

Kestrel Homecare Limited

# 1 Southdowns View

## Inspection report

1 South Downs View  
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Heathfield  
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16 April 2019

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### Ratings

Overall rating for this service

Requires Improvement 

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

### About the service:

Kestrel Homecare, 1 Southdown's View is a domiciliary care service. The service is a family run business where the provider is also the registered manager.

It provides personal care to adults living in their own houses and flats in the community. At the time of the inspection the service was supporting 37 people, only 27 were receiving personal care. The service provides care and support for people in Heathfield and the surrounding area. CQC only inspects the service being received by people provided with personal care, where they do we also take into account any wider social care provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### People's experience of using this service:

- The registered manager and office manager completed regular audits and checks on the quality of the service and look at ways to improve. However, shortfalls found at the inspection had not been identified and addressed.
- The registered manager had not ensured that all records were kept up to date. Staff supervisions were taking place, but the registered manager was not always recording these. Risks to people identified but these were not always recorded accurately in peoples care plans. These shortfalls had not directly impacted on the care and support people were receiving.
- At the last two inspections in 2015 and 2016 we recommended that the registered manager join a professional network for registered managers to ensure best practice and continuous drive to improve the service and keep up to date with best practise. This recommendation had not been addressed.
- People told us they felt safe and supported by staff in the way they preferred. Staff demonstrated good knowledge and received training on how to protect people from abuse. Staff could identify the forms of abuse and what they would do if the suspected or witnessed the different types.
- People spoke with staff about any potential risks to their health and welfare. These were assessed, monitored. Staff knew how to keep people safe from risks, however the potential risks were not fully recorded to make sure staff had clear written guidance on what to do to keep risks to a minimum and what action to take if the risk occurred. There were environmental risk assessments in place for staff.
- The registered manager made sure there was enough suitably trained staff to provide support to people. People said they were confident in the staff's skills and abilities to look after them and keep them safe. Staff felt supported and valued. The registered manager checked that staff were undertaking their roles safely and effectively.
- Staff were recruited safely. Gaps in employment had been explored by the registered manager but a record of this was not available. People told us that they received their calls from regular staff who were on time and they had no missed calls. People received support from the registered manager and office manager when they needed it. They said there was always someone at the end of the phone.
- People's needs were assessed before they started using the service to make sure staff could deliver the care that they needed. People had agreed to the care and support they received.

- People had been able to plan their visits with staff and how they wanted their care provided. Care plans were developed and reviewed regularly.
- People were able to make decisions about their care and support and to maintain control of their lives. Staff supported people to do as much for themselves as possible.
- People said staff were kind, compassionate and caring and took their time to carry out their duties and did not rush. People said they were listened to and that they were treated respect.
- People told us they received their medicines when they needed them. Staff administered people's medicines safely.
- People were supported people to access health care professionals when they needed them. The staff worked with other agencies to provide joined up care including specialist nurses when people were at the end of their lives. People were supported and cared for at the end of their life.
- People were protected from the risks of developing infections.
- When staff prepared meals for people, they were supported to have a range of nutritious food and drink that they had chosen.
- Care and support was given in line with legislation and guidance. Staff followed the principles of the Mental Capacity Act 2005 were followed. People's personal information was stored securely.
- People knew what to do if they had any concerns or complaint. They said they would be listened to and their concerns would be taken seriously and acted on.
- The registered manager was approachable and supportive and took an active role in the day to day running of the service. The culture within the service was transparent, personalised and open.
- People and staff were asked their opinions about the service. The results were analysed and action taken to address any issues. The opinions of other stakeholders were going to be sought.

The service remained 'Good' in safe, effective, caring and responsive but was 'Requires Improvement' in Well-led. There was breach of regulation 17.

Rating at last inspection:

Good (report published September 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained 'Good' in safe, effective, caring and responsive but was 'Requires Improvement' in Well-led. There was breach of regulation 17.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not consistently well led.

Details are in our Responsive findings below.

Requires Improvement ●

# 1 Southdowns View

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was undertaken by one inspector.

#### Service and service type:

Kestrel Homecare, 1 Southdowns View is a domiciliary care service. It provides personal care to people living in their own homes. It provides a service to adults who require personal care and or social support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 10 April 2019 and ended on 16 April 2019. We visited the office location on 10 April to see the registered and office manager and office staff; and to review care records and policies and procedures. On 11 April 2019 we visited people and their relatives in their own homes with their consent. On 16 April 2019 we contacted people, relatives and staff by telephone.

