

Kestrel Homecare Limited

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Inspection report

Kestrel House
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Date of inspection visit:
21 July 2016

Date of publication:
15 September 2016

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?	Requires Improvement ●

Summary of findings

Overall summary

We inspected Kestrel Homecare Ltd on 21 July 2016. This was an announced inspection. The service provides support and care for people living in their own homes within an approximate 15 mile radius from their office. At the time of inspection 47 people were 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.

The provider had ensured that medicines were being administered in a safe way. Staff were trained to administer medicines and demonstrated good understanding on the services policy and procedure. Medicine audits were taking place and investigations where there were gaps identified in people's medicine records.

The provider had not ensured that all environmental risk assessments gave guidance on how to reduce risk when working in people's homes. We have made a recommendation about this in our report. The provider had ensured that individual risk assessments on people's needs were being completed and gave guidance to staff.

Staff demonstrated good knowledge and received training on how to protect people from abuse. Staff could identify the forms of abuse and how they should react if they were to witness abuse.

The provider had ensured that there was enough suitably trained staff to provide support to people using the service. The registered manager had systems in place to ensure that cover was available during times of low staff. Staff received mandatory training and had the option to take additional training to further develop their knowledge.

The provider had ensured that the principles of the Mental Capacity Act 2005 were followed. Staff demonstrated good knowledge of the Mental Capacity Act 2005 and all staff had received training.

The provider has ensured that people's nutritional and hydration needs were met. People were assessed so that the correct level of support could be provided. Staff were given guidance on how to support people.

Staff understood the importance of communicating change to the registered manager so referrals were made to relevant health professionals when required.

People and their relatives told us that staff were kind, compassionate and had sufficient time to carry out support. Staff demonstrated good knowledge of the people they supported and understood their needs. Staff ensured that people's privacy and dignity was respected when giving support.

The provider had ensured that people's personal information was stored securely and access only given to those that needed it. People had freedom of choice at the service.

The provider carried out routine reviews of care plans and reviews that were prompted by events. Care plans were developed to include people's wishes, likes, dislikes and history. People told us that staff told them about any changes.

The provider had ensured that there were effective processes in place to fully investigate any complaints. Outcomes of the investigations were communicated to relevant people. The registered manager was approachable and supportive and took an active role in the day to day running of the service. Staff were able to discuss concerns with them at any time and know they would be addressed appropriately. The registered manager was open, transparent and responded positively to any concerns or suggestions made about the service. The provider carried out surveys to identify shortfalls with the service.

The provider had not ensured that all records were kept up to date. Policies and procedures were not always documented as being updated. Staff supervisions were taking place but the registered manager was not always recording the outcomes. We have made a recommendation about record keeping.

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.

People and their relatives told us they felt safe.

People were protected against abuse by staff that had the knowledge and confidence to identify safeguarding concerns.

The provider had ensured that there were sufficient numbers of staff in place to safely provide care and support to people.

Staff were aware of the providers' medicine policy and procedures and demonstrated that they understood its contents.

The provider had not taken action to address all identified risks to staff working in people's homes.

Is the service effective?

Good ●

The service was effective.

The principles of the Mental Capacity Act 2005 (MCA) were applied in practice.

Staff received training that gave them the skills and knowledge required to provide care and support to people.

People were supported to maintain their diets when required.
People were referred to health services by staff when required.

Is the service caring?

Good ●

The service was caring.

People spoke very positively about staff. People and relatives

told us they were very happy with the service they were receiving.

Staff had good knowledge of the people they supported. Staff respected people's privacy and dignity.

People and their relatives told us they were involved with the planning of their care. The provider had recorded all review meetings with people.

Is the service responsive?

Good ●

The service was responsive.

The registered manager carried out pre-admission assessments with people before they started to use the service.

People were encouraged to make their own choices at the service. Staff respected people's choice.

The registered manager investigated complaints and the provider had ensured that people were aware of the complaints procedure.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider had not ensured that all information was being recorded correctly.

The provider had not ensured that all policies and procedures were up to date.

People, friends and staff were encouraged to give feedback through surveys and meetings. The registered manager listened and acted on these appropriately.

People, relatives and staff spoke positively about the registered manager.

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 21 July 2016. This was an announced inspection; 48 hours' notice of the inspection was given to ensure that the people we needed to speak to were available. One inspector undertook the inspection. 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.

