

Gemini Exclusive Care Limited

St Claire's Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



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

St Claire's Care Centre is a small care home offering residential, dementia and respite care to older adults in one adapted building. The service can support up to five people. At the time of this inspection three people were living at the service.

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

There were sufficient staff to meet people's needs however improvements were needed to staff recruitment files. At the time of our inspection hot water temperatures exceeded safe range, but the registered manager took immediate actions to rectify this. People were supported with their medicines. However medicine stock was not checked often enough to identify any potential medicine errors. After our inspection the registered manager introduced additional medicine stock checks.

People felt safe and enjoyed living at St Claire's Care Centre. People achieved good outcomes and staff supported people to improve the quality of their life. Infection control systems were followed. People were protected against the risks of transmission of COVID19.

Staff received appropriate training to ensure they had the skills to meet people's needs. Staff knew and understood people's support needs well. People were provided with a choice of home cooked meals.

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 in the service supported this practice.

People had access to the healthcare services as and when required. People told us the staff were kind. Staff developed a positive relationship with people. Staff maintained people's privacy and encouraged people to be as independent as possible. Staff worked in a flexible way to meet people's support needs in a person-centred way.

The providers systems and processes monitored the quality of the service. A schedule of audits in key areas was in place, with audits being undertaken by the management team. The registered manager knew people well and were knowledgeable about when and how to make appropriate referrals to other health professionals for advice and support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 30 September 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

St Claire's Care Centre

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. 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

St Claire's Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Claire's Care Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with two people who use the service. We spoke with four members of staff including the registered manager, deputy manager and care workers. We requested feedback from other care workers via emails. We reviewed a range of records. This included two people's support records and medication records. We reviewed four staff records in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed. We observed interactions between staff and people throughout the day.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- We looked at three staff recruitment files held electronically and found some of them to be incomplete. For example, we found one application form was not fully completed with staff's employment history. Additionally, the provider did not keep a record to confirm staff Disclosure and Barring Service (DBS) checks were completed. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager assured us that all staff had their DBS checks prior to commencing their employment. After the inspection the registered manager provided us with the evidence of completed DBS checks and told us they would review and improve their recruitment files.
- People were supported by enough staff to meet their needs.

Assessing risk, safety monitoring and management

- Weekly water checks showed hot water in bathrooms exceeded recommended safe temperature. This put people at risk of scalding. We highlighted that to the registered manager, who took immediate actions and adjusted water mixing valve which reduced the water temperatures to the safe and recommended range.
- Risk relating to people and the environment had been assessed and regularly reviewed. Records confirmed that regular health and safety checks were taking place. For example, for gas, electrical and fire safety.
- Staff knew people well and were aware of how to reduce risks and keep people safe. Some people living at the service required support with their mental health. Staff had clear guidance about how to do this safely and effectively.

Using medicines safely

- People who had been prescribed 'as required' (PRN) medicine had appropriate PRN protocols in place informing staff when to administer the medicine. When PRN medicine was given, a record showed the reason for the administration, however the outcome of the medicine was not always recorded to monitor the effectiveness of it. We discussed this with the registered manager who told us they would speak with all staff responsible for administration of medicine to ensure these records were completed.
- The registered manager completed monthly medicine audits; however, medicine stock was not checked frequently enough to identify any potential medicine errors. After our on-site inspection the registered manager told us they had introduced weekly balance checks to ensure all medicines were counted and checked against recorded balance.
- People's regular medicines were administered, stored and disposed of safely. The provider used electronic medicine administration records (e-MARs). This system prompted staff to give people's their medicine when

it was due.

- Staff had received training on the safe management, administration and storage of medicines and had their medicines competency assessed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safe from avoidable risk of abuse.
- People told us they felt safe at the service. There had been no reported safeguarding incidents.
- Staff were trained in safeguarding and had a good understanding and knowledge about how to keep people safe. Staff knew what to do if they had any concerns or if they were worried about people.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People's physical and emotional needs were well documented including clear records of professional input and outcomes.
- People were supported to achieve positive outcomes about their health and wellbeing. For example, when one person's mental health began to decline, the registered manager informed the health professionals involved in this person's care and as a result changes to medicines were made which made a positive impact to the quality of this person's life.
- The registered manager also made referrals to other relevant professionals as and when required to meet people's needs. These included, General Practitioners (GP), physiotherapists and community psychiatric nurses (CPN's).

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

- People were supported to make decisions and choices about their day to day lives.
- People's needs were assessed prior to moving in or soon after they moved into the service. Information was also gathered from healthcare professionals and other people involved in their care and included information about people's physical and mental health. This information was used to create people's care plans which provided staff with the guidance on how to support people in safe and effective way.

Staff support: induction, training, skills and experience

- The provider ensured staff were suitably inducted, trained and supported to perform their roles.
- Staff confirmed they had the right training to meet people's needs.
- Staff received support to carry out their role. Staff were happy with their day to day support and told us the registered manager and deputy manager was approachable and supportive.

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

- People were supported to have a healthy and varied dietary intake according to their needs, likes and preferences.
- Staff ensured people were involved, as much as they wanted to be, with choosing, planning, preparing meals and tidying after the meals. People were able to choose what they wanted to eat or drink throughout the day.
- We observed two people having their lunch. People clearly enjoyed their meals and accompanying drink.

