

KMX NURSING AGENCY LTD

KMX Nursing Agency

Inspection report

C P L House
Ivy Arch Road
Worthing
West Sussex
BN14 8BX

Date of inspection visit:
29 April 2021

Date of publication:
07 June 2021

Tel: 01903910035

Website: www.kmxnursingagency.co.uk

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

KMX Nursing Agency is a domiciliary care agency providing personal care to adults living with families or in their own homes in the community. 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 our inspection the service was supporting five people living with frailty and other health related conditions and younger people living with learning disability and/or Autistic spectrum conditions.

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

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's care plans and risk assessments were written in a person-centred way; however, the provider was using two different systems to record this information. Improvement was needed to streamline this to avoid the potential for confusion.

The quality assurance system was not formalised and improvements were needed in how the provider assessed, monitored and used their systems to drive improvements.

Staff were recruited safely and received training and supervision to support them in their role and identified any learning needs and opportunities for professional development.

Staff supported people to have enough to eat and drink and to make choices about what they ate and drank. People received appropriate healthcare support as and when needed and staff knew what to do to summon assistance.

People and their relatives told us they were given every opportunity to be valued and equal partners in decisions around their care and support. This was reflected in the good quality care and support people received, from a committed and caring group of staff. One relative said, "they have attention to detail, nothing is too much trouble, they go above and beyond."

People, relatives and staff told us that they were encouraged to give feedback about the care delivered and communication was good with the staff and registered managers.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

People were supported in their own family home. Staff had the training, knowledge and skills to understand people's specific needs. Care plans were person centred and detailed with an emphasis on how people's communication was to be supported.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 September 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements.

Enforcement

Since the last inspection we recognised that the provider had failed to comply with the display ratings requirement. This was a breach of Regulation 20A of the Health and Social Care Act 2008. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for KMX Nursing Agency on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

KMX Nursing Agency

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 was carried out by one inspector.

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 two managers 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 24 hours' 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 activity started on 29 April 2021 and ended on 7 May 2021. We visited the office location on 29 April 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered managers and care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a health professional who has regular contact with people using the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection, the provider had failed to assess and manage risks relating to people's health and welfare, including those associated with medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, risk management systems continued to be implemented. Improvement had been made; the provider was no longer in breach of Regulation 12. The service currently supports a small number of people and the systems were new and not yet fully embedded. Time was needed to be assured systems were robust enough to support more people as the service grew, be sustained and embedded in practice.

At the last inspection, the provider had failed to ensure systems and processes were established and operating effectively to prevent abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection there were systems and processes to protect people from abuse, including all relevant staff training, incident recording and environmental risk assessments. Improvements had been made and the provider was no longer in breach of Regulation 13.

- People were protected from the risk of avoidable harm. Risks to people were identified, assessed and managed safely, however the detail of guidance to staff varied and the provider was using different systems to record information. Some people had information in paper format and others on an electronic care monitoring system (ECM) which had the potential to cause confusion and risk important information being missed. We did not find a negative impact to people because the staff team were consistent and knew people well.
- Staff were knowledgeable about the risks to people. One staff told us, "When anything changes the registered manager alerts us to the change, risk assessments are up to date in people's records."
- Staff understood the need to record and report issues. For example, staff explained what to do if a person had a fall or was found on the floor, this included checking for injury, accessing health professionals and the monitoring actions staff need to follow.
- Staff meetings and one to one supervision provided opportunities for staff to reflect on the support they provided to people and to suggest any improvements.
- Incidents were reviewed and actions taken, for example a person was found to be slipping from a chair, a referral was made to the occupational therapist for advice on appropriate mobility aids. The issue was

discussed with person and the staff team.

Using medicines safely

- People were receiving medicines safely, supported by trained staff.
- Medicines people were prescribed were recorded on pre assessment records and care plans identified which medicines people needed support with. For example, one person told us, "They give me my eye drops but I do the rest myself."
- Staff used the ECM system to record medicines they administered during the visit, which was audited by the registered managers. The system alerted staff if medicine should be given and did not allow the staff member to log out of the call if it has not been.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes protected people from the risk of abuse. Systems were in place to record and report safeguarding concerns. Evidence was seen which showed the service reported concerns appropriately to the local authority safeguarding team and to the Care Quality Commission as they are required by law.
- Accident and incidents were recorded and reviewed and actions taken by registered managers.
- Staff were clear about their responsibilities in relation to reporting safeguarding concerns and were confident that they would be listened to if they raised a concern. Safeguarding training was completed by new staff during induction and all staff undertook refresher training. Staff knowledge was robust, one staff member told us, "I would report to the registered managers if I saw or heard anything, fill out an incident report, my managers would report it to Safeguarding."
- People and their relatives told us they felt safe and knew who to tell if they didn't.

