

Kinetic Nursing Services Limited

Kinetic Nursing Services

Inspection report

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30 June 2021

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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Kinetic Nursing Services is a domiciliary care agency providing care and support to people in their own homes in the community. The service provides help with people's personal care needs in Rotherham and surrounding areas. At the time of the inspection they were providing personal care for 128 people.

People's experience of using this service:

People and relatives we spoke with told us staff were excellent and made them feel safe. Staff understood safeguarding and whistleblowing procedures. We found adequate staff were employed to meet people's needs. The recruitment process was robust to ensure only staff suitable to work with vulnerable adults were employed. The registered manager promoted a focus on openness and transparency. This ensured staff learned when things went wrong. Accidents and incidents were monitored to enable positive risk taking. People were protected by the prevention and control of infection. Medication systems were in place and followed by staff to ensure people received their medicines as prescribed. Improved documentation was implemented at the time of our inspection.

Staff were extremely knowledgeable about people needs, people told us the care provided was person-centred and individualised. Staff said training was good and kept their knowledge up to date. Staff were supervised and supported. 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 who required support with meals were supported to be able to receive a balanced diet. People had access to health care professionals, staff worked closely with professionals to ensure people's needs were met. Professionals we spoke with told us the care provided was excellent.

People told us the staff were kind and caring. People were involved in their care planning to ensure their decisions and choices were reflected. Most people told us they were supported by the same group of staff, which ensured consistency. People told us staff were flexible and their care was consistently delivered to meet their needs and choices. People received care that was responsive to their needs. Staff understood people's needs, including social, cultural, values and beliefs.

People were supported at the end of their life. The agency worked closely with health care professionals and provided outstanding end of life care. The staff ensured people and their families wishes were explored and plans developed so these were met. Staff were extremely passionate to ensure all people's needs were met and wanted to provide the highest possible quality of care including supporting family members.

There was a robust quality monitoring system in place to ensure continued improvements.

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

Rating at last inspection:

This service changed registration details with us on 24 July 2019 and this is the first inspection since. The last rating for the service under the previous registration was good, published in 2017.

Why we inspected:

This was a planned inspection based on the date of registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Outstanding ☆

The service was exceptionally 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.

Kinetic Nursing Services

Detailed findings

Background to this inspection

The 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one 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.

Service and service type

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 short notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 10 June and ended on 30 June 2021. We visited the office location on 10 June 2021.

What we did before the inspection

Prior to the inspection visit we reviewed information we had received about the service since they registered. The registered manager completed 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 they do well and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with eight people who used the service and five relatives via the telephone about their experience of the care provided. We spoke with 14 members of staff including the registered manager, deputy manager, care coordinators, talent manager and care workers. We also spoke with four health care professionals to seek their feedback.

We reviewed a range of records. This included three people's care records, medication records and daily records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe. One person said, "I do feel safe yes, very safe." A relative said, "Very safe, they [the staff] are absolutely wonderful."
- The provider had a safeguarding policy in place. The registered manager and staff knew the process to follow to report any concerns. Safeguarding concerns raised had been reported appropriately following procedures to safeguard people.
- Staff we spoke with understood the importance of the safeguarding adult's procedure. Staff knew how to recognise and report abuse.
- The provider promoted openness and transparency. Staff we spoke with told us they would not hesitate to report any concerns as they were confident, they would be acted on immediately.

Assessing risk, safety monitoring and management

- Risks were assessed and managed to keep people safe. Care plans contained detailed risk assessments including environmental risks, which were managed to ensure safety.
- People we spoke with told us they were involved in their care planning and understood risks needed to be identified and managed. The care records detailed people's involvement.

Using medicines safely

- Medication procedures were in place to ensure people received medicines as prescribed. People we spoke with told us staff administered their medicines appropriately. One person said, "They [the staff] administer my medication with food and drink, there's been no missed medication." However, we identified the information in the care record could contain more detail, this was discussed with the registered manager at the site visit and the documentation was reviewed and amended immediately.
- Staff received training in medicines management and were competency assessed to ensure safe administration of medicines. Staff we spoke with confirmed this.

Staffing and recruitment

- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. Records we looked at confirmed this.
- There were enough staff employed to meet people's needs. Staff we spoke with told us they supported the same group of people and were given adequate time to get to calls. This ensured they were able to meet people's needs. Predominantly people we spoke with, confirmed they received care from the same group of staff. However, some said the care staff were not always consistent, but had no concerns with the quality of care provided. Care coordinators organised staff rostering and there was a set rota so staff knew what they were working each week. Staff told us this really worked as they knew the work pattern months in advance.

Preventing and controlling infection

- The service had systems in place to manage the control and prevention of infection. Staff were kept up to date with government guidelines and requirements during the COVID-19 pandemic.
- People we spoke with confirmed staff wore aprons and gloves when delivering personal care, washed their hands and followed infection, prevention and control practices.
- Personal protective equipment was provided. Staff we spoke with told us they always had a good supply of personal protective equipment, including, gloves and plastic aprons.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to prevent future occurrences.
- The provider ensured there was an open culture in which staff were empowered to raise concerns as they were valued as integral to driving improvements.