#### What we did:

We reviewed the information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection, we reviewed a range of records including:

- Four people's care records
- Staff files
- Notifications we received from the service
- Completed surveys from people who used the service
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- We spoke with five people who use the service and three of their relatives. We visited three people in their homes and spoke to others on the telephone.
- We spoke with the registered manager, office manager and three care staff

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- The registered manager and staff understood their responsibilities to keep people safe from abuse.
- Staff were aware how to recognise and report any concerns they may have. They were confident that the registered manager would deal with any concerns they may have.
- The registered manager knew to report any concerns to the local safeguarding authority and take appropriate action to keep people safe.

Assessing risk, safety monitoring and management:

- People had risk assessments in place to make sure they were moved safely when using special equipment like hoists. The risk assessment explained to staff how to reduce risk by identifying what type of sling should be used and when the hoist was due for a service.
- Other risks and how to minimise them, for example risk of falls or risk of developing pressure sores had not been fully recorded in people's care plans.
- When people had conditions like dementia or diabetes the risks associated with these conditions and what action staff should take if their conditions became unstable was not fully recorded. This had not impacted on people's care.
- Staff told us how they supported people to minimise any risks. They told us they were updated about changes to people's risks and support needs before they supported people.
- Staff were able to explain in detail how they minimise the risk of these occurring. They knew what action to take if they identified any concerns.
- People told us that staff always checked and treated their skin with prescribed creams and were confident that any concerns would be reported to their GP's or district nurses. People said that staff always made sure they have their walking aids in easy reach before they leave and that their home was clear of any trip hazards.
- At the last inspection environmental risk assessments were not in place. The registered manager had now ensured that all environmental risk assessments gave guidance for staff on how to reduce risk when working in people's homes

Staffing and recruitment:

- There were enough staff to meet people's needs. Sickness and annual leave were covered by permanent staff or by the registered manager.
- People told us that staff were usually on time but understood that on occasions they could be a bit late due to having to spend more time at the previous call. They said that the office usually informed them if there was going to be a significant delay. An audit showed that there had been one missed call in March the reason for this was identified and investigated to prevent re-occurrence. The people we spoke with said that staff always came when they were supposed to.

- Staff spent the allocated time with people. People said that they did not feel rushed and staff always took the time to give them the care and support that they needed. One person said, "The girls (staff) always have time for a chat. They always ask me if I need anything else before they leave". Staff said that they did not feel rushed. The registered manager planned staff visits carefully, so as much as possible staff were visiting within the same area. One staff member said, "All my visits are within walking distance, so I don't need a car and there are no problems if there is bad weather".
- Staff were recruited safely. Checks had been completed before staff started work at the service including references and past employment. One file was missing one reference but there was evidence to show that this had been chased. Another file did not contain a full employment history. The registered manager knew why there was a gap in employment but had not recorded the information.

#### Using medicines safely:

- Staff were trained to administer medicines and their competency was checked regularly. Not everyone needed support with their medicines.
- People's ability to manage their own medicines was assessed before the service began. This was reviewed regularly. When people were identified as at risk when taking their own medicines this was discussed with them and their families to look at safer ways for people to take their medicines. In one case this had meant changing visit times to accommodate the person to make sure they took their medicine's safely.
- Medicine record charts were reviewed regularly to make sure staff had given people medicines as directed by their doctor. If any errors were identified, then action was taken to prevent re-occurrence.

#### Preventing and controlling infection:

- Staff completed training about infection control and supported people to keep their homes clean and tidy when needed.
- Staff wore protective clothing, like gloves, aprons and foot covers to prevent the risk of infection. Staff said they always had a stock of personal protective equipment which they collected from the office when they needed it.

#### Learning lessons when things go wrong:

- A system was in place to record accidents and incidents. Incidents and accidents were reported by staff in line with the provider's policy. The registered manager took steps to ensure that lessons were learned when things went wrong.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The registered manager met with people before they started to use the service. People's needs were assessed to make sure that the staff could support people in the way they wanted. There was information about people's past medical history and information about people's background.
- People's protected characteristics under the Equalities Act 2010, such as religion, sexuality and culture were discussed with people.

Staff support: induction, training, skills and experience:

