

# Gemini Assisted Living Limited

## Head Office

### 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

Head Office provides personal care in a supported living service to people with a range of needs including learning disabilities. At the time of our inspection visit the service was being provided to three people.

Head Office had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

We heard positive views about the service such as, "We have no concerns regarding Gemini Assisted Living - only praise" and "My son has settled well into Gemini Assisted Living which shows how much support he has received through his transition."

People were enabled to live safely; risks to their safety were identified, assessed and appropriate action taken. People's medicines were safely managed. There was a strong emphasis on promoting healthy eating and people's general wellbeing. The provider had identified, and was putting in place, improvements to staff recruitment procedures.

People's individual needs were known to staff who had achieved positive relationships with them. People were treated with kindness, their privacy and dignity was respected and they were supported to maintain their independence and engage in activities. People and their representatives were involved in the planning and review of the support they received.

People were supported by staff who had training and support to maintain their skills and knowledge to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Quality assurance systems were used to improve the service and these included seeking the views of people using the service, their representatives and staff.

## 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.

The provider had identified, and was putting in place, improvements to staff recruitment procedures.

People were protected from the risk of abuse because staff understood how to protect them.

People received consistent support from staff.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills to carry out their roles.

People's rights were protected by the correct use of the Mental Capacity Act (2005).

People's health needs were supported through access to and liaison with healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and kindness.

People's independence was promoted and respected by staff.

People's privacy and dignity was respected.

### Is the service responsive?

Good ●

The service was responsive.

People received individualised care and support.

People were supported to take part in suitable activities.

There were procedures to respond to concerns and complaints.

**Is the service well-led?**

**Good** ●

The service was well-led.

The service set out and followed its aims and values for providing care and support to people.

Quality assurance systems which included the views of people using the service were in place to monitor the quality of care and support provided.

# Head Office

## **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 10 and 18 August 2017 and was the first inspection of the service. We gave the service notice of the inspection because the manager is often out of the office providing support to people and staff. We needed to be sure that they would be there. The inspection was carried out by one inspector. We spoke with the acting manager, the provider's representative and two members of staff. Following our visit to the office on 10 August 2017 we visited people in their homes on 18 August 2017 and spoke with two people and one member of staff. We also received the views of three relatives of people using the service and one social care professional by e mail.

We reviewed records for people using the service and checked records relating to staff recruitment, support and training and the management of the service. 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 also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

# Is the service safe?

## Our findings

Procedures were in place to gather information about the suitability of applicants to posts providing care and support to people using the service. We examined the recruitment documents for four members of staff. We found identity checks and health checks were completed. In addition Disclosure and Barring Service (DBS) checks were carried out before people started work with people. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. If information appeared on a DBS check then this would be subject to a risk assessment to determine if the person was suitable for employment. Any gaps in employment had been checked and the reasons recorded.

The provider had identified improvements were needed to staff recruitment procedures in terms of ensuring information was obtained about applicant's conduct and reason for leaving previous employment providing care and support. These improvements were being put in place at the time of our inspection visit.

People were supported through sufficient levels of consistent staff support. The registered manager explained how the staffing was arranged to meet the needs of people using the service. In particular the consistency of staff was important for people. One member of staff commented "we don't feel understaffed".

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. The provider information return (PIR) stated, "All staff receive safeguarding training to ensure they have comprehensive knowledge of all types of abuse indicators. There is a clear process to report abuse and an easy read document and access to safeguarding numbers." Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and were confident any issues reported would be dealt with correctly. People were protected from financial abuse because there were appropriate systems in place to help support people to manage their money safely. Information about reporting abuse was available for people in a suitable format using pictures, symbols and plain English. Relatives of one person were positive about how a situation was dealt with where one person entered another person's room and refused to leave causing them distress. They told us "(the person) was calmed down and reassured and we were phoned within minutes of it happening."

People had individual risk assessments in place. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a regular basis. These included, accessing the internet and nutrition and cooking. People had personal emergency evacuation plans in place. In addition information had been prepared for use in the event of a person going missing. A plan was in place to deal with any interruption to the service caused by such events as fire, environmental disaster or information system failure.

