

## Gemini Exclusive Care Limited

# Gemini Exclusive Care Ltd

### Inspection report

Regus House, Office 110.6  
Fairbourne Drive, Atterbury  
Milton Keynes  
MK10 9RG

Tel: 01908032685

Website: [www.geminiexclusivecare.co.uk](http://www.geminiexclusivecare.co.uk)

Date of inspection visit:

13 August 2020

14 August 2020

17 August 2020

18 August 2020

20 August 2020

Date of publication:

10 September 2020

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Gemini Exclusive Care Ltd is a domiciliary care service. It is registered to provide personal care to people living 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, 15 people were receiving personal care from the service.

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

This focused inspection was prompted due to a delay in the provider notifying CQC about a safeguarding concern. The provider had raised the concern with the local safeguarding authority but had not raised a safeguarding notification with CQC. Once this was brought to the attention of the provider they promptly sent in the required notification. They said this was due to human error and understood their responsibility to raise safeguarding concerns to the relevant authorities without delay.

Where the provider took on the responsibility to support people to take their medicines, this was provided safely in line with people's individual needs and preferences. The provider said they would ensure clear procedures were in place for people prescribed rescue pack medicines. ('Rescue packs' are antibiotics and oral steroids for people with pre-existing conditions like asthma or chronic obstructive pulmonary disease (COPD). To ensure people received these medicines timely.

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce the risks. People were supported by regular, consistent staff who knew them and their needs well.

Systems were in place to control and prevent the spread of infection including the transmission of COVID-19.

The provider ensured that lessons were learned when things went wrong, so that improvements could be made to the service and the care people received.

People's needs, and choices were assessed before they received a care package. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

Staff supported people to live healthier lives and access healthcare services.

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 at the service supported this practice.

Staff had built up good relationships with the people they provided care to. People and relatives, where appropriate, were involved in the planning of their care and support. People using the service, relatives and staff were encouraged to provide feedback which was analysed and acted upon. People's privacy and dignity was always maintained.

There was a complaints procedure in place and systems to deal with complaints effectively. The service was able to offer care to people at the end of their lives, although at the time of inspection no people required end of life care and support.

The service was well managed. There were systems in place to monitor the quality of the service and appropriate actions and improvements were made to the service when required. People said the registered manager / provider and senior staff team were approachable and provided good leadership. The service worked in partnership with outside agencies.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 14 June 2019).

#### Why we inspected

This was a focused inspection based on information we had received since the last comprehensive inspection.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

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

### **Is the service well-led?**

**Good** ●

The service was well-led.  
Details are in our well-Led findings below.

# Gemini Exclusive Care Ltd

## Detailed findings

### Background to this 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 three inspectors.

#### 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 provider was also the registered manager for the service. This meant they were registered with the Care Quality Commission and are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to obtain the consent from a selection of people using the service to be interviewed over the telephone. We also needed to arrange for a selection of records to be sent to CQC towards the inspection.

The inspection activity started on 13 August 2020 and ended on 20 August 2020. We visited the office location by prior arrangement on the 20 August 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and eight relatives about their experience of the care provided. We spoke with nine members of staff including, care staff, the care co-ordinator and the registered manager / provider.

We reviewed records in relation to safeguarding and complaints, training data and the providers quality assurance records.

# 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 Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- This inspection was prompted due to a delay in the provider notifying CQC about a safeguarding concern. The provider had raised the concern with the local safeguarding authority but had not raised a safeguarding notification with CQC. Once this was brought to the attention of the provider they promptly sent in the required notification. They said this was due to human error and understood their responsibility to raise safeguarding concerns to the relevant authorities without delay.
- The provider kept a record of safeguarding concerns they had raised with the local safeguarding authorities. However, on reviewing the records we found more detail was required. This was discussed during the inspection with the provider and they promptly revised the records to ensure the required details were available.
- People said they felt safe with the staff providing their care, and they received care from a regular staff team. One person said, "I feel totally safe with my carers especially [name of carer], they are great. They are always on time, I can set my clock by it." A relative said, "I've got no concerns about [family members] safety, I know they are in safe hands and being looked after." One person spoke about the attitude of one carer who they felt did not take time in providing their care, which made them feel rushed. With the person's consent we brought their comments to the attention of the provider so they could be fully addressed.
- Staff told us, and records showed they received safeguarding training. They understood how to keep people safe and how to report any safeguarding concerns.

