

Kinect Services Limited

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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

About the service

Kinect Services Limited is a domiciliary care agency providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were seven people using the service, however only four people were receiving personal care.

People's experience of using this service and what we found

People and relatives told us that they felt safe using the service and appreciated having the same care staff. Staff always attended visits, usually at the time arranged and if they were going to be late, people were informed.

People and relatives said staff were very good and treated them respectfully in a dignified manner. They were happy with the care they were receiving. People confirmed that staff followed infection control procedures and used gloves and aprons when attending to personal care.

A comprehensive initial assessment was carried out by the registered manager and people confirmed they were involved in their care planning. Computerised care plans were person-centred and provided easy to follow guidance for staff. Relatives told us they liked the accessibility they had to the care plans, which allowed them to leave messages for staff and to monitor the care their relative was receiving.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives were confident that if they had any concerns they could raise them with the registered manager and they would be dealt with appropriately.

Oversight of the service was managed by the registered manager and senior care worker, and the computerised care plans allowed for 'live-time' monitoring. They worked alongside staff, providing observational supervisions and guidance.

Staff recruitment files demonstrated that all staff had received a DBS check however some aspects of the recruitment process were not completed. Some staff references that were requested had not been received. We discussed this with the registered manager. Since the inspection the registered manager had informed us they had followed up reference requests and had introduced a new check list. Staff had received a comprehensive induction and observational competency supervisions.

Staff received training, which consisted of theory and practical sessions. Training subjects completed were

recorded in different documents. The registered manager was reviewing a system to collate training information. We discussed with the registered manager systems that would notify when refresher courses were due. Since the inspection, the registered manager has told us they have now entered information on the recall computer system.

We spoke with the provider who was confident in the management skills of the registered manager. The registered manager was professionally qualified and experienced and told us they felt supported by the provider.

Meetings were held weekly with the provider and registered manager. Because the service was small and new, there had been no formal staff meetings. The registered manager told us they were arranging to hold staff meetings.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 18 January 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Kinect Services Limited

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 a short notice period of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 January and ended 17 January 2020. We visited the office location on 10 January 2020.

What we did before the inspection

We used the information we held on the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with two people and two relatives of those who used the service about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, senior care

worker, care workers.

We reviewed a range of records. This included three people's care records and medicine records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us that they felt safe using the service and they were confident that any concerns raised would be dealt with appropriately. One relative told us, "I trust the staff, I feel [name] is safe with them."
- Staff had received training in how to recognise abuse. Staff were aware of the process to take if they had concerns and were confident that the management team would take appropriate action.
- There were policies and procedures, including a guidance flowchart for staff on what action to take in the event of an allegation of abuse.
- The provider and registered manager spoke about whistleblowing and the company had an 'open door policy' for staff to raise any concerns.

Assessing risk, safety monitoring and management

- The computerised care plan had sections relating to assessing risks, which included environmental risk factors. The registered manager told us they would contact the fire service for advice on any fire risks identified if it was necessary and only with the person's consent.
- Staff and people's safety were considered in relation to lone-worker. One staff member said, "I feel safe as we have a system where we are able to contact management immediately if we require assistance."
- People new to the service were introduced to the care worker by the registered manager. One staff member told us, "The registered manager always comes with us on the first visit to show us what care is required. They then observe to see that we are doing things correctly. This gives me confidence to know exactly how it is done."
- The registered manager and the senior care worker supervised staff through working alongside them which provided an opportunity to observe staff competency. They also visited the people unaccompanied, which provided an opportunity for people to discuss any concerns directly with the registered manager.
- Computerised care plans allowed for 'live-time' monitoring. Each aspect of the care plans was reviewed by the registered manager.

Staffing and recruitment

- There was a staff recruitment process in place, however there were areas of the procedure which were not completed. Some staff who were already employed with the transport branch of the company had transferred across however, not all documents were on file. References had been requested but not all had been returned. Interview notes were stored separately rather than in the individual files. We discussed with the registered manager the importance of ensuring all recruitment documents were in place. Since inspection, the registered manager informed us that they followed up references and put a checklist in place to ensure files contained all documents.

- All staff had a current Disclosure and Barring Service (DBS) check on file. The DBS is a national agency that holds information about criminal records.
- All staff received an induction and competency assessments. Staff received training and supervision.
- The provider and manager spoke about the importance of staff retention and were following different routes to recruit and retain suitable staff.
- People told us they appreciated receiving care from the same staff. People and relatives said that staff had never missed a call and they usually arrived on time.
- People confirmed staff wore photographic identification during visits.

