

Gemini Exclusive Care Limited

# Gemini Exclusive Care Ltd

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

Gemini Exclusive Care Ltd is a domiciliary care agency who are registered to offer support to adults with; Dementia, Learning disabilities or autistic spectrum disorder, Older People, Physical Disability and Sensory Impairments. They provide personal care to people living in their own homes. Not everyone using Gemini Exclusive Care Ltd received personal care. At the time of our inspection, nine people were receiving personal care.

People's experience of using this service:

People and relatives used phrases such as, "Friendly", "caring", "polite" and "lovely" when describing staff.

People told us staff were reliable and on time and built good relationships with them.

Staff had a good knowledge and understanding of the people using the service and people received care based on their individual assessed needs.

People were treated respectfully and were involved in every decision possible. All care plans had been signed by the person or their representative.

People were listened to and supported to express their views and opinions. A member of staff told us, "We always make sure we give people choices, treat as individuals, and respect different traditions and choices."

The registered manager gained regular feedback from people, relatives and staff via a feedback questionnaire.

The provider ensured safe recruitment processes were completed and all staff completed an induction which included training and shadow shifts, to ensure they had the knowledge and skills to carry out their roles and responsibilities. However not all staff we spoke to fully understood the Mental Capacity Act (MCA), and did not always know if a person lacked capacity. The registered manager agreed to retrain staff on the MCA as required.

Staff and people told us, that staff always ensured people were involved in decisions about their care and staff understood what they needed to do to make sure decisions were taken in people's best interests.

When people needed referring to other health care professionals such as GP's, occupational therapists or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised, or they assisted the person to call themselves.

The provider had safeguarding and whistleblowing systems and policies in place

The registered manager had quality assurance systems in place. Audits were in place which enabled the management team to monitor the service and drive improvements as required. Where improvements were identified actions were put in place to address any issues.

The service met the characteristics for a rating of 'Good' in all five key questions we inspected. Therefore, our overall rating for the service after this inspection was 'Good'; More information is in the full report.

Rating at last inspection:

At the last inspection the service was rated Good. (Report published 27 September 2016).

Why we inspected:

This inspection was a planned inspection

Follow up:

We will continue to monitor this service and plan to inspect in line with our reinspection schedule for services rated Good.

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

## 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 effective?

Good ●

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

### Is the service caring?

Good ●

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

### Is the service responsive?

Good ●

The service was responsive.  
Details are in our Responsive 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

#### 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one inspector.

#### Service and service type:

Gemini Exclusive Care Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using Gemini Exclusive Care Ltd received the regulated activity of personal care; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, nine people were receiving personal care.

The service had a manager 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 visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 4 June 2019 and ended on 5 June 2019. We visited the office location on 4 June 2019 to see the registered manager; and to review care records and policies and procedures. We also visited people in their own homes. We made calls to people, their relatives and staff on 5 June 2019.

#### What we did:

We reviewed information we had received about the service. This included statutory notifications that the

provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We sought feedback from the local authority and other professionals who work with the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During our inspection we spoke with four members of staff including the registered manager, three people using the service, and two relatives.

We reviewed a range of records. This included three people's care records, four staff files around staff recruitment and supervision and the training records for all staff. We also reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding and whistleblowing systems and policies in place which included the contact details of external agencies for people and staff to contact if required.
- Staff had received training on safeguarding adults. Staff had a good understanding of abuse and the actions they should take if they had any concerns that people were at risk.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- People told us they felt safe with staff. A person told us, "I feel very safe with my staff, they are lovely."
- Staff told us they had been trained to use equipment and were supported by management to ensure the proper safe use of equipment.
- Staff told us they felt there was enough information within people's risk assessment to support them appropriately and safely.
- The potential risks to each person's health, safety, environment, mobility and welfare had been identified and people's files contained detailed risk assessments which identified strategies implemented to reduce each risk area.

Staffing and recruitment

- People and relatives used phrases such as, "Friendly", "caring", "polite" and "lovely" when describing staff.
- People told us staff were reliable and on time. People generally received support from the same team of staff which promoted continuity of care. However, when this changed people were not always informed of who would be coming which had impacted on people's anxieties. The registered manager agreed to put a system in place to ensure people were told before new staff attend a call.
- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care.
- There were enough staff to meet the needs of people supported by the service.

Using medicines safely

- People received appropriate support with their medicines.
- We looked at people's medication charts and this evidenced that staff managed medicines consistently and safely.
- People's independence to manage their own medicines was encouraged if safe to do so. Any changes

were made with people's full consent.

