

Kinetic Recruitment Services Limited

# Kinetic Domiciliary Care Services

## 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

Kinetic Domiciliary Care Services are a community service that provides care and support to adults of all ages, in their own homes. The service provides help with people's personal care needs in Rotherham and surrounding areas. This includes people with physical disabilities and dementia care needs. At the time of the inspection they were providing personal care for 150 people.

The inspection was announced. The provider was given 48 hours' notice because we wanted to make sure the registered manager and staff would be available to speak with us. The inspection was carried out by one adult social care inspector.

At the last inspection on 13 January 2015, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager at the service who was also the provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was safe. Risk assessments were completed to enable people to receive care with a minimum of risk to themselves or the care staff. Robust recruitment procedures were followed to ensure as far as possible only suitable staff were employed. Staff were trained to safeguard and protect people. They were aware of their responsibility to report concerns.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005. People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required.

The service was caring. People were cared for and supported by staff who knew them well. Staff treated people with dignity and respect. People's views were actively sought and they were involved in making decisions about their care and support.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. The registered manager responded to complaints received in a timely manner.

The service was well led. There was a positive culture within the staff team and staff spoke positively about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The registered manager and senior staff were committed to providing a good service for

people. There were quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. People told us they were regularly asked for their views about the quality of the service they received.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# 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 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.

This inspection took place on 7 September and 11 September 2017 and was announced. The inspection was carried out by one adult social care inspector.

Before the inspection, we reviewed the information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. In addition we reviewed the 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 used this information to plan the inspection.

During the inspection we spoke with the registered manager and four members of care staff. After the inspection we rang to speak to 11 people using the service. We spoke with five people, one relative and one healthcare professional.

We reviewed 10 people's care records including their medicines administration records. We looked at five staff files including recruitment, training, supervision and duty rotas. We read other records relating to the management of the service that included incident reports, safeguarding concerns, complaints and audits to monitor quality of the service.

## Is the service safe?

### Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be good.

People told us that they felt safe from harm or abuse. One person told us, "I have full confidence in the staff and believe I am in safe hands." Another said, "I feel safe with the staff and it helps having the same ones visiting me."

People remained safe at the service because staff knew how to identify and report concerns about potential abuse. Staff received training and refresher courses in safeguarding adults and followed the provider's procedures to keep people safe. Staff were aware of the provider's whistleblowing procedures and when to alert external agencies such as the local authority or the Care Quality Commission about poor practice. When required, the registered manager reported to the local authority safeguarding team, concerns about a person's welfare to ensure appropriate action was taken to protect them from harm. A staff member told us, "I would report any possible abuse to the manager or the local authority."

The risks to each person had been assessed. These included risks associated with their mental and physical health, mobility and the choices they made. The assessments were clear and included instructions for staff on how to minimise risks and keep people safe. New risk assessments had been created when people's needs changed or a new risk was identified.

The service also had a whistle blowing policy and procedure. This policy protected employees against detrimental treatment as a result of reporting bad practice. Staff we spoke with were able to describe 'whistle blowing' and knew how to alert senior management about poor practice.

There were enough numbers of suitably skilled staff to meet people's needs safely. Staffing levels were determined by assessing people's individual needs and the support they required. Staff told us and records confirmed absences were planned and covered adequately. Records showed that pre-employment checks were carried out to determine that the proposed new staff member was deemed to be of a good character and suitable to work with the people they supported. An on call system was operated and staff told us they could contact the registered manager for advice should they need to. People also said they were able to contact the registered manager whenever they needed to.

Some people required assistance to take prescribed medicines. Where this was the case guidance for staff on what to do to keep people safe was in place and easy to use. Medication administration records were maintained to record that people received their medicines as prescribed. Staff administering medicines had been trained to do so. The provider had a clear system in place to respond to any errors with the administration of medicines. The systems in place showed people were kept safe from the risks associated with the management of medicines.

## Is the service effective?

### Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People benefitted from being cared for by staff who were supported in their job role. One person said, "All the staff know what they are doing, I can't fault them." Records showed staff had regular one to one meetings with their line manager. In addition, annual appraisals provided an opportunity to assess their work and plan their development needs. These were conducted once staff had worked with the provider for over a year. Training was provided either through classroom teaching, eLearning or through discussion sessions. Training was also sourced from the local authority and other training providers. One member of staff told us, "Training is regular and very worthwhile." Records showed the majority of training was up to date and where training had expired, refresher training was being arranged.

The provider had signed up to The Social Care Commitment. This is a Skills for Care and Department of Health initiative and is an agreement about improving workforce quality and providing quality services in adult social care. Employers and employees commit to be the best they can to deliver high quality, compassionate care.

Staff felt supported at the service. New staff had a thorough induction which included face to face training and supervision from more experienced staff. One member of staff told us, "Not having a formal background within care I found the induction, training and shadowing other staff gave me everything I needed to work alone with confidence."

Diary notes were completed by care staff at the end of each care visit. People and their relatives told us they had agreed to the times of their visits. They also told us staff always stayed the full time of their agreed visits. One person told us, "The staff are regular as clockwork." Another person said, "If they are late it's never by much and sometimes it can't be helped because of traffic." Some people needed assistance with the preparation of their meals. People told us staff prepared foods of their choosing and were left with snacks to eat and also drinks within easy reach between visits. Staff had completed the necessary food and hygiene courses so that they were aware of how to prepare and provide food safely.

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included healthcare professionals such as GPs, occupational therapists and district nurses to provide additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately. A healthcare professional told us, "Communication is excellent between us and the standard of paperwork produced by staff is great."