Staffing and recruitment

- There were enough staff to meet people's needs. People received their care calls on time. One relative said, "They have never let us down".
- Recruitment checks had been completed on new staff before they joined the service.
- People were supported by a small and consistent staff team. The provider ensured that any gaps in the rota were covered by one of registered managers who were trained to carry out this role.

Preventing and controlling infection

- People were protected from cross contamination. All staff had received training in infection prevention and control, this included training about Covid-19.
- People and relatives told us staff used personal protective equipment and wore masks, this corresponded with the current government guidance.
- The registered managers told us they worked with staff to ensure they had all the information they needed to have the Covid-19 vaccination.
- The provider had ensured staff were tested for Covid -19 in line with current guidance and had contingency planning if staff needed to isolate.
- Staff had received training in food hygiene and used this knowledge when preparing food for people.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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 prior to receiving the service and regularly afterwards. This meant their preferences were known by staff. This involved meeting with the person and if appropriate, their relatives. One relative told us, "They are amazing, I recommended them to a neighbour."
- The service had policies and procedures to support the principles of equality and human rights. Records showed that assessments had suitably considered any additional provision that might need to be made to ensure people did not experience discrimination.

Staff support: induction, training, skills and experience

At the last inspection the provider had failed to ensure that staff were supported to undertake training, learning and development to enable them to fill the requirements of their role. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

At this inspection, we found improvements had been made, all staff had undertaken training, learning and development to enable them to fulfil their role. The provider was no longer in breach of Regulation 18.

- Staff undertook training that the provider considered essential. Training was a mix of online- learning and face to face practical training. The registered manager monitored this to ensure staff's knowledge and skills were up to date, enabling them to provide effective care.
- There was a process for the induction of new staff that included shadow shifts with experienced staff to learn how they deliver support. One staff told us, "I have had training about learning disabilities and Autistic spectrum conditions and how to support to avoid a person becoming anxious." The provider had purchased a package of training so new staff could undertake the Care Certificate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff confirmed that they had one to one supervision meetings with the registered manager.
- Staff spoke knowledgeably about the needs of the people they supported and confirmed the training and learning they had undertaken to gain the knowledge. One staff member told us, "The training is very good."

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

- People were supported to maintain a balanced diet. Staff were aware of people's individual dietary needs, their likes and dislikes and this was reflected in people's care plans.
- Staff understood how to identify changing needs, for example, coughing when eating and when to seek

professional advice and support.

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

- People had access to healthcare professionals and the service worked in collaboration to ensure their needs were met. Staff monitored people and identified any changes in their health. Records confirmed people had been supported to meet with a variety of healthcare professionals, including GP's, occupational therapist and the learning disabilities team.
- One relative told us that staff had supported their family member to have the Covid-19 vaccination which had been arranged outside of the routine visits.

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.

- Staff had received training and were knowledgeable about their role regarding MCA. One staff told us, "I always ask if its ok before I do anything, if a person was becoming confused, I would raise it to check their capacity and always act in their best interests."
- Capacity assessments were carried out appropriately where concerns were identified.

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.

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

- People and relatives described staff as kind and caring. Comments included, "You could not wish for anyone better, so kind." And, "Nothing is too much trouble."
- Staff showed a good understanding of people's individual needs and preferences. A staff member confirmed "I know [person] very well, I always ask if they want a cup of tea as they really like to chat before I do anything."
- The service had an equality and diversity policy in place to protect people and staff against discrimination. Staff confirmed they had training in this area.

