Gemini Xtra Care Limited

Gemini Xtra Care

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?	**Requires improvement**

Overall summary

This announced domiciliary care inspection took place over two days on 12 and13 November 2015.

Gemini Xtra Care is a family run domiciliary care agency that currently provides care and support to a very small number of older people that live at home in Northampton.

A registered manager was in post. 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.

People were supported in their own homes by staff that were able to meet people's needs safely. There were sufficient numbers of staff employed to meet people's assessed needs. Some improvements were needed, however, regarding the registered manager ensuring that records held at the office relating to staff recruitment and quality assurance were consistently fit for purpose. For

Summary of findings

example, some staff files were missing an application form, and staff supervision records had not always been kept. The registered manager had not always documented the 'spot checks' they verbally confirmed they had done to check that staff were doing their job effectively. Although there were copies of training staff had undertaken there was an incomplete training 'overview' record maintained or readily available in the office. The registered manager was making these improvements when we inspected but work was still to be done.

People felt safe receiving care and support from the agency staff scheduled to provide their service. The registered manager and staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed.

People's care plans reflected their needs and choices about how they preferred their care and support to be provided. People were encouraged to be involved in the development and review of their care plan.

People were treated with dignity and their right to make choices about how they preferred their care to be provided was respected. Staff were caring, friendly, and responsive to people's changing needs.

People received support from staff that were able to demonstrate that they understood what was required of them to provide people with the care they needed. People had been kept informed in a timely way whenever staff were unavoidably delayed, or when another staff had to be substituted at short notice.

People's rights were protected. People knew how to raise concerns and complaints with the registered manager and were encouraged to do so if they were unhappy with any aspect of the service they received. The quality of the service provided was regularly reviewed by a registered manager that was very much 'hands on' with regard to the day-to-day provision of care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected from unsafe care. Risks had been assessed and appropriate precautionary measures were taken when necessary to protect people from harm.

People received care and support in their own homes by sufficient numbers of staff to ensure that people received the safe service they needed.

Good

Is the service effective?
The service was effective.

People received a reliable service. Communication between staff and people regarding unavoidable delays or other changes to their service was timely and appropriate. Contingency staff arrangements were in place to ensure the continuity of the service when staff were sick or on holiday.

People received care and support in their own homes from staff that knew their job.

Good

Is the service caring?
The service was caring.

People were treated kindly, their dignity was assured when they received personal care and their privacy respected.

People were individually involved and supported to make choices about how they preferred their agreed day-to-day care. Staff respected people's preferences and the decisions they made about their care.

People received their service from staff that engaged with them, encouraging and enabling them to be as independent as their capabilities allowed.

Good

Is the service responsive?
The service was responsive.

People's care needs were assessed prior to an agreed service being provided. Their needs were regularly reviewed with them so that the agreed service met their needs and expectations.

People's care plans were individualised and where appropriate had been completed with the involvement of significant others.

Good

Is the service well-led?
The service was not always well-led.

Requires improvement

Summary of findings

The registered manager had not always ensured that the records held at the office relating to staff recruitment and quality assurance were consistently fit for purpose.

People benefited from being supported by staff that had the day-to-day guidance and support they needed to do their job from a registered manager that was experienced and participated in 'hands-on' care.

People received a service from a small team of staff that took pride in providing good care.

Gemini Xtra Care

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 unannounced inspection was carried out by an inspector and took place over two days on 12 and13 November 2015.

With domiciliary care agencies we can give the provider a short period of notice of an inspection. We sometimes do this because in some community based domiciliary care agencies, and in particular small agencies the registered manager is often out of the office supporting staff or, in this case, providing care. On this occasion the initial inspection visit to the agency office was announced and the registered manager made arrangements to be present at the agency office for the inspection to continue.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we initially visited the agency office. We met and spoke with two staff, including the registered manager. We reviewed the care records of all eight people who used the service. We looked at three records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

We took into account people's experience of receiving care by listening to what they had to say.

We visited three households with people's prior agreement. With people's permission, we looked at the care records maintained by the staff that were kept in people's own homes. We also spoke with two people over the telephone to ask them about their experience of using the service.

Good

Is the service safe?

Our findings

People were protected from harm arising from poor practice or ill treatment. There were clear safeguarding procedures in place for staff to follow in practice if they were concerned about people's safety. They understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. Staff understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people.

People were protected from unsafe care. Individualised care plans and risk assessments were in place that ensured people were safely supported according to their needs. . Care plans contained an assessment of the person's needs, including details of any associated risks to their safety that their assessment had highlighted. A range of risks were assessed to minimise the likelihood of people receiving unsafe care. Care plans were reviewed on a regular basis to ensure that pertinent risk assessments were updated regularly or as changes occurred.

People were kept advised of staff changes or delays in staff arriving to care for them; this reassured people that they had not been 'missed'. Staffing levels were maintained at a level that safely met people's needs because day-to-day scheduling took into account unexpected absences due to sickness and holiday leave. One person said, "Sometimes they run a bit late because of all traffic 'snarl-ups' in town, but they always let me know so I don't worry and know they are still coming to my [relative]."

People were safeguarded against the risk of being cared for by unsuitable persons because staff were checked for criminal convictions. Staff had been introduced to the people they were scheduled to support and they 'shadowed' the registered manager before taking up their duties.