Prior to the inspection we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. The registered manager had not received and completed a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. At our previous inspection January 2015, we found that the provider was not meeting all regulations we inspect against. We issued two requirement notices in relation to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider sent us an action plan detailing the improvements they would make.

We focused the inspection on speaking with people who used Kestrel Homecare, staff and relatives. We spoke with seven people, four members of care staff, one district nurse, office administrator, three relatives, and the registered manager. We looked at five care plans, three staff files, staff training records and quality assurance documentation.



Our findings

People told us they felt safe when staff were providing support to them. One person told us, "I have never had to question my safety with staff. I have always felt safe." Another person told us, "The staff make me feel safe and there is no reason why they would not." Relatives told us that they felt that their relatives were safe. One relative told us that, "My relative is safe with the staff."

On our previous inspection in January 2015, we found that the registered person did not protect service users against the risks associated with the unsafe use and management of medicines. Staff were administering medicine from dosette boxes and there were unidentified gaps in people's medication records. A dosette box is a plastic container that people put their own medicines in so they can identify when they should be taken. We issued a requirement notice in relation to this breach of regulation. At this inspection we found that improvements had been made.

The provider had ensured that medicines were administered in a safe way in accordance to their policy. The registered manager told us, "We do not touch dosette boxes. When there is a dosette box staff will not touch them but will remind people to take their medicine." The provider's medicine policy told us that medicines must be in blister packs and only prescribed medicines and creams can be administered by staff. Staff had a good understanding of this policy. One member of staff told us, "I will only assist if it is in a blister pack and prescribed." Another member of staff told us, "We cannot give medicine from a dosette box because we would not be able to identify what it is." Since our previous inspection the provider had put in place systems to identify and investigate any gaps in a person's medicine administration records (MAR). The registered manager told us, "We have introduced a system that makes it hard for staff to forget to sign the MAR." The provider had introduced MARs that are on thick green card so that staff can easily identify them. It is also well documented throughout people's daily notes to complete the MAR sheets. The registered manager told us, "There have been vast improvements since this introduction. There are still a few gaps but an investigation is carried out." The MAR charts are brought to the office weekly with communication sheets. We looked at people's MAR charts. One person had a gap in the MAR and this triggers an individual audit. This identifies the member of staff on shift and what has been missed. The registered manager will check daily notes to see if staff document what is given. In this case, it was documented in the person's daily log that a cream was given and it was this that was not recorded on the MAR.

The provider had not ensured risks to people were reduced. Risk assessments were completed but in some areas did not give guidance to staff on how to reduce the risk. For example, there was a general risk assessment that was completed by the registered manager. This risk assessment identified potential risks

that included if a person was able to leave the property in an emergency and if slippery surfaces were made safe. This risk assessment used a tick box system of yes, no or not applicable. In one persons' general risk assessment it was clear that slippery surfaces had been made safe and that the person could not get out of their own home in an emergency. The risk assessment did not identify what to do to reduce the risk. We recommend the registered provider puts in place an effective system to identify and give guidance to staff on risk.

Each person had a manual handling risk assessment. One person's risk assessment identified that a hoist was required for all transfers. The risk assessment did show staff how to reduce risk by identifying what type of sling should be used and when the hoist was due for a service. The risk assessment also identified to staff that to reduce the risk to clear all walkways prior to using the hoist.

The provider had ensured that contingency plans were in place to protect people in an emergency. Contingency plans included adverse weather conditions and staff absence. The registered manager had put in place a contact list of people who were identified as high priority so that contact and arrangements could be put in place for these people first. The manger told us of people who lived on their own and that these people are at the top of the list based on individual need. This allowed staff to quickly identify and prioritise people of high need so that the service could continue to run as smoothly as possible.

People were protected against abuse by staff that had received appropriate training and could identify the forms of abuse. Records confirmed that all care staff received safeguarding training. Staff told us how they would react if they were to identify possible abuse. One member of staff told us, "Safeguarding is to protect people from abuse such as physical, financial and neglect. If I had any concerns I would contact the registered manager straight away. Another member of staff told us, "I recently witnessed a situation on one visit and reported this to the registered manager." Records confirmed that there was an investigation carried out and a referral to the local safeguarding team was made.

The provider had ensured that staffing levels were adequate to meet people's needs. People told us they were happy with the staffing levels. One person told us, "There always seems to be enough staff as they are rarely late." One relative told us, "We have little problems with the staffing and they keep us informed if there are going to be any problems." The registered manager told us, "I always make sure there is one extra member of staff available. I tend to cover holidays and sickness."