Assessing risk, safety monitoring and management

- Systems were in place to review and update people's risk assessments and care plans involving people, relatives and relevant health care professionals. One person said, "They [staff] are professionals, but also like a friend, they closely monitor my health, if they notice any changes they will get in touch with my GP." A relative said, "The risks were discussed with us as a family." Another relative said, "[Family members] risks have been assessed, hence a new profile bed was purchased as their health and mobility had deteriorated. Adjustments were also made to the layout of the room to make sure the carers had enough space to move around."
- Staff said people's risk assessments and care plans contained enough guidance for them to follow to keep themselves and people safe.

Using medicines safely

- Most people did not require staff to administer their medicines and only needed staff to prompt them to take their medicines. One person said, "[Carer] always reminds me to take my medicines." One relative said their family member was prescribed a rescue pack. 'Rescue packs' are antibiotics and oral steroids for people with pre-existing conditions like asthma or chronic obstructive pulmonary disease (COPD). They

expressed some concerns about their family member not always receiving these medicines in a timely way. They explained this was due to staff having to contact the GP first to obtain authorisation. We brought this concern to the attention of the provider who said they would speak with the relative to discuss further.

- Staff told us, and records showed, they received training in the safe handling of medicines and maintained records of medicines they had administered. The medicines records were routinely audited to ensure they were correctly completed by staff.

#### Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements.

- Staff received training in COVID – 19 and general health and safety infection controls, food hygiene and good hand hygiene practice. One person said, "The staff wear gloves and aprons while they help me wash."

- Staff told us the provider ensured they always had plenty of personal protective equipment (PPE) available. For example, disposable gloves, aprons and hand sanitiser.

- Policies and procedures were in place for reporting infectious illness and staff told us they followed the policy, to minimise the risk of spreading infectious illnesses to the vulnerable people in their care.

#### Learning lessons when things go wrong

- Systems and processes were in place to ensure lessons were learnt. For example, records in relation to safeguarding had been improved to ensure more detail was provided and prompts were put in place to ensure all the relevant authorities were notified of safeguarding concerns without delay.

# 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 Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There had been a delay in the provider notifying CQC about a safeguarding concern they had raised with the local safeguarding authority, but once this was identified the provider immediately submitted the notification to CQC. The systems to record safeguarding concerns had been improved to ensure prompts were in place to ensure any future safeguarding notifications were submitted to CQC without delay.

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

- People said they would recommend the service to others. They said they felt at ease raising any concerns with the provider. One person said, "I have no complaints, I know how to contact the office, they're on speed dial." A relative said, "We have a folder with the care plan, which includes the contact details for the office, it also includes how to make complaints, and has the on-call number and the number for the local authority."

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

- Routine spot checks were carried out, during which people were asked for feedback on the care they received.
- People were asked to complete an annual satisfaction survey and the comments received from people were mainly positive about their experience of using the service. The provider acted to address areas identified for improvement. For example, improving on punctuality and informing people of staff changes.
- Staff said they felt well supported by the provider. They said they felt comfortable to share ideas to further improve the service and address any issues with the provider.

Working in partnership with others

- The provider and staff team worked in partnership with health and social care professionals to make sure people got the support they needed.
- Care plan reviews were carried out involving people's social workers and relatives. One person said, "Someone from the office visited with the social worker to put the care plan together. I've got everything I need." A relative said, "We have a copy of the care plan in the folder. My [family members] care has been

reviewed as the call times were changed at their request to earlier in the morning and evenings only."

- Some relatives said they would like more involvement in the care plan reviews. This was brought to the attention of the provider as an area for their consideration going forward.