Using medicines safely

- Medicines records were part of the computerised care plan and showed when medicines were given.
- Staff had completed medicine administration training and had received competency observation from the registered manager.
- No one required medication administration at the time of the visit however some people were prescribed creams which the staff were applying. This was recorded in the care plan along with a body map to show where on the body the cream had been applied.

Preventing and controlling infection

- A selection of personal protective equipment (PPE) which included gloves, aprons and alcohol gel were delivered to each person's household to ensure they were available for staff.
- People told us staff always followed infection control procedures. One person said, "Staff always wear gloves and aprons and follow the rules."

Learning lessons when things go wrong

- The registered manager maintained an action plan of lessons learned. Through analysing incidents, concerns or issues, the registered manager planned a course of action to continually improve practice.
- Lessons learned were discussed at management meetings with the registered manager and provider. The outcomes and changes were shared with the staff.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 service provided an initial meeting with all prospective service users to inform them of the service and assess if the service could meet the person's needs. This was followed up by a comprehensive care needs assessment. One person told us, "The manager came for the initial assessment and they were very thorough."
- The registered manager informed us that they ensured they had the correct equipment in place before commencing care service. Where specific skills were required such as stoma care, staff training would be arranged.
- Care plans focused on all aspects of health and social wellbeing. Each section related to how support could be offered to the person to meet their needs. Staff told us care plans were easy to follow and the computerised system allowed for 'live-time' monitoring by the registered manager.
- The computerised care plan system allowed for people and their relatives to access them through technology and relatives told us they appreciated the accessibility to the care records. It also allowed for relatives to make comments to staff through the 'notes' section as a messaging service.

Staff support: induction, training, skills and experience

- Staff received an induction when first employed and they completed a workbook. For those new to care, they undertook the Care Certificate. The Care Certificate is an identified minimum set of standards that sets out the knowledge and skills expected of specific job roles in health and social care.
- The registered manager was suitably qualified to deliver training and the service used a training provider for some topics. Staff received training through theory, practical and on-line in addition to shadowing experienced staff.
- Staff training was recorded in their personal file and in the computer programme. This made the oversight of training requirements difficult. Whilst this was not an issue as the service had a small workforce who had recently completed training, this would be more difficult to monitor as the service increased their staffing numbers. We discussed this with the registered manager who had recognised the complex training tracking record and was looking at ways to improve this. Since the inspection, the registered manager has told us they have now entered information on the recall computer system.
- Staff had opportunities to undertake Qualification and Credit Framework (QCF) courses in health and social care.
- When staff commenced care with a new person, the registered manager would attend with the member of staff to show the staff member how the care should be provided. The staff member would then be observed to ensure competency. This provided the person with consistency of care. One staff told us, "The first time we go to a person, the registered manager shows us what to do and then observes us. They are experienced,

and I feel comfortable being shown how they want us to care. We are shown how to use the hoist for each person."

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

- Some people were supported with their meals.
- The care plan referred to the dietary needs and likes of the individual. One care plan read, "I will let the staff know what I would like to eat." The guidance explained to the staff exactly how the person liked their food prepared.
- Nutritional and hydration assessments were completed. Where required, records of fluid intake and output were recorded and monitored. For example, for those at risk of dehydration or with a urinary catheter.

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

Supporting people to live healthier lives, access healthcare services and support

- Details of the person's GP was recorded in the care plan. Staff told us that if they had any concerns about the health of a person they would contact the GP or emergency service. One staff told us, "I have had my first aid training. If I was concerned about a person I would report to the registered manager or contact for medical help."
- One branch of the service already provided transport for local people in the community. The registered manager was exploring ideas to utilise transport from that branch for some of the people using the service to enable access to different activities.
- The registered manager was aware of other agencies that may be contacted should they be required such as specialist nurses, physiotherapist and occupational therapist.

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

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments were carried out. Each care plan identified if the person lacked capacity and how they could be supported.
- There was no one requiring Court of Protection at the time of our inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they had familiar staff visiting them. One person said, "I really appreciate having the same staff member. The manager always introduces new staff and works with them. They always do things by the book. I think it's the best care agency in the area."
- Relatives expressed their confidence in the staff. One said, "Staff are always respectful, we are very happy with the care, always feel safe with them."
- Diversity was considered with the care plans identifying people's religious beliefs and sexual orientation and documented how the service could support them.