The provider followed safe recruitment practices that ensured that staff were safe to work in a care setting. We looked at the personnel files of three members of staff. In two of the files information provided included completed application forms, two references and photo identification to ensure that the members of staff were allowed to work in the United Kingdom. One file was missing one reference but there were documents to show that this had been chased with the previous employer. The records showed that checks had been made with the Disclosure and Barring Service to make sure staff were suitable to work with vulnerable adults.



Our findings

People and their relatives told us they were happy with the care they received from Kestrel Care. One person told us, "The care I receive across the board is very good." Another person told us, "They know my conditions well and always act accordingly to my needs." One relative told us, "It is a very good service that is quick to react to any concerns they see."

At our previous inspection in January 2015, we found that 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 tubing should be changed. This was an area that required improvement. At this inspection we found that improvements have been made. Care plans had guidance for catheter care and included instructions on when they should be changed and cleaned. Staff were also provided with information on how to clean catheters. Daily notes folders included a catheter chart that identified when a person's catheter should be changed, cleaned, emptied and checked. Staff were required to sign when these actions took place. There were no gaps identified on people's charts in the care plans.

The provider ensured that the staff were competent to carry out care tasks for people using the service. New staff had to complete an induction and a 3 month probation period. The registered manager told us, "New staff have to complete medicine and manual handling training immediately. They then have 12 weeks to complete 15 training courses." The training schedule showed that all care staff, not currently on probation, had received all mandatory training. The training schedule identified new staff and when the training was due to take place. All care staff had completed medicine and manual handling training. The registered manager told us, "New staff are gently nurtured into the role. We want them to be confident before they start working on their own." One member of staff told us, "I shadowed for a month and slowly transferred to taking the lead. I was supervised until I felt I was ready. If I felt I needed more time, for example, on catheter care this was given without any fuss." Before staff can pass probation, they will complete shifts with the registered manager to ensure they meet all competencies. All staff have recently been given opportunities for additional training to broaden their knowledge. This additional training includes death preparation, diabetes, dementia and effective risk management. Staff told us they were happy with the additional training options on offer. One member of staff told us, "It is good they are offering us more training outside what is mandatory. I have signed up to the death preparation and stroke training."

Staff and the registered manager told us there were systems in place for staff supervisions and appraisals to assist improvements to staff development and the service. Supervisions took place two times a year and included competency checking of staff providing support to people. One member of staff told us, "We have

supervision every six months and an appraisal once a year." Records showed that these were taking place. The registered manager told us, "I observe them on the rounds and after we have a chat about their development." The registered manager carries out regular spot checks on staff to ensure that they are working in accordance with policy. The spot checks include if the staff have a name badge on, the correct uniform, time keeping, if they had medicine training and if they were contactable on their phones. One person told us, "I do sometimes see the registered manager do the rounds with the staff so she can see what is happening."

The provider had ensured that staff understood the principles of the Mental Capacity Act 2005 (MCA). The 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. Staff demonstrated that they had good knowledge and were aware that decisions made for people who lacked capacity had to be in their best interest. One member of staff told us, "We must always assume capacity. If not then they must be assessed and a best interest meeting should take place. The training schedule showed that all staff have received training on MCA. Care plans included a signed service user agreement that included information on MCA and an assessment template if required. Each care plan had a service user contract that identified what services the person consented to and would be provided.

People's nutrition needs had been assessed and care plans showed what support would be required to ensure that they were receiving suitable amounts of food and drink. Care plans identified if a person was diabetic and guidance was given to staff. One care plan told us that a person required thickener in their drink and there was guidance on how this should be provided. People's preferences were also documented in the care plans. One care plan told us the person did not like sugary and dairy foods as this exacerbates their medical condition. Another care plan told us that the person did not like to be rushed and to assist with feeding at his or her own pace. Each care plan included a fluid intake and urine charts to identify if a person was not taking on enough fluids. When concerns were identified, this was logged and contact was made with a medical professional.

