Kinetic Nursing Services Limited

Kinetic Domiciliary Care Services

Inspection report

Unit 11
Ashley Business Court
Rawmarsh Road
Rotherham
S60 1RU
Tel: 01709 839395
Website: www.kinetic-nursing.co.uk

Date of inspection visit: 13 January 2015
Date of publication: 12/03/2015

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

Overall summary

The inspection took place on 13 January 2015 with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service was previously inspected on 3 October 2013, when no breaches of legal requirements were identified.

Kinetic Nursing Services agency is registered to provide personal care and nursing care to people living in their own homes. However at the time of our inspection it was not providing nurses to anyone in their own homes. At the time of our inspection the service was supporting people with a variety of care needs including older

Summary of findings

people, people living with dementia, end of life care and younger people with physical disabilities. Care and support were co-ordinated from the services office which is based on the outskirts of Rotherham.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

At the time of our inspection there were 181 people using the service. We spoke with 18 people who used the service and their relatives, where appropriate, about their experiences using the agency. The majority of people we spoke with told us they were entirely happy with the service provided while a minority of people highlighted areas they felt could be improved.

People's needs had been assessed before their care package commenced and they told us they had been involved in formulating and updating their care plans. We found the information contained in the care records we sampled was individualised and clearly identified people's needs and preferences, as well as any risks associated with their care and the environment they lived in

We found people received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care package amended to meet their changing needs. Where people needed assistance taking their medication this was administered in a timely way by staff who had been trained to carry out this role.

The requirements of the Mental Capacity Act 2005 (MCA) were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

Overall we found the service employed enough staff to meet the needs of the people being supported. This included care workers who visited people on a regular basis and 'spot workers' who were used to fill in gaps where and when needed. People who used the service raised no concerns about how the service was staffed. The majority of the people we spoke with confirmed they had the same group of care staff most of the time. However, four people commented about having lots of different staff visit them, which they did not like.

There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. We saw new staff had received a structured induction and essential training at the beginning of their employment. This had been followed by regular refresher training to update their knowledge and skills. Where staff were supporting people with complex needs additional training had been arranged to meet their needs, such as care of someone with a tracheostomy. Staff told us they felt well supported and received an annual appraisal of their work performance. However, there were no records maintained to evidence that formal supervision had taken place.

The company had a complaints policy which was provided to each person in the information pack provided at the start of their care package. When concerns had been raised we saw the correct procedure had been used to investigate and resolve issues.

The provider had a system in place to enable people to share their opinion of the service provided. We also saw an audit system had been used to check if company policies had been followed. Where improvements were needed the provider had put action plans in place to address these.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

We found recruitment processes were thorough which helped the employer make safer recruitment decisions when employing new staff.

Systems were in place to make sure people received their medication safely, which included all staff receiving medication training.

Good

Is the service effective?
The service was effective

Staff had completed training in the Mental Capacity Act and understood how to support people whilst considering their best interest. Records demonstrated people's capacity to make decisions had been considered and staff acted in their best interest.

Staff had completed a comprehensive induction and a varied training programme was available that helped them meet the needs of the people they supported. However, there were no records of formal supervision sessions taking place.

Where people required assistance preparing food and their intake needed monitoring, appropriate steps were being taken to help ensure their well-being was maintained. Staff had received basic food hygiene training to help make sure food was prepared safely.

Good

Is the service caring?
The service was caring

Staff demonstrated a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained. People told us staff respected their opinion and delivered care in an inclusive, caring manner.

People received a good quality of care from staff who understood the level of support they needed and delivered care and support accordingly.

Good

Is the service responsive?
The service was responsive

People had been encouraged to be involved in planning their care. Care plans were individualised so they reflected each person's needs and preferences. Care records had been reviewed and updated in a timely manner.

There was a system in place to tell people how to make a complaint and how it would be managed. Where concerns had been raised the provider had taken appropriate action to resolve the issues.

Good

Summary of findings

Is the service well-led?