- Staff responsible for administering people's medicines told us they received appropriate training, which was updated when required and staff knew what action to take if they made an error. Records we looked at confirmed this.

#### Preventing and controlling infection

- Staff told us they were provided with PPE (personal protective equipment) such as aprons, shoe protectors, gloves and hand sanitiser. To protect staff and people from infection.
- All staff had completed training on infection control and were aware of good practices such as hand washing techniques and use of PPE.
- People told us that staff always used PPE appropriately.

#### Learning lessons when things go wrong

- The provider had an accident and incident policy. This clearly set out the requirements for reporting people's, relatives and staff incidents and accidents.
- Accidents and incidents and complaints were regularly audited to check for trends or patterns and identify learning. These were shared with the staff team.
- In response to a concern raised by a professional regarding staff's notes not being clear enough the registered manager implemented a care planning system which ensured all notes were clear and information was readily available.



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Care files did not have an emergency grab sheet. This document provides healthcare professionals with information about people's individual needs, support with communication and prescribed medicines in the event of an unplanned hospital admission. The registered manager agreed to implement these for people with communication needs or people who live alone.
- When people needed referring to other health care professionals such as GP's, occupational therapists or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised, or they assisted the person to call themselves.
- Within the care plans all communication from healthcare professions had been logged and acted upon.
- The registered manager had implemented a 'pre-discharge from hospital' plan which was completed by staff before a person came home from hospital. This ensured staff had the most up to date information when supporting someone back home from hospital.

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

- When people had a fluid or nutritional need, staff did not document what food was offered or how much was consumed. The registered manager was already considering how to record this information within their care planning system.
- People's food and fluid likes, and dislikes were not recorded in care plans. For example, how people liked their drinks made and if they took milk and sugar in tea/coffee. However, staff were aware of peoples likes and dislikes as they regularly supported them and got to know people well.
- Staff received training on food hygiene and nutrition and hydration and were aware of people's dietary needs and preferences such as vegetarian options and any support people needed.
- People told us they had choice and control over their food preparation and that staff supported them appropriately.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA. We found that it was.

- Not all staff we spoke to fully understood the MCA. Staff and people told us, that they always ensured people were involved in decisions about their care and staff understood what they needed to do to make sure decisions were taken in people's best interests. However, staff did not always know when a person lacked capacity. The registered manager agreed to retrain staff on the MCA as required.
- Care plans were developed with people and we saw that people had agreed with the content and had signed to indicate consent to receive care and treatment.
- Where people could make decisions for themselves records showed they had agreed with the care that was being provided.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us that staff were good and knew what to do. One person said, "My staff know me well, they know where everything in my house is, and where things go." Another person said, "I know my carers and they know me. They are good."
- Staff told us they felt the care plans were detailed and gave them all the information they needed to complete care tasks.
- People were being supported daily to make choices and decisions about their care and support. People and relatives told us they were fully involved in all aspects of their care planning and documentation.
- People had a pre-assessment completed before the service started, this included information on communication, health needs, support needs, emotional wellbeing and expectations of support. The pre-assessment was used to develop people's care plans.

Staff support: induction, training, skills and experience

- All staff completed an induction which included training and shadow shifts, to ensure they had the knowledge and skills to carry out their roles and responsibilities.
- Staff training records confirmed training completed was appropriate to their roles and responsibilities. Additional training was offered to keep up to date with best practice guidelines.
- Staff were confident in their roles and told us their training was "Brilliant" and "really good."
- The registered manager completed competency checks to ensure staff understood the training provided.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that they had good relationships with staff, one person said, "My keyworker knows me so well and what my needs are. [staff name] always makes sure I stop and rest." and "All the staff are friendly and polite, I've never had a staff member who is anything but polite to me." Another person told us, "Staff always chat to me, it would be awful we just sat in silence."
- Relatives also told us that staff were kind, friendly and polite.
- Staff we spoke with had a good knowledge and understanding of the people using the service.
- Care plans detailed people's preferences as to how they liked their care to be and how they wished the staff to communicate with them.
- Staff we spoke with told us about their responsibility to ensure people's rights were upheld and that they were not discriminated against in any way.
- Staff had received equality and diversity training and the provider had an Equality, Diversity and Human Rights policy, which set out how to support people, and staff, from diverse backgrounds.