People and their relatives told us that referrals were made to health professionals when required. One person told us, "They suggested that a physio may be a good idea. We contacted the GP together and this was arranged." One relative told us, "They have called the GP when it was needed and they always let us know." A District Nurse we spoke to told us, "The staff will always contact us if they are concerned about someone for guidance." The registered manager told us, "We will contact the District Nurse if we suspect a pressure sore." One member of staff told us, "I noticed that one person had a mark on them that was not there before. I informed the registered manager who contacted the District Nurse. They came out assessed and dressed the area." When someone was at risk of a pressure sore, the registered manager carried out a risk assessment that identified what action was required to reduce the risk and this was documented in the care plan. One care plan told us that observations were required on the heels of a person due to the risk of pressure sores and if required apply creams and report to the District Nurse. When a person uses an air mattress or when they are at risk of pressure sores guidance was given to staff along with the weight setting that was correct for the person.



Our findings

People told us they were very satisfied with the way staff supported them. One person told us, "The staff are charming, honest and reliable. I am absolutely delighted." Another person told us, "They are very friendly and always have a big smile on their faces when they enter." One relative told us, "I would not change a thing about the care my relative receives." Another relative told us, "The staff are friendly to everyone." A District Nurse told us, "They are the nicest caring team I have ever met." People told us that staff were given sufficient time to support people and it was never too much to ask for extra time to carry out tasks. One person told us, "The staff have time to help me and it never feels rushed. Before they leave they ask if there is anything else required and if you have something to do they will do it." The registered manager told us, "I have no problem with staff spending more time with people if it is required." One member of staff told us, "We do additional stuff. If someone needs a few bits from the shops, it is no bother for us to pop out. The registered manager is happy for us to have the extra time."

People and their relatives told us they were involved in the planning of their care. One person told us, "The registered manager goes through my care plan with me and if there are any changes required these are discussed." One relative told us, "I am involved with the care plan reviews with my relative." Another relative told us, "Due to a medical condition my relative cannot sign but the registered manager goes through everything verbally and I sign to confirm we were both involved." Records show that formal care plan reviews took place yearly and people and those in attendance were signing the reviews.

Staff understood the importance of respecting people's privacy and dignity. One member of staff told us, "I always make sure that curtains are closed. I cover the person with a sheet or towel when washing." Another member of staff told us, "I always make sure that I am talking to the person throughout any task as it respects their dignity as it puts them in control and makes it more about them." Staff had good knowledge of the people they supported and were sensitive to their needs. One member of staff told us, "One person likes their hair done in a certain way. This does take some time but I make sure it is done once a week because that is what she likes." Another member of staff told us, "One person likes to have a rest during personal care because they want to stand by themselves whilst it is given." Care plans gave guidance to staff on the people that used the service. One care plan told staff that before they leave one person they should ensure that the person was made comfortable, lower the bed to the lowest setting and turn the bed so that the person can watch television. Another care plan told us that when a person was not in a good mood to consider contacting their GP as this can identify the person might have an infection. People's confidential information was stored securely in an office and another copy was kept in people's homes.

Where people received end of life care the provider had ensured that their needs were responded to effectively. A District Nurse told us, "They will ask us questions and ask for equipment to make people as comfortable as possible during end of life care." The registered manager told us, "Only senior members of staff provide support for end of life care." The training schedule showed that senior members of staff had received appropriate end of life care training. Records showed that staff were in contact with other healthcare professionals to ensure that people were receiving the correct support and had appropriate equipment.



Our findings

People had pre admission assessments. This meant that staff had the right information to support people when they started using the service. Records showed that the care plans were being reviewed and additional information added when needed. The registered manager told us, "I will provide support for the first few visits so that I can identify the correct level of support and develop a personalised plan for that person." One member of staff told us, "Before we start with a new person we are given an overview of that person that includes the care required, likes, dislikes, family and history. This gives us a good insight and gives us things to talk about to build a good rapport." One person told us, "At the beginning they went through my whole life history, likes and dislikes so they could understand what makes me, me." One relative told us, "The manager was very thorough when starting up the care plan."

People's choices with the service they received was documented and respected by staff. One care plan identified that a person likes to wash and brush their teeth before getting ready for bed. Care plans also identified the amount of calls a person would like and the times they would like it and if a person would prefer a male or female carer. One member of staff told us, "A person has a right to choose what they want and we respect that." Another member of staff told us, "We always make sure that we ask the people what they would like for everything, from personal care and food choices to making sure the right television or radio channel is on." Records showed that if there was a change with people's choices this was documented in the care plans.

