate checks were carried out, these included references, which had been taken and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people working with vulnerable people.

People told us they received their medicines when they needed them. There were systems in place to ensure people's medicines were managed safely. The registered manager told us most people's medicines were dispensed from the pharmacist in a blister pack, which minimised the risks of errors being made. Staff received training and an assessment of their competency to administer medicines had been completed.

People told us they felt very safe with members of staff. One person said, Safeguarding systems were in place and staff had a good understanding of safeguarding procedures and were able to identify different types of abuse. Staff had completed safeguarding training. One staff member said, "I have had safeguarding training and I would report another carer for doing something wrong, and if carers take money."

Risks to people's safety were assessed and their support plans contained assessments. Risk assessments provided appropriate guidance for staff to minimise and manage the risks and keep people safe.

Staff had access to personal protective equipment, for example, aprons and gloves. This showed the service provided protection for staff and people to minimise exposure to infections.

Lessons had been learnt from safeguarding issues and when complaints were made. For example, as a

result of a concerns raised, further moving and handling staff training had been identified and acted on.

Is the service effective?

Our findings

At our last inspection in May 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

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.

We checked whether the service was working within the principles of the MCA. From people's support plans, we saw some mental capacity assessments had been completed along with evidence of best interest's discussions. This was not consistent in all the support plans we looked at. The registered manager said they were looking at how recording of people's mental capacity assessments and best interests could be strengthened and further MCA training was to be arranged for staff. Following our inspection, the registered manager submitted further mental capacity assessments and best interests' records.

People told us the registered manager and staff listened to them and they were able to make choices. Staff told us they always offered people choice and understood how to support people to make decisions.

We spoke with staff who had just started to complete their induction. One staff member said, they had been told about the company, what was expected of them and had completed some training in a range of topics. Records showed part of the induction process included staff shadowing more experienced staff members.

Overall, people said they were supported by staff who had received the appropriate training for their role. Staff received supervision, field based performance observations and an appraisal. This ensured staff had up to date skills and were competent to meet people's needs.

People's care and support was delivered in line with good practice guidance, which the registered manager was aware of. They told us they worked within current guidance, such as General Data Protection Regulation.

People who were supported with mealtime visits told us staff encouraged them to eat and drink enough to maintain good health. Where people needed support with eating and drinking, this was recorded in their support plan. Staff were able to tell us how they supported people's individual needs. This showed people were involved in decisions about what they ate and staff respected their preferences.

Both field based and office staff told us they worked well as a team and communication and sharing of information was good. The registered manager told us the provider held quarterly workshops and training

sessions, which helped to ensure information in relation to people's care and support needs were shared and accessed by staff.

People retained responsibility for managing their own health but told us staff supported them to access other healthcare professionals if needed. One staff member said, "We have good communication and connection with the district nurses." This showed people received additional support when required to meet their care and support needs.

Is the service caring?

Our findings

At our last inspection in May 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

People told us staff were kind and compassionate. Comments included, "I cannot fault the carers in terms of kindness. It doesn't matter how busy they are, they will always listen to me."

Relatives we spoke with were happy with the care their family member received. One relative said, "I can't fault them. The service has made such a difference to us. The staff are very well trained and go the extra mile. One of them [staff] will sit by the bed and hold my relative's hand until they fall asleep. You can't train that kind of care into somebody."

Staff spoke about the people they supported in a caring manner and it was clear from conversations they knew people well, this included the registered manager and office staff. Staff rotas were organised so people who used the service, where possible, received care and support from the same staff members.

Some people were able to tell us about their regular support plan reviews. One person said, "They [staff] came and talked with me about the support plan at the start. There's a meeting next week because they think I need more help. They do regular reviews anyway." We saw some people had signed their support plans. This meant people and/or relatives were actively involved in decision-making about their care and support.

People said staff were respectful, polite and observed their rights and dignity. One person said, "They make sure the curtains are shut if they are dressing or undressing me and they wrap a big towel round me as soon as I'm showered. They are very careful about respecting my privacy." Staff told us they would always ensure people were covered up when delivering personal care and their curtains and/or doors were closed. This meant staff were aware of and maintained people's privacy and dignity.