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

- People were treated respectfully and were involved in every decision possible. All care plans had been signed by the person or their representative.
- People told us they are involved in their care planning. One person said, "My file is here so I can look at it whenever I like, I know what's written about me and I signed to say I agreed with it."
- People were listened to and supported to express their views and opinions. A member of staff told us, "We always make sure we give people choices, treat as individuals, and respect different traditions and choices."
- No one currently required the support of an advocate. An advocate is someone that helps people to speak up about their care. However, the registered manager would support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy, independence and confidentiality was respected. A person told us, "Staff always close the curtains for me, they let me do the things I can do myself and then help me for anything else, they are real carers." Another person said, "They [staff] help me to be independent but don't take over. They always ask me what I want them to do."
- A staff member told us what they do to promote people's privacy, dignity and independence, "I always ask

before carrying out any tasks, I give people privacy if they are using the toilet, close doors and curtains when needed and always let the person do what they can." Another staff member said, "I knock before entering and encourage them to do as much as they are able to first then I help them."

- People and their relatives, where appropriate, were involved in routine reviews of their care.
- We saw personal information was kept in a locked cupboard at the provider's office

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had individualised care plans, which detailed the care and support people needed. Each section of the care plan had an 'objective' set. People were able to set their own goals and targets for any task or need. This ensured all support was person centred.
- The registered manager understood their responsibility to comply with the Accessible Information Standard and could provide information about the service in different formats to meet people's diverse needs.
- People said that staff turned up on time and stayed for the duration of the visit, staff would also stay for longer if required.
- Staff told us the care plans and risk assessments were always updated and that any changes in a person's need was communicated to them immediately.
- Care plans had a, "What's important to me" section which included past and present information including places, events, relationships, hobbies and routines that were important to the person. This supported staff to deliver person centred care for people.

Improving care quality in response to complaints or concerns

- The provider had procedures which outlined their approach to dealing with complaints in the event of one being raised.
- People, relatives and staff knew how to make a complaint. A person told us, "I raised an issue, and [registered manager] looked into it for me. it was dealt with." A staff member said, "When I raised a complaint it was dealt with very quickly"
- Staff told us they could talk to the registered manager about any issues or concerns. One staff member said, "If I had an issue, I would raise it, [registered manager] would listen and sort it."
- We saw evidence of complaints that had been dealt with appropriately and within the specified timeframe.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- The registered manager told us that if anyone required end of life support they would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.

# 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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People received care based on their individual assessed needs. One person told us, "I was involved in my care plan, they [staff] asked what I wanted in it." A staff member said, "If there are any changes required to someone's care plan or risk assessment, I tell the manager and it is changed the same day."
- People's care plans and pre-assessments documented any preferences or cultural needs.
- The registered manager understood their responsibility for reporting any incidents that affected people using the service. Notifying the CQC of these events is important so that we are kept informed and can check that appropriate action had been taken.
- The registered manager understood, and would act on, their duty of candour responsibility. Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive.

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

- We saw evidence of quality audits and spot checks on staff completed for a range of checks, to ensure person-centred care was delivered.
- Staff were clear about their roles and understood what the provider expected from them.
- Planned reviews of people's care were completed regularly with people and their relatives involved.
- The ratings from our previous inspection were displayed so that visitors could see and read our report.
- The registered manager understood their role and shared information with CQC about all aspects of the service including quality performance, risks and regulatory requirements.

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

- Effective systems were in place to ensure all staff were involved in developing the service. They received appropriate training and support for them to keep up to date with best practice guidelines in providing high quality, person-centred care.
- Staff told us they felt supported. One staff said, "If I need anything, I just say and they [registered manager] will take action, I feel very supported."
- The registered manager arranged a staff meeting every other month, within these meetings staff were

encouraged to raise any concerns, queries or suggestions.

- The registered manager gained feedback from people, relatives and staff via a feedback questionnaire which was mostly positive.

Continuous learning and improving care. Working in partnership with others

- The registered manager had quality assurance systems in place. Audits were in place which enabled the management team to monitor the service and drive improvements as required. Where improvements were identified actions were put in place to address any issues.
- The registered manager accessed provider meetings and forums provided by the local authority and used the CQC website, care management publications and updates to keep up to date.
- The registered manager is a member of the Bedfordshire Care Group (BCG). The BCG liaises and works with Bedford Clinical Commissioning Group, Bedford Borough Council, Central Bedfordshire Council as well as other organisations to continuously improve and develop the quality of social care in the area.