- People were supported by staff who had the skills, knowledge and experience to deliver effective care.
- Newly recruited staff received an induction and then gained experience by shadowing more experienced staff. The office manager was in the process of developing a more in-depth induction for new staff which covered more areas of training. One staff member told us, "My induction was not rushed, I could take my time to make sure I was confident and competent before I visited people on my own." Another member of staff said, "There is always a senior member of staff at the end of the phone if you are worried or unsure about anything."
- Staff received mandatory training and had regular updates. There was a training matrix in place so that when staff required a refresher training the office manager made sure they were informed, and training was booked. Mandatory training was up to date and new refresher sessions had been booked by the office manager.
- Some people had specialist needs like diabetes or had different types of dementia. The training in specialist areas could be further expanded and developed to make sure people's diverse needs were supported. However, the staff we spoke with had knowledge about specialist areas and were able to explain about the condition's and risks they entailed. They said if they were unsure about anything they would contact the registered manager or seek advice.
- The registered manager was going to source further training and was looking at the 'Skills for Care' learning and development training. Skills for Care is a charitable organisation that supports adult social care employers to deliver what the people they support need and what commissioners and regulators expect.
- Staff told us that they felt very supported by the registered manager. They said they could go to the office at any time or contact her by phone if they needed any support.
- 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. Observational supervisions took place two times a year and included competency checks of staff providing support to people. This was where the registered manager or a senior member of staff observed staff delivering care to people in their own home. If any issues were identified, then this was addressed with the staff.
- Staff did not have pre-arranged one to one individual meetings with the registered manager but said they

often spoke with them about aspects of their role. This was not recorded, so discussions, outcomes and development were not continuously monitored. The registered manager said that she would arrange more structured meetings with staff and record the information.

Supporting people to eat and drink enough to maintain a balanced diet.

- People were supported and encouraged to eat healthily and drink enough. One person told us, "The carers prepare my dinner and tea for me. They always ask what I would like and they make sure I have a drink to hand before they go."
- When people were at risk of not eating well or regularly, staff supported them, checking they had enough food and supporting them to prepare meals.
- Staff left drinks and snacks with people to enjoy between visits.

Staff working with other agencies to provide consistent, effective, timely care:

- Various professionals were involved in assessing, planning and evaluating people's care and treatment. For example, one person had been assessed by an occupational therapist for a special piece of equipment to help them stand. There was input from the 'Joint Community Rehabilitation Team' who assessed people and provided specialist aids to help them be more independent and safer in their own homes.
- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. When appropriate, reviews of people's care involved relevant healthcare professionals, like district nurses and the palliative care team.
- Staff supported people to live healthier lives

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 to receive care and treatment with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection.
- Staff supported people to make their own decisions when possible, when required best interest meetings were held.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence:

- People and relatives confirmed staff treated people in a caring way. One person said, "They [staff] are very respectful and very kind to me. They always make me feel special." Another person said, "If I am feeling fed-up they (the staff) give me a hug, a hug makes anyone feel better. They make such a fuss of me."
- Staff knew people's individual needs very well as they had built up a trusting relationship over a period of time. People told us that staff supported them in the way they preferred.
- Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff members were able to tell us the background of people and the support they required.
- Staff told us they always encouraged people to do as much as they could to promote independence. People told us that staff encouraged and supported them to do as much as possible for themselves. One person said, "They help me shower but then I can do everything else myself. The staff respect that and give me the time to do things at my own pace."
- People told us the staff always respected their privacy and dignity. There was details about this in people's care plans. Staff told us they always made sure people were covered with a towel and that doors and curtains were closed when they were supporting people with personal care.
- People told us that they were asked their preference of gender of staff supporting them and this was respected.
- People's confidential information was stored securely in an office and another copy was kept in people's homes.

Supporting people to express their views and be involved in making decisions about their care:

- People and their relatives told us they were involved in the planning of their care. They said that they were asked about the care and support they needed. One person said, "The carers always talk to me about what needs doing. They know exactly how I like things and it is all written down. They do extra things for me too, like getting a few things from the shop if I am running short. Nothing is too much trouble."
- Regular care reviews gave people and relevant others the opportunity to express their views about the care provided and make any changes if they wished to.
- Family members confirmed they had been involved in supporting their relatives to make decisions about their care and support. Comments included, "I am very much involved in (my relatives) care. Carers listen to me and they listen to (my relative)." A family member told us "We all work together."

Ensuring people are well treated and supported; respecting equality and diversity:

The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs were reflected in their care plans and respected by staff. Staff told us they treated people as individuals and respected their choices.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's care plans were personalised and person centred to people's needs and preferences.
- Care plans reflected how each person wanted to receive their care and support. They contained enough information and guidance for staff to be able to assist people in accordance with their needs and preferences. People's individual needs were assessed this included any communication needs to make sure they had access to information in a way they could understand.
- People told us they would be confident to say if there was anything they wanted changed within their care plans. Staff were responsive when people's needs suddenly changed. A person could not get up the stairs to go to bed as their stair lift had broken down. With the person's permission the registered manager immediately arranged to bring their bed down-stairs, so they could get a good night's sleep.
- Each plan had a detailed step by step guidance for staff on what to do when they visited a person. There was detailed information on how the person preferred to be supported, what they needed doing in regard to their personal care and guidance on how to make sure people were as safe as possible. One care plan gave specific guidance on how to position a person in bed.
- Staff said they were given enough time to provide person centred care. One staff commented, "We are not rushed." A relative told us, and a person commented, "I don't feel rushed and my carer sees things that needs doing and does them for me, she is very lovely."
- Care plans were agreed with people to ensure they agreed with the information in their care plan. Reviews were undertaken regularly with people, which included important details such as people's current circumstance and if there were any issues that needed addressing.
- There was a daily log sheet, which recorded key information about people's daily routines such as the support provided by staff. Staff told us that the information was used to communicate between staff on the care people received during each call.

Improving care quality in response to complaints or concerns:

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy.
- Relatives told us they knew how to make a complaint and were confident action would be taken. One relative said, "If I had any complaints I know the registered manager would sort it out."
- Staff had received compliments from relatives. One relative had written, 'You do a hard job fantastically well. Words cannot express how grateful we are. Thank you so much for looking after (my relative) in his final days.'

End of life care and support:

- The registered manager was passionate about making sure that people received a dignified and a pain free

death when they reached this stage in their life's. This was an area the registered manager took a special interest and shared their skill and expertise with staff. A relative said, "The carers are exceptional. They don't just after their physical needs, they look after all aspects of life. I can't praise them enough they have been so kind. They have gone over and beyond the call of duty. Carers have popped in when they don't have to just to make sure we are OK. The registered manager spent three hours with me last night to support me and my relative."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture:

Requires Improvement -Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff understanding quality performance, risks and regulatory requirements:

- At our last inspection in September 2016, this key question was rated "Requires Improvement "as some records had not been updated. At this inspection, we found the provider had taken steps to address this, but some areas needed further development and improvements.
- Some risk assessments needed more information to make sure there was consistency and clear guidance for staff to keep people safe.
- When people were at risk of developing pressure sores or when people had medical conditions like diabetes or dementia, the guidance in the risk assessments did not state what action to take to keep risks to a minimum. The risk assessments did not record signs and symptoms staff need to look for if people's conditions started to deteriorate. However, when we spoke with staff they were able to explain the action they would take to mitigate risks.
- Supervisions with staff were not recorded so progress and development could be monitored. identified and addressed.
- At the last inspection some policies and procedures had not been reviewed and updated. These had now been reviewed and were up to date.
- The registered manager had quality assurance systems in place. These included, audits of medicine records, care planning and staff files. The audits had not identified the shortfalls in some of the records that we found at this visit.
- The office manager and sent quality assurance surveys to people and their relatives the feedback had been analysed. People were going to be informed of the outcome. The office manager was in the process of gaining the views of staff and was going to involve other stakeholders in future surveys. The registered manager used this information to improve the service.

Continuous learning and improving care:

- At the two previous inspections in 2015 and 2016 the we recommended that the registered manager join a professional network for registered managers. The registered manager did not keep themselves up to date with local and national practice. They had not attended the local authority's forums and other local events to enable them to build links with other registered persons to share information and good practice. The registered manager was working in an isolated manner. Therefore, the rating for this key question remains 'Requires Improvement'

The failure to effectively monitor and improve the service was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The service is a family run business. The provider was also the registered manager.
- The culture within the service created promoted high-quality, person-centred care. The positive, open and transparent team culture was clearly embedded within the service.
- Staff were comfortable to visit the office, there was a relaxed atmosphere and a positive relationship between the staff and the registered manager.
- Staff communicated with each other using a secure electronic system, so they were up to date and informed about changes in peoples care needs.
- Staff were able to share their experiences, get support from each other and receive other information they needed to undertake their roles effectively. The registered manager told us it was difficult to organise face to face staff meetings due the hours and other commitments staff had.
- The registered manager and office manager worked closely together on a daily basis to ensure the smooth running of the service.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People were engaged in the service and asked their opinions. The registered manager operated an open-door policy when people, relatives and staff could give their opinions about the service and share their views at any time. People told us that they always got a response from the office manager/registered manager when they had query.
- People and their relatives told us they knew the registered manager and had confidence in the service and provider. People told us they would recommend the service to others if they needed care and support.
- Staff spoke positively about the registered manager. Comments included; "She [registered manager] is the really supportive. All we have to do is ring. Anything you need, she is there." On the day of the inspection a staff member had rung the registered manager as they needed support with a person who was very poorly. The registered manager immediately went to the persons house to give support and guidance to the staff member.
- Throughout the inspection the registered manager and staff were open and honest about their work and the challenges they faced.

Working in partnership with others

- People were supported by a range of professionals and the staff team consistently worked closely with these to ensure all aspects of a person's life was recognised as being important.
- The service also worked in partnership with the local authority.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to effectively monitor and improve the service.</p> <p>Audits had not identified that some records did not contain all the information need to make sure people received safe care.</p> <p>The registered manager did not keep themselves up to date with local and national practice.</p>