Information about what people were able to do for themselves and what they needed support with was included in the support plans. A relative told us, "They are very careful to promote independence while keeping her safe." This meant people were supported to maintain their independence.

The service had equality and diversity information in the care workers handbook and staff were aware of their responsibilities in protecting people from discriminatory practices. Staff supported and support plans included people's religious and cultural needs. For example, one person's support plan stated, 'shower on a Friday as it is a religious day'.

Is the service responsive?

Our findings

At our last inspection in May 2016, we rated this key question 'Requires Improvement'. At this inspection the service has improved to 'Good'.

People said they had support plans in their homes and these included risk assessments which identified how the risks in their care and support were minimised. Staff told us people's support plans contained the information they needed to enable them to meet people's needs.

The registered manager told us they were in the process of transferring each person's care and support needs onto a new format of support plan. The new support plans were written in a person-centred way, were detailed and provided staff with information about people's preferred routine and how they wanted their care and support to be delivered. For example, one person's support plan stated 'Dementia affects my short-term memory and I often believe I have had a wash and got dressed when I haven't. I need prompting to eat and drink as I forget'. A staff member said, "The newer ones are more in-depth and very detailed. There always current and relevant." Staff kept daily records which gave sufficient information about people's day to day lives. There was a system in place to ensure support plans were reviewed and updated, at regular intervals. This helped to ensure people's support plans were reflective of their current needs.

People told us they had seen information about the service's complaints policy and were very clear about who they would talk with if they had any problems or difficulties. There was a robust complaints management system in place. Complaints were recorded on an electronic system, which showed investigation notes, action taken and outcomes for each complaint. There was information recorded in the care worker handbook on the complaints handling process which provided timescales for responding to complaints received. This showed there was an effective process in place should a complaint be made.

Staff had a good understanding of what care and support people might need as they were approaching the end of their life. Where required, end of life support plans were created which gave people the opportunity to express their preferences.

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. Support plans contained information about the person's preferred method of communication, detail of whether the person could communicate their needs was included. The registered manager told us they were able to provide information, including the service user guide, in any language to meet the needs of people whose first language was not English.

Is the service well-led?

Our findings

At our last inspection in May 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

People and relatives told us the service provided a good standard of care and support. A relative told us, "I can't think of any improvements they could make." Systems were in place to gather feedback from people who received a service. A customer survey was conducted in 2018, which showed overall, people were satisfied with the service they received. An action plan had been created where the registered manager had identified areas of improvement.

The registered manager was supported by an assistant manager and a team of office staff where roles were clearly defined. Along with the field base staff team, they worked well together to provide a consistent care and support to meet people's needs. A staff member said, "I enjoy working here, I feel supported by the office team." Staff team meetings were held regularly. A staff member said, "We have team meetings and most of the time they are productive and I learn things." An employee satisfaction survey was conducted in 2018, which showed, where issues had been raised the registered manager had created an action plan to address these.

We saw the registered manager knew staff and people well and had good oversight of the service. A range of audits were completed on a regular basis. For example, medication administration records and daily records were audited each month. The assistant manager told us they recorded any actions required and would hold office based supervisions with staff, when needed.

A governance management system (GMS) was used to record incidents, safeguarding concerns and complaints. The system recorded fact finding information, any corrective action needed and, if appropriate, any lessons learnt. The registered manager told us they completed an analysis of all safeguarding and complaints at the beginning of the year, for the previous year. However, if there was a trend building up they, would put corrective measures in place.

During our inspection we discussed with the registered manager the number of reported safeguarding incident relating to thefts from people. We saw all these incidents were recorded and managed through the GMS system. Following our inspection, the registered manager told us they had completed an analysis of these incidents and identified actions. These included staff training and amendments to quality checks. This demonstrated registered manager quality assurance systems were used effectively to monitor quality, provide service oversight and drive improvements.

The registered manager said they worked in partnership with other organisations to provide effective outcomes for people they supported. These included local GPs, Leeds and Wakefield local authorities and Leeds clinical commissioning groups.

Notifications had been sent to CQC about events that had occurred at the service, as required by legislation.

A notification is the action a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.