Adapting service, design, decoration to meet people's needs

- People could choose how and where they wanted to spend their time.
- People lived and were supported in a safe, clean, well equipped, well-furnished and well-maintained environment. There was a stairlift in place and it was available for people with limited mobility.
- Some people had access to the internet in their rooms and were able to watch their favourite shows and channels online. We saw people used all parts of the home freely.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager understood the requirement to apply for DoLS authorisations with the local authority supervisory body when needed.
- People were supported to make decisions and make choices about their day to day lives.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Staff had developed positive relationships with people and knew how to support them well.
- People told us staff were caring and kind. One person said, "Yes, they [staff] are very nice."
- Staff and the management team spoke with kindness and compassion about the people who lived at the service. Staff knew people's needs very well and were kind and caring in their approach with people. They knew what people liked to do and the things that were important in their lives.
- Staff members showed warmth and respect when interacting with people. We saw staff playing a board game with one person. There were very positive interactions and a lot of laughter throughout the game.

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

- People were encouraged to be involved in making decisions about their care.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. For example, English was not the first language for one person and staff had developed effective ways to communicate with them via an online translator. Staff also learnt some simple words and phrases in that person's native language to ease the communication and enable them to make their own choices and decisions.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics for example cultural or religious preferences. The registered manager told us about how they supported one person to find a local place of worship. This person now regularly attended the church on their own.

Respecting and promoting people's privacy, dignity and independence

- Staff were mindful of respecting people's privacy and dignity.
- Staff encouraged people to maintain their independence and to build on their skills. For example, one person was always very keen to help staff with some cleaning tasks around the house and staff encouraged them to participate as much as this was possible.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's needs were assessed before or soon after they moved into the service and a plan of care was developed with the person. Staff knew people well and knew how people preferred their care to be delivered. For example, at the time of our inspection one person wanted to stay in bed and staff respected this wish. Staff regularly checked on that person to make sure they were comfortable and did not need anything.
- People were encouraged to follow their interests and maintain relationships with friends and relatives, where this was important to them. For example, one person went to a local café with their friend each week.
- Resident meetings took place during which people were encouraged to share their experiences of receiving care at the home and were able to give feedback for example, about activities or food.
- Staff knew about people's specific likes and dislikes, hobbies and interests and things that mattered to them, so they could provide person-centred care that was bespoke to everyone.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People who lived at the service were able to communicate with staff and others verbally.
- English was not the first language for one person and staff used alternative communication methods such as online translators to communicate with them on a day to day basis. During a placement review with professionals a paid translator was used to ensure all information was translated and understood by the person. Staff had also used posters written in person's native language to enable better communication.

Improving care quality in response to complaints or concerns

- A complaint policy was in place and systems were in place to receive and act on complaints.
- At the time of the inspection no complaints had been received.

End of life care and support

- At the time of the inspection no one was receiving end of life care. The registered manager told should anyone require end of life care they would work with healthcare professionals, including palliative care specialists and others, to provide a dignified and pain-free death that is as comfortable as possible.

- Staff were able to access training on the subject should they ever need to support people in this area.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management and staff put people's needs and wishes at the heart of everything they did.
- Staff focused on supporting people to achieve good outcomes and quality of life. For example, one person moved into the service from a hospital. Initially the person had to be closely monitored by staff due the risks they were at. After some time, staff had built trusting and effective relationship with this person, and through partnership working with other health professionals this person is now content in their new home and able to access local shops and town centre without any staff support or supervision.
- People using the service were involved in making decisions about the running of the service and encouraged to provide regular feedback on their experience of living at the service to continuously drive improvement. For example during regular monthly 'resident meetings' people were given the opportunity to discuss topics such as menus and meals, activities or maintenance issues at the service.

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

- The registered manager had the skills, knowledge and experience to perform their role and oversight of the service they managed. The deputy home manager had completed a range of 'trainer's training' and was able to deliver training such as management of medicines and moving and handling to staff working at the service.
- The registered manager implemented a range of routine audits for health and safety, the environment, staff training and people's care records ensured continuous monitoring of safety and the care provided. The registered manager was very responsive during our inspection and had taken immediate steps and actioned any concerns or issues we highlighted.
- Staff felt supported by the management. Staff told us the management team were very supportive and always willing to help whenever this was needed. One staff member told us, "Management is absolutely supportive, they always have their phones on so they are accessible, we can always contact them. They are quite local so only 5 minutes away if we need anything."
- The provider had a range of policies and procedures governing how the service needed to be run.

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

- Meetings were also held with people who used the service, and this gave them an opportunity to share any issues they might have or anything they would like to discuss.

- Staff we spoke with were positive about the service provided and confirmed they were well trained and supported in their job roles by the management team. Staff told us that the small size of the service enabled and helped them to ensure people's care was personalised and delivered in accordance with their backgrounds, diversity and expressed views.

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

- Registered providers of health and social care services are required by law to notify CQC of significant events that happen in their services such as allegations of abuse and authorisations to deprive people of their liberty.
- The registered manager ensured all notifications of significant events had been sent to us promptly. This meant we were able to check appropriate actions had been taken to keep people safe and to protect their rights.

Working in partnership with others

- The registered manager and staff worked well with external health and social care professionals. There were various professionals involved with the service such as social workers, occupational therapists, district nurses and other community health services.