People's medicines were managed safely. Medicines administration records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts we examined. Individualised protocols were in place for medicines prescribed to be given 'as necessary', for example for anxiety or medicines for asthma. Risk assessments were carried out to determine if people were able to safely

administer some or all of their medicines. Audits were carried out on people's medicines on a weekly basis. A system was in place to respond to any errors with supporting people to take their medicines. This included a record of any actions taken and lessons learnt.

## Is the service effective?

### Our findings

People using the service were supported by staff who had received training suitable for their role. One person told us staff were enthusiastic and commented, "All the staff are at their best at the moment". Records showed staff had received training in such subjects as food safety, emergency first aid and health and safety. Staff also received training specific for the needs of people using the service such as autism and positive behaviour support. They acknowledged they received enough training and induction for their role and told us their training was kept up to date. Staff had also completed the care certificate qualification. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. Staff were also completing further nationally recognised qualifications in social care.

Staff had regular individual and group meetings called supervision sessions with the manager as well as annual performance appraisals. Discussions were held around achievements, goals and the staff members own agenda. The provider information return (PIR) stated, "Staff receive supervisions every 8-12 weeks". Staff we spoke with confirmed they had regular supervision sessions and were positive about the support they received.

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. Assessments had been completed for people of their capacity to consent to receive care and support with medicines and personal care. Staff had received training in the Mental Capacity Act and demonstrated their knowledge of the legislation when we spoke with them.

People were supported to prepare meals and eat a healthy balanced diet. The provider information return (PIR) stated, "We offer support to menu plan, shop, cook, eat according to healthy eating principles. Staff encourage nutritional food and care plans are written and regularly updated to respect preferences, tastes, beliefs or religious requirements." Where assessments indicated the need, care plans detailed how staff should act to support people to eat healthily. People were involved in planning their own menus and shopping for their meals. We saw staff reminded people to choose healthy options during our visit and support one person to prepare a sandwich for a picnic. A pictorial diagram called 'My plate' was also used to remind people about healthy eating choices. People's weight was monitored on a regular basis.

People's healthcare needs were met through regular healthcare appointments where necessary and an annual health check by people's GPs. One person received assessments by a Psychology Team to support them with managing their behaviour. People had health action plans and hospital assessments. These were written in an individualised style and described how people would be best supported to maintain contact with health services or in the event of admission to hospital. Information was available about health issues that may affect people from certain ethnic backgrounds for staff reference. In addition regular communication to staff by the provider's representative ensured staff were kept informed about people's current health needs and appointments.



# Is the service caring?

## Our findings

People were treated with kindness and respect and had developed positive relationships with the staff supporting them. One person told us how well they got on with certain members of staff. We heard positive comments about how staff supported people. We noted how people were comfortable in the presence of staff and how staff were respectful and polite to people. Care plans included information for staff reference on people's preferred names. There was detailed information about how people communicated for example how one person would sometimes refer to themselves in the third person and how another person would communicate non-verbally.

People and their relatives were involved in the planning and review of their care and support. People had monthly meetings with key workers to review the support they received. Key workers are staff allocated to work closely and consistently with people to ensure their individual needs are met. Records showed discussions about progress with goals set, for example one person's goal was to make their own bed. Another person told us about their goal of the month which was to go out and watch trains.

Monthly key worker meetings also reviewed other areas including people's risk assessments, finances and medicines and recorded any comments from the person. A relative of a person using the service told us, "Regular communication between myself, and (the provider) ensured risk assessments and care plans were in-depth and accurate. I was and continue to be involved with all decisions and future plans for my son. Weekly emails and monthly meetings keep me informed about activities, health appointments, financial details, menu planning and day to day events." Information was available if people required the services of an advocate. Advocates are people who provide a service to support people to get their views and wishes heard. One person was using an advocacy service to support them with managing their finances. A folder of information about various subjects related to people's needs was available to people in an accessible format using pictures words and plain English.

People's privacy and dignity was respected. Staff described the actions they would take to preserve people's privacy and dignity. Support plans detailed actions for staff to take to preserve people's privacy and dignity such as knocking on doors before entering rooms and only talking about the person away from other people using the service. People's diverse needs were recognised and met. A relative told us "I am impressed about how they all take the time to understand his cultural needs and identity Afro-Caribbean skin care and learning to cook Jamaican food."