People had care plans kept in their homes with their agreement, with a copy held at the agency office. Care plans provided staff with the guidance and current information they needed to provide people with safe care.

Good

Is the service effective?

Our findings

People received a service from staff that had been provided with the appropriate guidance and information they needed to do their job. Staff had a good understanding of people's needs and the individual care and support that had been agreed. Timely action had been taken if there were concerns about people's wellbeing, raising these directly with family members or, where appropriate and with people's consent, to external professionals such as their GP or community nurse.

People received care and support from staff that had acquired the experiential skills as well training they needed to care for people living in their own homes. Staff had received an induction that prepared them for the demands of their job.

People's needs were met by staff that were supervised by the registered manager and contact with staff was maintained on a daily basis. Staff received the guidance they needed in caring for people that may lack capacity to make some decisions for themselves.

People benefitted from regular 'spot checks' carried out by the registered manager to observe and assess if staff were doing their job effectively; for example observing how staff interacted with people and if they used personal protective equipment such as aprons and gloves. One person said, "[Registered manager] makes sure [relative] gets the care [relative] needs. [Registered manager] is very conscientious." A relative said, "We looked for a small agency because we felt [relative] would benefit most from having the same carers coming in. We were not in any way disappointed by the care [relative] received. [Relative] was really happy with them."

Good

Is the service caring?

Our findings

People's dignity was protected by staff. People's personal care support was discreetly managed by staff so that people were treated sensitively. People were treated as individuals that have feelings, especially with regard to having anxieties about needing help in their own home just to manage their daily lives.

People benefitted from receiving care from staff that were friendly. People received their care and support from staff that were compassionate, kind and respectful. Staff were mindful that they were a visitor and they respected people's property.

People said that the staff were familiar with their routines and preferences for the way they liked to have their care provided. People were encouraged to manage as much as they could for themselves so they did not lose their self-respect. One person said, "[Registered manager] often comes out to do the care. [Registered manager] has a lovely attitude. I think they [staff] all do. They all have a nice way about them."

People's privacy was protected. Staff understood the need to respect confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know.

People benefitted from staff taking time to provide the level of support that had been agreed with them or their representative. They were not rushed and staff were mindful that people were individuals with their own feelings and anxieties about having to rely upon receiving support in their own home. One relative said, "They [registered manager] was very good at putting [relative] at ease."

People were reassured by having the encouragement and information they needed to be able to contact the registered manager if they wanted to change some aspect of their service.

Good

Is the service responsive?

Our findings

People benefitted from receiving a service from staff that encouraged them to make choices about how they wished to receive the support they needed to continue living independently. One person said, "They [staff] ask [relative] so [relative] still feels in control."

People's care plans contained information about their likes and dislikes as well as their personal care needs. They contained information about how people communicated as well as their ability to make decisions about their care and support. If people's ability to communicate verbally had been compromised then significant others were consulted so that care plans reflected people's preferences as much as possible. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. Where practicable scheduled support visits were organised to fit in with people's daily routines.

People received a flexible service that adapted to people's changing circumstances, whether on a day-to-day basis or as people's needs changed over time. One relative said, "I can't fault them. They [registered manager] made sure my [relative] was able to live out [relative's] life at home. They were so good at changing the service to fit round [relative] and that made a huge difference."

People knew how to complain or raise concerns about their service or the service provided to their relative. There were appropriate policies and procedures in place for complaints to be dealt with. When we inspected there had been no complaints made. One person said, "If I wasn't happy I'd phone [registered manager]. She'd [registered manager] sort it out. I've got no worries on that score." Another person said, "With a small service like this it gives you confidence that if you're worried you'll get the attention you need. [Registered manager] has always said, 'Just pick up the phone…' I never needed to do that but that's the kind of assurance you look for."

Requires improvement

Is the service well-led?

Our findings

People were not always assured that the records held at the office relating to staff recruitment and quality assurance were consistently fit for purpose. Although there were arrangements for ensuring that records were appropriately formatted to include, for example, information related to recruitment of staff, some staff files were missing an application form and a record that an interview had taken place. Staff had received supervision but verifiable records had not always been kept. The registered manager had carried out regular 'spot checks' at people's homes to monitor the quality of care people received from staff but had not always ensured that a record of their findings was kept for quality monitoring purposes. Although there were copies of training certificates that staff had undertaken, such as moving and handling skills, an 'overview' record of the training status of individual staff within the team had not always been kept up-to-date by the registered manager. The registered manager acknowledged improvements to way in which the content of records were managed in the agency office were needed and that this was a work in progress that has been given priority.

The registered manager had strived to recruit staff that had the 'right attitude' towards caring for older people that wanted to retain their independence. One relative said, "[Registered manager] made it clear that kindness and sensitivity are really important qualities that 'carers' have to have when they apply to work there [for the agency] and that's what [registered manager] looks for before they are 'taken on' to do the job. That's been my [relative's] experience so [registered manager] has managed to do that."

People's care records were fit for purpose and included pertinent information related to people's changing needs. Care records reflected the daily care people received. Records were securely stored in the agency office to ensure confidentiality of information. Policies and procedures to guide staff were in place and had been regularly reviewed and updated when required.

People were assured that the quality of the service provided was monitored and improvements made when required. The registered manager was very approachable and staff were confident that if they witnessed poor practice they could go directly to them and that timely action would be taken. Staff been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC).