

PennyEmberton/Gemini Care

Stanwardine Grange

Inspection report

Stanwardine
Cockshutt
Ellesmere
Shropshire
SY12 0JL

Tel: 01939272900

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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

This inspection took place on 07 and 08 March 2017 and was announced.

Penny Emberton / Gemini Care - Stanwardine Grange provides personal care and support to people living in their own homes. At this inspection they were providing personal care for nine people.

The registered provider was present at this inspection. 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 registered provider was supported day to day by a manager and a deputy manager.

People were safe from the risks of abuse as staff had been trained and knew how to recognise and respond to signs of abuse or ill-treatment. People were involved in their individual assessments of risk associated with their care. Staff knew what actions to take in order to minimise the potential for harm to people. The provider followed safe recruitment practices with staff members before they started working with people. The provider had systems in place to address any unsafe staff practice including retraining and disciplinary processes if needed.

People were supported at times that suited their individual preferences. Staff were punctual and arrived at times agreed with people. People received help with their medicines from staff who were trained to safely support them.

People received care and support from staff members who had the skills and knowledge to meet their individual needs. New staff members received an induction to their role and were equipped with the skills they needed to work with people. Staff attended training that was relevant to the people they supported and any additional training needed to meet people's requirements was provided.

People's rights were maintained by staff members who were aware of current guidance and legislation informing their work. People were involved in decisions about their care and had information they needed in a way they understood.

People's privacy and dignity was promoted by staff members who supported them. People were supported to access healthcare when they needed. Any changes to people's needs were responded to promptly by staff members. People received support and guidance to eat and drink sufficient amounts to maintain good health.

People had positive relationships with the staff members who supported them. People's likes and dislikes were known by staff who assisted them in a way which was personal to them. People were confident that information personal to them was kept confidential and only shared with their permission.

Staff members were supported by a management team who they found approachable and who valued their

thoughts and opinions. The provider and management team undertook regular quality checks in order to drive improvements. The provider engaged people and their families and encouraged feedback. People felt confident they were listened to and their views were valued.

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.

People were protected by a staff team who had received training and understood how to recognise and report any concerns they had about people's safety or wellbeing. The provider followed safe recruitment practices. People were supported with their medicines by trained and competent staff members.

Is the service effective?

Good ●

The service was effective.

People were assisted by staff members who were trained and supported to undertake their role. People had their rights protected by staff members who followed current guidance. People were supported to access healthcare provision in order to maintain wellbeing. People were supported to eat and drink enough to maintain their health.

Is the service caring?

Good ●

The service was caring.

People were supported by a kind and considerate staff team. Staff spoke about those they supported with warmth and respect. People were involved in making decisions about their own care and support. People were supported to maintain relationships that mattered to them.

Is the service responsive?

Good ●

The service was responsive.

People and, when needed, their families were involved in their individual assessments of care. People received care from staff members who knew their individual preferences and life history. People and their relatives were encouraged to raise any issues and were confident they would be addressed appropriately. The provider had systems in place to address any concerns or complaints.

Is the service well-led?

Good ●

The service was well led.

People felt involved in decisions about their support and their suggestions were valued by the provider. Staff members believed

their opinions and ideas were listened to by the provider and, if appropriate, implemented. The provider had systems in place to monitor the quality of service they provided and where necessary made changes to drive improvements.

Stanwardine Grange

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 07 and 08 March 2017 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

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 asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information in our planning.

We spoke with two people, four relatives, four care staff members, the registered provider, manager and deputy manager. We looked at the care and support plans for two people, records of quality checks, accident and incidents records and medicine administration. We also looked at records relating to the safe recruitment of two staff.

Is the service safe?

Our findings

We looked at how people were kept safe from the risks of abuse and ill-treatment. One person told us, "You have to trust who comes into your home and I trust (Gemini care) completely and everyone who comes in." A relative said, "I know I can leave them (staff) to come into my house and I trust them fully." Staff members we spoke with told us that they had received training on how to identify and respond to signs of abuse and ill-treatment. One staff member said, "I would report the incident straight away to [provider's name]." Staff members also said, and we saw, that they carried with them a pack of information which contained the contact details of the local authority and the police should they need to contact them. Up to this inspection the provider had not needed to make any referrals to the local authority or the police in order to keep people safe. However, the provider had systems in place to respond to any concerns raised with them.

People told us they believed they were kept safe when receiving care and support from Gemini Care. One relative said, "[Provider's name] came out and did a risk assessment of the property. They ensured that the rooms were safe for them to provide care. This included making sure that the bathroom floor was non-slip so [relative's name] doesn't fall and hurt themselves." Another relative told us that when first receiving care from Gemini Care the provider made some recommendation on how the property could be adapted in order to keep their relative safe.

People had individual assessments of risk associated with the support they received. These assessments included diet and nutrition, mobility and keeping safe outside of their home. Staff members we spoke with knew the individual risks to people and what to do in order to minimise the potential for harm. One person told us, "When I move around I am a little unsteady and had a fall when on my own once. They (staff) always support me and keep me safe when I walk." Another person said, "Sometimes I think I can do more than I am able. They (staff) always rein me in just to make sure I am safe and don't overdo it." Staff members knew how to report incidents or accidents and these were monitored by the provider. The provider had systems in place to identify any trends or patterns and took action when needed. We saw records of reported incidents and accidents. For example, following one person having a fall in their own home the provider arranged with them for their GP to review their medicines. Along with this review the provider arranged a reassessment of the person's mobility. As a result the person received adapted equipment to support their mobility around their own home.

People told us there were sufficient numbers of staff available to meet their needs. People and their relatives told us that staff were always punctual and they knew who was coming to support them. The provider had systems in place to respond to people's changing needs. One staff member told us, "We identified that [person's name] needed some additional support. This involved another carer to help out at certain times. [Provider's name] arranged this and in a matter of hours the additional support was provided."

Staff members told us before they were allowed to start work checks were completed to ensure they were safe to work with people. References and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems

in place to address any unsafe behaviour displayed by staff members which included additional training or disciplinary action.

We looked at how people were supported with their medicines. People told us they were happy with the assistance they received. One person said, "I can manage my medicines myself but they (staff) just support me to make sure everything is alright." Staff members told us before they were allowed to support people with their medicines they first had to undergo training. This included the safe administration of medicines. Following the successful completion of their training they were then observed by the provider to ensure they followed safe practice. The provider completed regular quality checks regarding the safe administration of medicines and made changes when needed. For example, the provider identified some inaccurate recording of medicines had been completed. There was no risk to people but as a result the provider reviewed with staff members how to accurately record people's medicines. Staff members we spoke with were aware of these instructions and how to accurately record what people had taken or declined.

Is the service effective?

Our findings

People told us that they felt the staff supporting them had the right skills and training to assist them effectively. One person said, "It is quite evident that (staff) are well trained in what they do." One relative told us, "I know I can go to them (staff) at any time with any question and they will be able to help me out. It is reassuring that they are so skilled." Staff members we spoke with told us they received a supportive and structured introduction to their work with Gemini Care. One staff member said, "When I first started work I was supported for about three weeks by another staff member. During this time I got to know people and what they liked doing. During week three I was observed by senior carers to ensure I was competent and that people were happy with the support I was providing."

Staff members had access to additional training when people's needs changed. This was in order for the person to receive support from staff members who were trained and up to date with their practice. For example, one staff member said, "We were supporting one person who was living with a visual impairment. I went on training and I experienced what it was like to live with impairment, albeit for only a short period of time. It helped me understand the emotional and social isolation which could also accompany such impairment. This helped me relate and support the person better."

Staff members told us they were well supported by the management team who they found approachable. One staff member told us, "We have regular one-on-one sessions with [deputy manager's name]. During these sessions we can talk about what is going well and what I could improve on. One of the comments was that I needed more confidence when meeting new people. I like to think I have improved on this and the feedback I have received has been good."

People told us they were supported to make decisions and were given choice about the support they wanted. One person said, "Even the small things like what I would like for lunch matters. I am always offered a choice and they (staff) make sure I get what I want." One relative told us, "They (staff) come in and always ask [relative's name] what help they would like today. I always hear them constantly talking and asking for permission whilst they support them."

The provider told us people's capacity to make decisions was assessed when needed. Staff members knew how to assist people to make decisions for themselves. One staff member told us, "Most of those we support can tell us what they want or like and it is just a matter of asking. However, sometimes we need to support people by showing different things, like drinks, for them to indicate to us what they want."

The provider and staff knew what actions to take if someone lacked the capacity to make decisions for themselves and how to act in the person's best interests. The provider told us they believed one person was lacking the capacity to make decisions regarding their health and welfare. At this inspection they had arranged for assistance from community based mental health professionals to ensure any decisions made were in the person's best interests.

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. Any applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA. At this inspection it had not been necessary for the provider to make any such applications.

People told us they were assisted to receive enough food and drink to maintain well-being. One person said, "They (staff) make sure I have what I want to eat at lunch time and leave plenty of cold drinks for me to take in-between their visits. One relative told us, "There is always a flask of hot water left along with some tea bags. They also prompt (relative's name) to drink when they are there as they know keeping hydrated has been a problem in the past." Staff members were knowledgeable of individual's dietary requirements, food preferences and any allergies. One staff member told us, "We noticed that [person's name] wasn't eating. What we do now is eat with them and make meals a social occasion. We have noticed a significant improvement in their appetite."

People had access to healthcare services, including GP, district nurses and occupational therapists and were supported to maintain good health. One relative told us, "They (staff) always work alongside the district nurses and the GP. If we need the district nurse to come out they will arrange it so that they are there to also assist them. That way they know what is being said and they can follow the advice of the nurses." Another relative told us, "I started to struggle doing some aspects of care myself. With the assistance of [provider's name] we arranged for a chiropodist to come out. This was a big help for me. I have confidence that any changes in health or need will be picked up and acted on."

Is the service caring?

Our findings

People and relatives we spoke with described the staff that supported them as "Kind, loving, perfect and fantastic." One person said, "Everyone who comes here is just so lovely. We have a bit of a laugh and that just helps especially when you are feeling a little down." Staff talked about those they assisted with warmth and respect. One staff member said, "We are going into people's homes. It is a privilege to be able to work and support them." Another staff member told us, "We have to respect those we support. It is a big step for some people to accept support so we try to be as interactive as we can. This helps to put people at ease."

People and those close to them were treated as if they mattered by the provider and the staff supporting them. One relative told us, "They (provider) take a real holistic approach when supporting people. They don't just focus on what needs to be done. They take their time to get to know the person and what matters in their life." Another relative told us, "[Relative's name] cannot do what they used to do and I understand that. However, they (provider) brought me flowers on St Valentine's day as they knew [Relative's name] always used to bring me flowers. (Provider) knew this is what [relative's name] would have done and that they would have been distressed if they couldn't bring me a gift on such an occasion." Staff we spoke with described how they support people with their emotional and psychological well-being as well as with personal care. The provider told us they believed their approach was to support the "whole person" and this included all the things that matter to them.

People and relatives felt that staff communicated with them well and adapted how they spoke depending on their needs. One relative said, "They always greet [relative's name] as soon as they arrive. They talk constantly about what they are doing and they wait until they are given the go ahead. This can be as simple as a nod of the head or even a smile." Staff members we spoke with told us as they are such a small team providing care to a limited number of people they have the opportunity to really get to know them. One staff member said, "By seeing the same person you build such a good working relationship with them. You notice subtle signs and gestures that people make and this can indicate if they like, dislike or even don't agree with something."

People told us they were involved in making decisions about their own care and support. Any decisions they had made were recorded for all staff to follow in order to provide consistent care for people. One relative said, "I fully understand staff need to complete accurate records of the support they provided. However, what impresses me about (provider) is how the staff sit down and talk through what they are writing with [relative's name]. They always get the agreement from them about what they are writing and read it back to make sure what they have recorded is accurate. Sometimes I know [relative's name] doesn't fully understand but they are still involved and engaged throughout."

People told us their privacy and dignity was respected by staff providing support. One person said, "Never has anything ever been done that I did not feel comfortable about. They (staff) are carers but mostly they are professional in everything that they do."

People were supported to be as independent as they could be whilst living in their own homes. One person

told us, "I have lived in the same house for more years than I care to mention. Without the support of (provider) I would have had to move out a long time ago. They assist me in keeping my independence which I fiercely defend." Relative we spoke with told us that the provider made suggestions regarding adaptation to people's properties which supported them to remain at home longer. For example, one relative told us they had been given advice and guidance on how to adapt a wet room to be more suitable for their relative.

The provider and staff members understood people's right to have their information remain confidential. We saw the provider undertook security checks to ensure information was only accessed by those with authority to do so.

Is the service responsive?

Our findings

People had care and support plans that were personal and individual to them and met their needs. One person said, "When they (provider) first came out to meet me it was like playing 20 questions. They went through everything. I felt that they knew me better than I did by the end. This gave me confidence that they understood what I needed and also what I could do for myself." We saw care and support plans which detailed what people thought staff needed in order to provide them with care that met their needs. Care plans informed staff members what the person needed support with but also what the person could do for themselves. The provider told us it was important to focus on what the person is still able to achieve as this supports them to be as independent for as long as possible.