People's individual assessments and care plans were reviewed yearly and when there was a change in circumstance or needs. One relative told us, "I will be going to hospital and will not be able to provide the level of care I currently give to my relative. I spoke to the manager who has arranged additional visits during my recovery period. It has taken a load of my mind." One care plan identified that a person had recently gone into hospital. Records showed that the person had been re-assessed and identified that the person has experienced a decline in mobility. New guidance was given to staff to support this person and identified the changes in risk. One person told us, "My carer noticed I was having trouble opening the back door as the lock was too high, they now unlock it for me, all the staff know to do this." Another person told us, "If there is a change we go through it on the care plan."

People told us they would be more than happy to speak to the registered manager if they had a complaint or concern. One person told us, "I would let the manager know if I had any problems." One relative told us, "If I did have a concern I would let the manager know, we are given a number we can use anytime of the day." The registered manager gave people an office number to contact during office hours and additional

number they could use 24 hours a day. All people we spoke to were aware of the contact numbers they could call. One relative told us, "We can call the manager whenever we need to. Once I had to call late in the day to let them know that support would not be required the next day." The provider had a complaints folder that identified all formal complaints received. Records showed that the registered manager was responding to all complaints appropriately with investigation and outcomes documented and communicated to people.

The provider sought people's thoughts and input on the service through surveys to identify if people were happy with the service. A quality survey was sent out to people that use the service in January 2016. The survey was sent to 35 people using the service at the time and 25 were returned. The survey identified that people were happy with the service but did identify that some people were not happy with the standard of cleaning offered by staff. The registered manager told us, "I carried out an investigation and discovered that some people have different expectations on the cleaning part of our service. I rearranged the rota so that staff that we skilled in this area provided support. We have received no complaints since."



Our findings

People and staff spoke positively about the registered manager. One person told us, "The manager is so nice and helpful. Another person told us, "The manager is marvellous and will help out with whatever she can." On relative told us, "The manager is really good and always available to talk to." One member of staff told us, "I would not work for anyone else." Another member of staff told us, "The manager is very supportive and always available."

At our previous inspection in January 2015, we recommended that the registered manager join a professional network for registered managers. This recommendation had not been fully addressed. We spoke to the registered manager who told us, "Operational pressures have meant I have been unable to join a professional network. However, we are considering changing our organisational structure to accommodate this."

The provider had not ensured that all policies and procedures were reviewed and up to date. The provider had a list policies but it was not clear when these had been reviewed or updated. Only the manual handling and medicine policy could be identified as being recently reviewed. We reported this to the registered manager who told us, "We are moving to a new system for the policies and this should rectify the problem." It is good practice to ensure that all policies and procedures are reviewed. This ensures that policies and procedures are updated with any changes legislation, guidance or best practice.

The registered manager had not ensured that all information was being recorded correctly. Supervisions were being documented as being completed but the registered manager did not always record what actions came from these supervisions. For example, what action had been taken to address poor support or development. The registered manager carried out a missed call audit on a monthly basis. In June the audit identified that one missed call was due to a staffing error and some of the cancelled calls were due to hospital appointments. However, the registered manager did not record what action was taken for missed or late calls. We reported this to the registered manager who told us, "We carry out an investigation to identify what member of staff was on the round and why calls may have been missed and we will discuss this with the member of staff."

We recommend that the registered provider put effective systems in place to record actions from supervisions and for missed and late calls to people using the service.

At our previous inspection in January 2015, we identified that the registered manager had not reported

safeguarding notifications to the Care Quality Commission. A notification is information about important events that the provider is required to tell us about. We issued a requirement notice in relation to the breach in legislation. Since our last inspection, improvements had been made. The registered manager had informed the local authority of any safeguarding concerns and if these were brought forward to be investigated as safeguarding, the registered manager had let us know with the appropriate notification. The registered manager was sending all other notifications required by the Care Quality Commission.

The provider had ensured that staff were listened to and were given a variety of platforms to provide a voice to help improve the service. It was documented that staff meetings took place every 6 weeks. The previous meeting took place May 2016 and informed to staff the outcomes of a recent quality assurance visit by the local authority. It was identified in the audit that the provider offers additional training outside of the mandatory training. Staff were given a list of additional training and were encouraged to give feedback on what training they would like. A staff survey took place in May 2016 and from this staff identified that tunics would be a welcomed addition to their uniform. The survey also identified that staff would like more opportunities to meet up outside of work. We spoke to the registered manager who told us, "Staff are coming today to try on the new tunics and we have arranged a staff barbecue."