People were supported to maintain and develop their independence. One person went shopping for personal items, people were involved in choosing activities and carrying out household tasks such as recycling, making their bed and laying the table.

People were supported to maintain contact with family members. The Provider Information return (PIR) stated, "An individuals' family and friends are an important part of their lives and should be allowed to visit as and when the service user wishes." One person's support plan stated, "I am able to use the telephone to speak to (relative) but require staff to dial the number."

## Is the service responsive?

### Our findings

People received care and support which was personalised and responsive to their needs. The Provider information return (PIR) stated, "Individuals' needs, wishes and beliefs are paramount to the care we provide. All have individualised care plans, written in conjunction with the individual, their family, staff and professionals. They are tailored to the individual. We are responsive to changing needs." People had support plans with detailed and specific information for staff to follow to support each person. People also had 'one page profiles' these gave important information about a person such as an overview of their support needs and their likes and dislikes and "things that make me happy" for quick staff reference. For example it was important for staff to be aware that one person did not like their routine changed. It was also recorded the person's mental health would benefit from "structure and routine". Another person became distressed when travelling in a car. Detailed information was available to staff to support the person to manage their distress in these situations including the causes and staff interventions in response.

A member of staff acknowledged that all of the three people who received a service had "very different needs". Another member of staff told us personalised care meant "care for that individual, things they prefer such as what they want to wear." One social care professional told us "the service I always found very person centred" and added, "To date this placement is successful and is working well."

People were supported to take part in activities. People had weekly activity schedules which included swimming, art, walks, personal shopping and regular attendance at an activity centre and a disco. We saw a person engaged in a one to one activity with a member of staff. Another person told us how they were able to take part in the activities they enjoyed. People had recently been on a trip to the seaside for a day. A relative of a person using the service commented, "Activities are structured, meaningful and inclusive, a few my son has attended for several years as consistency is an important part of his life. Additional activities have recently been introduced to give him variation and the opportunity to meet new people." and "He enjoys the outdoors and can take part in activities or relax in the quiet garden."

There were arrangements to listen to and respond to any concerns or complaints. The provider information return (PIR) stated, "It is also important for people to understand that they will not be discriminated against if they do choose to make a complaint and that any complaints will be acted upon and effectively." One complaint had been received since the service began. There was a record of the complaint which had been resolved satisfactorily with appropriate action taken. Information about how to make a complaint was available for people in a suitable format using pictures, symbols and plain English. The complaints procedure correctly referred complaints to other agencies if they were dissatisfied with the outcome of any complaint investigated by the provider.

Regular monthly meetings enabled people to express their views about the service. People were asked if they were happy with the service provided. Topics included menus, activities and people's wishes and plans for future activities.

## Is the service well-led?

### Our findings

Head Office had a registered manager in post who had been registered as manager since March 2017. A registered manager is a person who has registered with the Care Quality Commission 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. The registered manager was on leave at the time of our inspection visit and an acting manager was in post. The provider was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred.

The aims of the service as defined in the statement of purpose included "Gemini Assisted Living provides person centred support that recognises and responds to each service user's individual needs and support requirements. We support people who others may see as challenging or complex." One person received support with complex needs relating to using transport. The provider's representative described how the service was striving to support the person and records we viewed confirmed this. The nominated individual described one of the current challenges as "getting enough of the right staff". Current developments included expanding the service to provide support to more people in a second property with an aim of eventually supporting around twelve people.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Staff described the provider's representative as "approachable". Staff were commented on the effectiveness of the 'on-call' system with senior staff available to call outside of normal office hours. One staff member commented, "if you had to ring at three am they would be there" and "If there was a problem it would be dealt with straight away". Minutes of staff meetings demonstrated that staff were kept informed about developments in the service. In addition staff received regular e mail communication from the nominated individual relating to any current issues they needed to be aware of relating to the needs of people using the service.

People benefitted from checks to ensure a consistent service was being provided. The views of people using the service, their relatives and staff were checked with questionnaires. People were asked their views on food, staff, activities and the support they received. Questionnaires had also been sent health and social care professionals. At the time of our inspection visit the provider was awaiting the return of completed questionnaires. Audits were carried out on areas such as people's care plan files, health action plans, staff supervision and accidents and incidents. However due to the service providing support to people for less than a year, some planned annual quality assurance checks were yet to take place.