We carried out checks to identify if the provider was complying with the requirements of the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for making particular decisions on behalf of people

who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The registered manager had a good understanding of the MCA. Staff had received training on the MCA. They understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions.

## Is the service caring?

### Our findings

At this inspection we found people enjoyed the same positive interactions with staff as they had during our previous inspection. The rating continues to be good.

People were very complimentary of the support they received from staff and how caring the staff were. One person told us, "All the staff that visit are clean, smart and respectful." Another person said, "I am very happy with the service, the staff are fantastic."

Staff knew people well and their preferences for care. People told us that they had their own regular care workers and staff confirmed that they had a regular round of people they supported. This meant people were cared for consistently. One person told us, "Having the same people visit is a great comfort." A member of staff told us, "Continuity and the building of relationships is very important. We can build them with regular and familiar care runs."

Staff understood and promoted people's privacy, dignity and independence. People we spoke with told us staff helped them do things for themselves whenever possible and encouraged people to be as independent as possible. Care plans contained information about what tasks people were able to complete without support, with minimal support and what they needed more help with. There was a good level of detail about exactly what help people needed. This was designed to ensure staff did not do things for people that they were able to do for themselves, thus promoting and maintaining their independence and quality of life. One person told us, "Sometimes I can do things and sometimes I can't. Staff always ask me if I'm up to it."

Some people who used the service also received care from relatives. We found staff were respectful of the relative's care role. Relatives told us that staff asked how they were. The service recognised that supporting the family carer was important in helping people to continue to be cared for in their own home. One relative told us, "They [staff] are a lifeline to me getting a little time to myself."

People were involved in planning their care and support. The provider took account of the support the person required, the preferred time for calls and where possible the care staff they liked to be supported by. The service provided to people was based on their individual needs and staff told us they took people's wishes and needs into account and tried to be as flexible as possible in accommodating any changes to visit times.

People's privacy was respected and their dignity maintained. Staff informed us how they sought consent from people before they commenced any care tasks and, explained to us how they ensured people's privacy was maintained at all times when supporting them with personal care. Staff had received training on maintaining confidentiality.

## Is the service responsive?

### Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be good.

People continued to receive care that was individual and personalised to their needs. The registered manager and care co coordinator ensured people had a thorough assessment before they agreed to deliver their care. The clinical assessment manager reviewed referrals and met with people to check what their support needs were and to assess their environment to ensure they had all the equipment they needed. Care was then reviewed after six weeks with people and their family to ensure it was working well or if any changes were needed. A full review was then completed annually unless it was indicated that the support needs had changed before this. Before people began receiving care from staff they were introduced to them and people were informed which carers they should expect.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. In addition the service had formulated a one page profile of the person on the front of their folder which gave staff information in how the person wished to be supported, preferred method of communication and some background information including the person's hobbies, preferences and interests. This helped staff to get to know the person as well as understanding how the person wished to receive support and assistance from them.

Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity. This helped staff to identify the information that related to the visit or activity they were completing. People's care plans were regularly reviewed and any changes in people's needs were communicated to staff. Staff told us care plans contained the information they needed to provide care and support for people and they were kept informed of any changes to people's needs as these occurred. People told us they were aware of their care plans and staff reviewed their care plan with them to ensure it was up to date.

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs.

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. This included providing extra visits if people were unwell and needed more support, or responding in an emergency situation. One person told us, "They are very flexible to any changes, such as changing visit times."

The service routinely listened to people to improve the service on offer. The registered manager had a robust complaints process in place that was accessible and all complaints were dealt with effectively.

People told us that they had not needed to complain, but that they were confident that if they did have any reason to make one it would be handled quickly and dealt with properly. One person said, "If I had a problem I would phone the office. There is also an out of office hours number. The information is all in the pack they have here in my house." Another person said, "At the very beginning I had a little problem with staff but it was resolved very quickly to my satisfaction."

# Is the service well-led?

## Our findings

At this inspection, we found the service and staff continued to be as well-led as we had found during the previous inspection. The rating continued to be good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Throughout our inspection we found the provider, registered manager and staff demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided and care staff were well supported and managed.

People received a service from staff who were happy in their work and said they worked in an open and friendly culture. One staff member told us, "It really is a great place to work. It's a supportive team from top to bottom." Staff told us the registered manager was approachable and dealt effectively with any concerns, if they were raised. They felt supported in their role. One commented, "I feel I receive the support to allow me to do the best job I can for people." One reply to a staff survey read, "Given me the opportunity to work in a team, go out and make a difference to people's lives. So rewarding."

Staff meetings provided opportunities for staff to gather as a team and discuss their work. We saw from the minutes that best practice areas were discussed as well as issues relating to health and safety and working with other agencies. Staff were able to discuss their work at these meetings, share any worries they had about individuals and seek advice. They told us they could bring their views to the meetings and they were listened to. There was also an initiative called the 'Carers Council' which welcomed staff input to how the service was run at a more strategic level.

There were quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. The registered manager had recently recognised the need to further improve some aspects of auditing and was in the process of making adjustments to the current procedures.

The registered manager also monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. The registered manager and clinical assessment manager worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided.

The management systems included reviews of incidents and accidents to ensure action was taken to prevent a recurrence. The registered manager was aware of their responsibility to submit notifications to CQC of notifiable events. Notifications had been submitted in a timely way.

Copies of the most recent report from CQC was on display at provider's office and accessible through the provider's website. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily access the most current assessments of the provider's performance.