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

- People and relatives confirmed they were involved in day to day decisions about their care and support. One person confirmed they could talk to anyone if needed, they felt their views were listened to.
- The registered managers talked to people and their relatives frequently and carried out direct support. This supported them to discuss care needs and ask people if they are comfortable with the care delivered by staff. One relative told us, "We talk regularly, even having virtual meetings to include relatives that live aboard. I can raise anything and have a very good relationship."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Information relating to people's care was kept confidentially in people's own homes or an electronic format. Staff had access to this information.
- People and relatives told us staff maintained their dignity and supported them to do as much as possible for themselves. For example, a person was becoming more dependent on staff to support them to shower,. Staff suggested a shower chair, this led to the person regaining confidence and independence when showering.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

At the last inspection the provider failed to ensure care records provided guidance for staff including people's communication needs. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 (Good governance)

At this inspection, Improvement had been made; the provider was no longer in breach of Regulation 17. Care records now provided guidance for staff including 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.

- People's communication needs were identified in the assessment process before support began.
- Care plans for people with identified communication needs had pictures to support understanding of information.
- Communication passports were in place for people who needed them. These are documents describing how a person communicates and guidance for staff and others about how to support them.

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

- People's care plans were personalised and reflected the assessed needs and wishes of each person. The level of detail in care plans varied, people who had complex needs had very detailed information, giving step by step guidance about how they were to be supported. For people who were able to express their views and preferences less information was recorded.
- People and their relatives told us staff knew people well. One person said, "They already know what I like and that's what they do. It's always what I want."

Improving care quality in response to complaints or concerns

- People and their relatives said they were aware of the complaints procedure and they knew how to make a complaint.
- Two complaints had been received since the last inspection; both were dealt with appropriately.

End of life care and support

- Staff were not supporting anyone who required end of life care during this inspection.
- Both registered managers have had training in end of life support and told us would seek training for staff and work with local palliative care teams to provide end of life care when this was necessary.

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.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

At the last inspection there was not an adequate process for assessing and monitoring the quality of services provided and that all records were accurate and complete. This was a breach of regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17, However the quality monitoring systems still need to be formalised, to improve the frequency, regularity and recording of audits.

- There was no formal system in place at the time of the inspection to analyse accidents and incidents over time to identify trends in order to continuously learn and improve. Some work had started to address this after the last inspection; however, it had not been consistently sustained. We saw evidence of incidents being reviewed individually by the registered managers and actions taken.
- The provider had purchased an electronic care management system, (ECM). This included tools to support the provider to monitor the quality of their service. The inbuilt audits had not been used, and there was a lack of completed audits. The registered managers told us they were seeking further training with the system to understand how to use the audit tools effectively.
- The registered managers did not have formal, recorded quality assurance processes to ensure key aspects of the service were regularly reviewed. However, we found no impact to people. Registered managers delivered some direct care themselves, allowing them to be confident people were receiving care in line with their assessed needs. They frequently sought feedback from people and their relatives and acted on this, for example, adjusting care visit times to accommodate health appointments. Care plans were regularly reviewed by registered managers and updated when things changed. The service was small and the registered managers had assured themselves that they had day to day oversight over people's care and support
- Records were kept in different locations, for example, both registered managers used different computers and there was no centralised system to access information and records relating to the overall management of the service.
- Team meetings were happening, although with varied regularity since the Covid-19 pandemic started. Staff confirmed incidents were discussed during these meetings, however some were video calls and no

records were kept.

- The registered managers had set up group communication with staff accessed from mobile phones. Staff told us this was very useful in making sure information was shared in a timely way. The ECM system had alerts for staff set up, to prompt staff to important changes, for example a change to a person's medicine.

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

- People and staff were able to share ideas or concerns with the management. Staff understood their responsibilities and told us they were listened to and valued. One staff member told us. "So far for me it's the best to work for. I do love my job."
- The culture was open and inclusive. One relative said, "We have good communication, they are part of an on-line group just for (name's) support staff and family."
- Care plans were person centred and staff were able to tell us about people's needs and wishes in detail.

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

- The registered managers understood their responsibilities to share information with the relevant people, relatives and professionals. One said, "It is about being open and honest."
- Staff knew how to whistle-blow and how to raise concerns with the local authority and with CQC if they felt they were not being listened to or their concerns acted upon.

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

- People and staff said they were supported. They were positive about the registered managers and said they were approachable. One relative said, "They are more organised now than when they were a new company. I get an immediate reply if I contact for anything."
- Staff understood their roles and responsibilities. When asked about the values of KMX, one staff said, "It's about always putting the person first."
- Staff had undertaken training in equality and diversity.

Working in partnership with others

- The service worked in partnership with other organisations to support care provision. For example, the local district nursing teams and GPs. This was to meet and review people's needs.