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

- The comprehensive initial assessment provided people with an opportunity to be involved in their planning of care. One person told us, "The manager came for the initial assessment and discussed everything with my [relative's name] and me. I have no complaints."
- The service was small and enabled the registered manager to review care plans regularly, however the registered manager informed us, going forward they were planning on reviewing care plans every six months or sooner if required.
- Due to the accessibility of the care plans, people were able to review the contents and express their views with the support of their relatives about any changes requested. The registered manager was able to make changes easily through the system, with immediate access by staff.
- The service had a 'review of your experience' form for people and relatives to complete. We looked at one that read, "[person's name] always looks forward to the visits. Staff are very helpful, and nothing is too much trouble."

Respecting and promoting people's privacy, dignity and independence

- Staff spoke about promoting people's independence. Care plans referred to what people were able to do and how they could be supported.
- People were confident with the skills of the staff and told us staff were respectful of them and their property. One person said the visits were evenly spaced and staff always asked them what they needed before any care was carried out. "They always ask before doing, I'm given a choice. They always leave the house clean. I am happy with the care."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us they were involved in the introductory meeting and the initial assessment.
- People's views were respected, and this was demonstrated in the care plans with phrases such as "What is important to me" and "I would like support with.....".
- The use of technology allowed for people to review their care plan and for relatives to make comments as required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans had an area that focused on communication needs. This guided staff when people needed glasses, hearing aids and when gestures and body language were used when communicating.
- The registered manager told us there was no one at present who required additional assistance with regard communication, however they were aware of different communication approaches and would source assistance if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager was considering different initiatives to introduce into the service including ideas to reduce isolation and loneliness.
- In another branch of the service, people not receiving personal care were supported to access the community. The registered manager told us they were discussing plans to utilise the transport they had to assist other clients.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place.
- The service user guide provided people and their relatives with information on how to raise a concern or complaint.
- There had been one concern raised by a relative and this had been followed up effectively.
- People and relatives told us they were aware of how to make a complaint and that they were confident that the registered manager would respond appropriately.

End of life care and support

- The service was not supporting anyone needing end of life care at the time of our visit.
- The service did have an end of life policy, however the registered manager explained that they were updating it to reflect a holistic approach.
- The care plan system supported end of life care practices and people's preferences including advanced end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us the registered manager was approachable and they felt listened to. The registered manager had an open-door policy and was visible, working alongside staff.
- People and relatives knew the name of the registered manager and confirmed that they attended to either undertake care or conduct spot checks. One person told us, "The manager [name] helps the staff and does spot checks. They supervised two staff when they started."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We spoke with the provider and registered manager during the visit and both understood duty of candour.
- The provider said they had full faith in the management skills of the registered manager and was keen to ensure their continued professional development.
- Provider and management meetings were held weekly which ensured the provider had oversight of the service. Notes of these meetings were seen written in a book. The provider told us, "The registered manager is central to the team, I trust them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was professionally qualified and experienced for the role. They understood how their role would develop as more people used the service and the staff recruitment increased.
- Staff were confident and clear in how to deliver care practice. They told us they appreciated the support and guidance from the management team.
- Supervisions and competency observations were carried out.
- The registered manager was looking at opportunities to promote staff well-being.
- There had been no documented staff meetings however the registered manager worked alongside staff and was able to communicate regularly with the staff about changes. One staff member told us, "We don't have staff meetings, but I see the senior staff two or three times a week. I haven't met all of the other staff." We discussed conducting and recording staff meetings. The registered manager informed us they were planning to conduct staff meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- The service was exploring different initiatives with the local community including linking with Dementia Friends.
- Questionnaires were being introduced which would provide feedback from people and their relatives.
- The service had plans to introduce a community day service to reduce social isolation and promote independence.

Continuous learning and improving care

- The provider informed us that they were supportive of the registered manager to undertake continuous learning. They had attended a variety of functions such as care management events to gain information to continually improve the service.
- The registered manager was proactive in reviewing the service and looking for ways for improvement. They maintained an action plan and as matters arose, they included it in the action plan.
- The service registered with various health and social care organisations which provided updates and changes relating to care practice. This enabled the registered manager to ensure their practice remained current.