Good

The service was well led

There was a system in place to assess if the agency was operating correctly and people were satisfied with the service provided. This included surveys, meetings and regular audits. Action plans had been put in place to address any areas that needed improving.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Kinetic Domiciliary Care Services

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 was 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 began with a visit to the services office which took place on 13 January 2015. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise included older people and caring for people living with dementia.

We spoke with 15 people who used the service, or their representative, by telephone and visited three people in their home's to discuss the service the agency provided. When we visited people we spoke with three relatives. We spoke with 17 staff who were either care workers or employed at the office.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. We also obtained the views of service commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing three people's care files, sampling a further eight people's care plans, staff rotas, the training matrix, five staff recruitment and support files, medication records, audits, policies and procedures.

Good

Is the service safe?

Our findings

People who used the service and the relatives we spoke with told us, they felt care and support was delivered in a safe way. One person said, "We are both safe with the carers. I have people who do night sits and day sits and I don't feel any concern about leaving them in my house with my husband." Another person said they felt staff supported them in a very safe way. They added, "They have been trained to use my hoist and use it properly." Another person commented, "They put me to bed at night and make sure everything is locked up and secure."

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adult's procedures which aimed to make sure incidents were reported and investigated appropriately. Records showed that safeguarding concerns had been reported to the local authority safeguarding team and the Care Quality Commission (CQC) in a timely manner.

Staff we spoke with demonstrated a satisfactory knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. They told us they had received initial training in this subject during their induction period, followed by periodic updates. This was confirmed in the training records we sampled. There was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice.

We saw care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at copies of eight people's care plans at the agency's office and three people's care records when we visited them in their homes. Records were in place to monitor any specific areas where people were more at risk, such as how to move them safely, and explained what action staff needed to take to protect people. We saw these had been reviewed and updated in a timely manner to reflect any changes in people's needs.

As part of the services initial assessment process we saw an environmental safety risk assessment had been completed. This helped the registered manager to identify any potential risks in the person's home that might affect the person using the service or staff. The registered manager described how they would take action if concerns were identified, which sometimes involved working with external agencies such as the district nurse team and physiotherapists.

Staff we spoke with demonstrated a good understanding of people's needs and how to keep them safe and told us how they ensured risk assessments were adhered to. They also described the arrangements in place for them to access people's homes while maintaining a good level of security. One care worker told us, "I give people reassurance all the time." Another care worker said, "We have strict policies on the use of key safes, wearing our uniform and identity badge so people know who we are."

The registered manager said there were enough staff employed to meet the needs of the people being supported by the agency. People who used the service raised no concerns about how the service was staffed. The majority of the people we spoke with confirmed they had the same group of care staff providing care. One person told us, "I get the staff rota emailed to me, it's great that I know who to expect each day." However, four people commented about having lots of different staff visit them which they did not like. This was highlighted to the registered manager who told us the service aimed to match people up with a permanent team of staff whenever possible. They said they were in the process of recruiting new staff in areas where there were recent vacancies so anticipated this would be a temporary issue.

Care staff said they felt there was enough staff to meet people's needs. We found systems were in place to respond to unexpected circumstances, for example to cover new care packages, sickness, absences and emergencies. The registered manager explained how most staff visited the same group of people all of the time and 'spot workers' worked flexibility to cover gaps. One spot worker described how they worked saying they were provided with a summary of the person's needs and any associated areas of risk prior to making their first visit.

Recruitment records, and staff comments, indicated that a satisfactory recruitment and selection process was in place. We checked five staff files and found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring

Good

Is the service safe?

check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Staff told us face to face interviews had also taken place. One recently recruited care worker commented, "I could not start work until everything [essential checks] had come back."

The service had a medication policy which outlined the safe handling of medicines. Where people needed assistance to take their medication we saw care plans outlined the medicines the person was taking and staffs role in supporting them to take them safely. Care files also contained a Medication Administration Record [MAR] which staff used to record the medicines they had either administered or prompted people to take.