Staff we spoke with had a clear understanding of those they supported. This included their likes and dislikes, family histories and past work experiences. One staff member told us, "It is good to know about people. It helps to build the rapport between us and we have something to talk about. Our work is not about just going in and washing someone but about working with them knowing them as individuals." One relative told us, "[Relative's name] is ex-services. The (staff) understand and talk to them about their time. They point out things that would interest them and chat about any developments they might like to know about." Staff members had access to people's individual care and support plans which informed their practice.

People were supported to take part in social activities they enjoyed and found stimulating. One relative told us, "Going out in a car or to the coast is a big thing for [relative's name]. As I get older I don't feel as confident but with the help of [provider's name] we can still do these activities. They understand [relative's name] as a person and all that mattered to them. Keeping these trips going for as long as possible is important as it is what they find joy in."

People and relatives told us their care plans were regularly reviewed to confirm they were receiving the right amount of support. One person told us, "I have just had a recent review of my care. I sat down with them (staff) and we went through everything. No changes were needed but it is good to know that they are checking up on me. I was provided with some good advice at this meeting regarding some adaptations to my property which I have since considered." One relative told us, "We noticed that (relative's name) was starting to need more and more help. We spoke with (provider's name) and extra time was allocated to help us out. They revised the care plans to make sure the changes were noted and all the staff were aware."

People felt comfortable about raising any concerns or complaints with staff or the provider. However, all those we spoke with told us that they had never had the need to raise a complaint or a concern with the provider. They felt that the level of interaction between them and their relatives with the provider was effective in addressing any issues as and when they arose. Up to this inspection the provider had only received one complaint. We saw that the provider had systems in place to investigate the nature of the concern and to provide an explanation to the person raising the issue. No further action was needed and the person had indicated their agreement with the response provided.

Is the service well-led?

Our findings

People and their relatives told us that they felt involved in the service that was provided. One person said, "They [provider] are so small and personal we know everyone individually. We can talk to anyone in the office and they know me and my circumstances. It makes it so much easier when you need to discuss something." All those we spoke with told us they knew who the management team was and that they had regular contact with them."

People and staff members told us they felt that the management team was open, transparent and kept them informed of any changes. One relative told us, "[Provider's name] went on holiday. Weeks before they went away they told us who to contact in their absence and what to do if we had any concerns or questions. It made me feel that they were fully open with me."

We asked staff about the values they believed they followed when supporting people. They told us that they were a small service. This means that they could concentrate on putting people first and at the heart of the care that they receive. People and relatives we spoke with told us that they believed the provider and staff displayed these values as part of the support and assistance they received.

Staff member's we spoke with told us they felt valued by the management team at Gemini Care. They told us they had the opportunity to talk about their work either as part of regular team meetings or through their individual one-on-one support sessions. One staff member told us they needed some flexibility in their working pattern for a short period of time. They said the provider was very supportive and understanding and made the necessary changes without affecting those who received care and support.

Staff members told us there were appropriate policies in place to guide their practice including a whistleblowing policy. Staff understood the whistleblowing process and felt they would be supported by the provider should they ever need to raise a concern.

People and their relatives were encouraged to feedback on the service they received. One person told us the provider asked them what they thought and if they could suggest any changes during their last review. They said, "I just can't think of any way they could improve. If I did have a suggestion I know [provider's name] would listen to me and act on what I say."

At this inspection there was a registered provider in position and present throughout this inspection. The provider understood the requirements of their registration with the Care Quality Commission. They had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

The provider told us they maintained their professional development by attending regular training sessions and obtaining qualifications appropriate to their role. This included working towards becoming a medicines coach where they can advise and train staff members regarding safe handling of medicines. In addition they were a member of a provider representation organisation. The provider told us they accessed this

organisation as a means of support and as a facility for updating themselves on changes in social care practice. For example, following recent safety concerns they were able to forward information to people regarding the safe use of tumble dryers.

The provider and the management team had systems in place to monitor the quality of service delivered. This included monitoring any incidents, accidents and feedback from people and staff. These checks also included reviewing the content of care and support plans. The provider told us that following their last quality check of people's individual plans they felt more information was needed regarding people's personal preferences. At this inspection we saw that these preferences had been included and people told us they were fully involved in developing their plans.