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

- People's needs were assessed before any service was provided, this was to ensure their needs could be met. The registered manager told us they would not take any packages of care if they could not meet the needs of the person or did not have the staff to deliver the care and support.
- People's diverse needs were met in all areas of their support and care was delivered following best practice and guidance.

Staff support: induction, training, skills and experience

- Staff were well trained to be able to provide effective care. Staff told us the training was good. Staff were encouraged to do additional training to develop their skills. Health care professionals we spoke with, told us staff were well trained. One said, "I have found the service delivery to be of a good standard, with staff being trained in aspects of moving and handling and use of standard equipment."
- Staff understood people's needs and delivered care in line with people's care plans. People we spoke with told us the staff supported them well and understood their needs. One person said, "The carers are very well trained, they understand my needs." A relative told us, "They [the staff] seem very well versed in what they're supposed to do to meet [relatives] needs."
- Staff told us they felt very supported. Staff said that the management team were always available at the end of a telephone.

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

- People's care files contained information about their dietary requirements. This included what they liked, disliked and any foods which should be avoided. Staff supported people with meals where required and ensured any concerns were highlighted and advice sought.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff worked well with other organisation to ensure people's needs were met. Staff explained to us how they contacted and liaised with health care professionals, including district nurses, GP's and occupational therapists, this ensured people's needs were met.

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

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. We found the registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then best interests would be considered.
- People we spoke with told us staff respected their decisions. One person when asked said, "Yes the staff always ask and respect my decision, yes, they always ask."

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; equality and diversity

- Staff were kind and caring. Staff spoke about people with compassion and respect. Staff spoke passionately and valued people as individuals. There was a strong visible person-centred culture. The management team were passionate to instil this ethos into the care staff. People we spoke with confirmed their care and support was individualised. One person said, "The staff are very caring and extremely kind, if there's any concerns they ring me."
- Through talking to staff and relatives, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- People's needs were clearly recorded in their care plans. Staff we spoke with demonstrated an excellent knowledge of people's personalities, individual needs and what was important to them. One staff member said explained how they had improved a persons well-being by encouraging them to be more independent with washing and cooking, they said, "Over the last few weeks it has been a pleasure to see [person] come to trust us and acknowledge that we are there to help and support them. They have come on in leaps and bounds. It just goes to show that even a little bit of care and compassion can go a long way and makes my job worthwhile."
- All staff attended equality and diversity training and understood the importance of understanding people's needs, decisions and choices.

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

- Staff supported people to make decisions about their care. People and relatives, we spoke with told us the staff asked for their consent before supporting them.
- We saw in care plans people's views were recorded and we observed staff involve people in making decisions.

Respecting and promoting people's privacy, dignity and independence

- All people told us staff respected their privacy and dignity.
- Staff were committed to providing care and support that promoted dignity and respect. They spoke about people in a very caring way.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received exceptionally personalised care to ensure they made choices and had control to ensure their needs and preferences were met. People's care plans recorded their likes, dislikes and what was important to the person. The plans were person-centred and written with the involvement of the person. The plans identified who was important to them. The provider told us how important it was to ensure the people they supported were empowered and valued developing their care plans and ensuring these were reviewed as people's needs changed. A health care professional told us, "I have always found the service to be professional and with a good level of communication." Another said, "The management are very experienced and really understands the needs of the people they support. They always strive to improve people's existing support plans and tailor them to meet their adapting and changing needs and outcomes."
- Many people we spoke with told us staff go above and beyond to ensure their needs were met. One person explained how the care staff fetched them fish and chips on a Friday and another how they took cleaning home to remove a stain from an item of their clothing. All said these were in addition to the care and support they were commissioned to provide.
- Staff receive training to ensure they understand personalised care that was person-centred. Staff were coached on the person-centred approach. The service also adopted the approach for staff and this in turn, encouraged them to embrace people they support in the same way. For example, the training is individually tailored to each learner's training and development to their own unique learning style and preference. This includes one to one support and guided study with assistance with technology if required. The staff understanding is assessed through appraisals, supervision, training updates and when observing their interactions and interventions with people. The provider used the 'Safe to be me' resource (Age UK 2018) and had taken practical advice on providing services in which LGBT people can feel safe to be themselves.
- Staff we spoke with were knowledgeable about people's preferences and could explain how they supported people in line with their preferences and care needs. Professionals we spoke with all praised the staff and told us the support was person-centred and focused on achieving exceptional results to ensure people could remain in their home and were safe. One professional said, "Kinetic deliver excellent care to the customers they support. In many cases outcomes for people they support have been achieved and more. Kinetic strive to improve the wellbeing of people and help build relationships and help individuals address their problems and issues in a positive way."
- People were supported to follow their interests and take part in activities and have access to work opportunities. For example, one person they supported had been made redundant from a voluntary job as the place of work had closed. The staff were supporting the person to seek advice, look for alternative employment and complete applications. The staff had taken on this support role in addition to the

contracted care and support to the person. The staff said, "The job is an important part of this person's life, we are supporting them as we feel if they are not able to find an alternative, it will have a negative impact on their well-being and we want to help."