We asked the registered manager about the management of medicines that were only taken when required (PRN). They told us staff did not administer PRN medication to people without capacity to make decisions, but if the person could make decisions they would provide them when requested. The registered manager confirmed the specific reasons why PRN medication was prescribed and detailed guidance for staff on when to administer this medication was not comprehensively recorded. We discussed the reasoning behind this additional recording with the registered manager who said they would consider further best practice guidance on the administration and recording PRN medicines.

Good

Is the service effective?

Our findings

People we spoke with said on the whole staff seemed to know what they were doing and were competent in providing care and support. They also said they were encouraged to do what they could to maintain their independence. One person told us, "I think they are well trained, I know they do regular training because they tell me about it. If anyone [care workers] comes and they are not confident about something new they will get support and advice." Two people told us they thought some staff were better than others. One person commented, "To be honest with you, some of the young ones who come haven't got a clue, but the older ones are great". A relative said, "Most of them [care workers] know what they are doing, but new ones come and take a little bit of time to get into it."

Records and staff comments demonstrated staff had received comprehensive training to meet the needs of the people they supported. Staff we spoke with told us they had undertaken a structured induction when they joined the agency. This had included completing the company mandatory DVD training, as well as classroom training in topics such as moving people safely and first aid. The training co-ordinator told us new staff completed the Skills for Care Common Induction Standards and they assessed their training and development needs. A recently employed care worker confirmed this had taken place. They added, "I shadowed an experienced member of staff for 5 days when I started, but before that I had been to the office to complete the mandatory training." They said they felt the support provided had prepared them well for working with people in the community.

We saw the company used a computerised training matrix which identified any shortfalls in essential staff training, or when update sessions were due. This helped to make sure staff updated their skills in a timely manner. All the staff we spoke with felt they had received the correct level of training they needed for their job roles, this included dementia awareness training. The majority of staff had either completed a nationally recognised qualification in care or were undertaking the course. Some staff told us they had also received specialist training to help them meet the needs of people with specific medical conditions, such as brain injury and tracheostomy care.

A recently employed staff member told us they had met with the training co-ordinator on two occasions during their three month probationary period to discuss how they were progressing and any further training they felt they needed. They said the training co-ordinator had collected feedback on their performance from the staff they had worked with and the people they had supported, to help them evaluate their work performance. Other staff told us they had access to informal support from the registered manager or the training co-ordinator any time they wanted it. However we found no documented evidence that staff had received regular supervision sessions as described in the company policy we were shown, which had not been reviewed since 2010.

The lack of formal supervision sessions was discussed with the registered manager who felt the level of support provided met staff's needs, but confirmed these informal meetings had not been recorded. The staff we spoke with said they felt well supported. One care worker said, "I can't fault them; there is always someone there on the phone or in the office to support you." We saw annual appraisals of each staff member had taken place and their training needs discussed.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure that, where someone may be deprived of their liberty, the least restrictive option is taken. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place. Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process.

Some people we spoke with said care workers were involved with food preparation while other people did not require any assistance. We found that where staff were

Good

Is the service effective?

involved in preparing and serving food people were happy with how this took place. We also saw staff had completed basic food hygiene training as part of their induction to the agency and this had been updated periodically.

Staff told us how they worked with other external agencies such as GPs and district nurses to make sure people who were at risk of poor nutrition or dehydration were being supported appropriately. We saw when someone was assessed as being at risk staff had monitored what the person was eating and drinking and a nutritional screening tool had been used which indicated the level of risk. Daily records had been completed regarding what the person had eaten and drunk each day and staff described how they would raise issues with healthcare professionals or the person's family if they needed to.

People who used the service said they would feel comfortable discussing healthcare issues with staff as they arose. Staff described how they would appropriately support someone if they felt they needed medical attention. For example one care worker told us they would call the doctor, with the persons's permission, and stay with them until the doctor arrived, or a member of their family came.

Good

Is the service caring?

Our findings

During our inspection we visited three people in their own homes accompanied by the registered manager who introduced us to the people being visited. We observed positive interaction between staff and the people who used the service. Staff were respectful and treated people in a caring way. One person who used the service said, “We work as a team, I could not do without them.”

People we spoke with praised staff and told us the quality of care was good and staff understood the level of support they needed. One person said, “They treat you very well all the time and I have no complaints about any of the people who come in.” Another person commented, “The ladies are lovely, they really do care, I have never met a better set of people.” A third person told us, “They are really nice and caring and they will do anything you want them to do, I can’t say anything good enough about them.” They added, “They [staff] are absolutely brilliant and give care for your body and for your head, we have a laugh and they are more like friends. Without them I don’t know what I would do.”

People said they could express their views and were involved in making decisions about their care and treatment. They told us they had been involved in developing their care plans and said staff worked to the plans we saw. Care files contained detailed information about people’s needs and preferences, so staff had clear guidance about what was important to them and how to support them. The staff we spoke with demonstrated a very good knowledge of the people they supported, their care needs and their wishes. One care worker told us, “The care plans give you really good details, they tell you exactly what care and support is needed and they are updated regularly.”

Staff responses to our questions showed they understood the importance of respecting people’s dignity, privacy and independence. They gave clear examples of how they would preserve people’s dignity. One care worker told us, “I always cover people up when providing personal care, first their bottom half then their top half, so they are not fully exposed, and I close curtains and doors.” Another care worker said they supported people as and when needed, but respected their privacy and independence. They clarified this by adding, “I will assist them into the shower and wait outside until they shout me, if there is no risk to them being on their own.” A third member of staff described how they gave someone they supported time to practice their religious beliefs in privacy. People we spoke with confirmed staff respected their dignity and privacy.

The registered manager told us their aim was for every person using the service to be supported by a small team of care staff who knew them well. This meant that staff and people who used the service could build up relationships. We found where this had been arranged people felt it had worked very well.

Good

Is the service responsive?

Our findings

The people we spoke with who used the service said that overall they were happy with the care provided and complimented the staff for the way they supported people. The relatives we spoke with were also complimentary about the care staff provided. One person commented, "They [staff] are pretty flexible but sometimes they are in a bit of a flummox, but others work quite well." Another person commented, "I have worked with them [staff] and I have now, finally got things as I want them. They are competent and able; otherwise I would be going back to Kinetic about them."

People who used the service, and the relatives we spoke with, said they had been involved in planning the care provided. We saw the majority of people had signed to say they agreed with the planned care. One person told us, "I am unable to sign but X [the registered manager] goes through it all with me and I tell them if I want to change anything." We saw people had been involved in care reviews approximately every six months or when their needs had changed.

During our visits to people in their home we saw interactions between staff and people using the service were focusing on their individual needs and preferences. People we spoke with confirmed someone had assessed their needs before their care package had commenced care, and their care plan was reviewed periodically. One person told us, "They know exactly what they are doing and encourage me to do what I can; if they have to do it for me they always ask permission first."

We saw, and staff confirmed, that each person had a care file in their homes. Care records sampled contained detailed information about the areas the person needed support with. Records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. Files contained information about all aspects of the person's needs and preferences, including clear guidance for staff on how to meet people's needs.

Staff told us this information was usually available before care was provided. Where care had been arranged at short notice they said a summary of the persons care needs had been provided to each staff member visiting them until a full care file could be put in place.

Spot workers who filled in for people's regular care workers said they were given a summary of the person's needs and any associated risks prior to making their first visit. They told us they also read the care file when they arrived at the person's house, which they said provided "Very good information."

The company had a complaints procedure which was included in the information pack given to people at the start of their care package. We saw an electronic system was used to record all concerns received. The registered manager told us this information was shared up and down the company chain so everyone was aware of concerns raised and the senior management team could monitor the process. We saw three concerns had been recorded since our last inspection. Details of each complaint were recorded along with what action had been taken and the outcome, including letters sent to the complainant. We saw where possible these had been resolved to people's satisfaction and changes to care packages had been made if required.