- The provider was committed to ensure people were not isolated. This was particularly important during the COVID-19 pandemic. The staff ensured any requirements were raised with the management team and proactively advocated for people who lived alone or did not know who to contact for any additional help or support. For example, there was an operational meeting set up each day to ensure that plans were in place to liaise appropriately with customers during the pandemic, keeping them informed of guidance and any changes to protocol. Ensuring they had all the necessary support required.

End of life care and support

- People were supported at the end of their life to have a comfortable and dignified death. The service had a contract with health commissioners to provide care and support to people who specifically need end of life care to enable them to die at home. There were end of life champions who were extremely passionate about ensuring people had comfortable, peaceful pain free death surrounded by their loved ones. The referrals required a fast response and care and support would have to be in place within a few hours, this was facilitated by the agency and staff were very flexible in ensuring the support could be provided at short notice. A health care professional told us, "The staff provide excellent care to people at end of life."
- People's needs were considered as part of the end of life care. A detailed care plan was in place. This was developed involving the person and their family or close friends, all people's needs were identified including any religious or cultural needs to ensure these were respected and followed by staff.
- People and their families felt consulted and empowered to be able to ensure their wishes were met.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People were involved in regular reviews of how the service could improve. Any concerns were investigated comprehensively, and feedback was given, and lessons learnt. The registered manager was passionate about learning from complaints and improving the service and outcomes for people and told us, "If a care worker made a mistake they were supported to develop their understanding of the error through the provision of further training or peer support to ensure a positive outcome for both the staff member and the person receiving the service."
- People were listened to. People we spoke with told us they felt confident in raising any concerns. One person said, "I raised a couple of management issues at a review, they were very accommodating and resolved them within hours." another person said, "They are absolutely brilliant no complaint at all."
- The registered manager had systems in place to communicate with people who used the service, staff and health care professionals. They were committed to listening to people to ensure continuous improvement of the quality of the service.

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.

- The provider was aware of the standard and ensured all people's needs were assessed before they commenced the service to ensure any adjustments were implemented.
- Staff we spoke with understood how to communicate with the people they supported. We saw good detailed communication care and support plans in people's files. Most relatives and people we spoke with told us staff were very good at understanding people, listening and communicating effectively.
- People told us staff communicated effectively. One relative told us, "[Relative] uses Makaton to reinforce what they are trying to say and most of the carers are very willing to learn they'll ask 'what does that mean'".

and they test the staff at the next visit to see if they remember. Staff are very good at communicating."

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.

Planning and promoting person-centred, open, inclusive and empowering, which achieves good outcomes for people and how the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager told us the ethos of the service was to ensure people received high quality care delivered by the same small group of staff. From speaking with people and their relatives it was clear people were predominantly supported by the same group of staff and had formed meaningful and healthy relationships. One person said, "I am really happy staff are cheerful, you look forward to them coming."
- The registered manager complied with their duty of candour responsibilities. Relatives we spoke with told us staff and management kept them informed of any issues and concerns and were open and honest. Regular communication was sent out to people to keep them informed and up to date.

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

- There was a registered manager who was supported by a team of staff.
- The quality assurance systems which were in place to monitor the service were effective. Where issues were identified action plans were in place and followed to ensure continuous improvements. The systems were being reviewed at the time of our inspection to ensure they were more robust to further improve systems.
- Staff were extremely happy in their role and felt supported. All the staff we spoke with were passionate about providing high quality care, there was a consistent approach to ensure all staff were supported and well led.

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

- People who used the service were involved in day to day decision about their support. We saw this from feedback that had been received.
- The provider sent out quality monitoring questionnaires. People and their relatives we spoke with told us they had completed surveys. This ensured people's views were sought and acted on. Results of the surveys were sent to people, so they were aware of what action had been taken in response to their feedback.
- Staff meetings were held to get their views and to share information. Some staff told us meetings were held regularly and were effective.

Continuous learning and improving care

- The registered manager understood their legal requirements.

- The registered manager and management team demonstrated an open and positive approach to learning and development. They were committed to driving improvements to ensure positive outcomes for people they supported and staff.
- Information from the quality assurance systems were used to inform changes and improvements to the quality of care people received.

Working in partnership with others

- The registered manager had developed links with others to work in partnership to improve the service. This included commissioners, health care professionals and relatives. Feedback we received from the four professionals we spoke with was all extremely positive and they praised the agency and the support they provided.