When we spoke with people who used the service, or their relatives, they told us they would feel comfortable raising concerns with their care workers or the office staff. One person said, "If I have something to complain about I have no problem in raising it, I'll contact the man in charge in the office and there is always someone there to take your call." Another person told us they had been given a telephone number to ring if they had any complaints, they said, "I can't ever imagine using it, but it's there if you need it." People told us about some areas they had raised concerns about in the past. One person said they had not been happy with a specific care worker who visited them so they complained to the office and the care worker did not visit again. They added that they felt quite comfortable about contacting the agency if they had any concerns. Two people told us they had "One or two niggles" about timings of visits and not getting the care staff they preferred but stated that otherwise they were incredibly satisfied with the service.

The staff we spoke with said they would report any concerns to the office straight away. They told us how they would raise concerns on behalf of people who felt unable to do so themselves.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

The majority of people we spoke with said they were happy with the service they received, however other people gave mixed responses. One person told us, "They [the agency] have given me a life I would not have had. Everything is in good working order, I couldn't ask for more." However other people said communication between the office and care staff, as well as with them, could be better. For example one person told us, "If you leave any messages at the office, they don't answer them." We spoke with the registered manager about this and they told us they would reiterate to all office staff that they should always respond to people's calls.

A minority of people we spoke with raised concerns about communication, the timings of visits and having different care staff visit them that did not know them as well as their regular care workers. The registered manager told us their aim was for everyone using the service to have the same staff when at all possible. They confirmed there was no travel time allocated between calls. However, they said it was explained to each person at the beginning of their care package that there was a 15 minutes window either side of the arranged call time to give staff some flexibility. They stated this was not the case with time specific calls where it was essential for staff to attend at the specified time.

When we asked staff if there was anything they felt the service could improve they said that they enjoyed working for the agency and were happy with most things. However, the majority of the staff we spoke with said that not having specified travel time between visits sometimes caused problems, especially due to traffic conditions at busy times of day. They described how this impacted on their working day. One care worker told us, "I stay the full time, but that just makes me late for the next call," they said this had a "Knock on effect" to the whole day. Three staff also said they felt the visits could be organised better by considering the geography of the area and planning visits. One of the people we spoke with who used the service also raised this issue saying, "For example they [care staff] will be in Brinsworth, then have to come to me, then have to go back to Brinsworth and they don't consider traveling time." We shared this information with the registered manager so they could consider the comments made.

We saw the provider had used annual surveys, phone calls and care review meetings to gain people's views about how the service was operating. The summary of a survey completed in 2014 showed that overall 100% of the people who completed the survey would recommend the agency to other people. People's answers indicated they were happy with the service provided rating the agency as either excellent or good.

We found the service had contacted people periodically by telephone to ask if they were happy with the service provided and if they wanted to change anything. We were told the registered manager carried out care reviews at people's homes approximately every six months which included asking people about their satisfaction with the service they received. One person said, "The agency gives a call from time to time to check how things are going and I find this acceptable". Another person commented, "I have a review every six months X [the registered manager] comes out and we talk about how things are going. I know if I have a problem I can contact them by email and it would be sorted."

The provider gained staff feedback through periodic meetings and surveys. The survey completed in 2014 showed that 94% of staff would recommend the agency to people. It stated that staff thought training provided was good, as was areas such as team work, management of the agency and flexible working. However, they also highlighted a few things that could be improved, such as travel time and communication. Staff we spoke with felt they could voice their opinion openly to the registered manager or another member of the management team if they needed to discuss anything.

We saw various regular company checks had been carried to make sure the service was operating to expected standards. The registered manager said subjects assessed included how complaints had been handled, care records and health and safety. External audits had also been carried out in topics such as quality assurance and staff systems. Where areas for improvement had been highlighted we saw action plans had been put in place to address them.

We saw evidence that the service had attained a nationally recognised award (ISO 9000) from an independent body for the management systems used at the agency. The registered manager told us they had received a 100% pass

Good

Is the service well-led?

rating. The report from The British Assessment Bureau stated, “There is without doubt a clear commitment to the care of the patients and there is clear leadership being shown by the business director [the registered manager].”