

Miss Naomi Clarke

# Care Gems

## Inspection report

Seaton House  
Exminster  
Exeter  
Devon  
EX6 8DB

Tel: 01392920746

Website: [www.care-gems.co.uk](http://www.care-gems.co.uk)

Date of inspection visit:

08 October 2021

13 October 2021

Date of publication:

10 January 2022

## 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

Care Gems is a small domiciliary care agency providing personal care and support to people in their own homes. At the time of the inspection they were providing care and support to 42 people in and around Exminster and the surrounding areas.

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.

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

People were positive about their experience of using Care Gems. People said they were responsive to their needs, were kind and caring and understood individuals' needs. One person commented "I was very poorly at first (when service started) but they were very thorough and couldn't do enough for me. We have tweaked it since I have started recovering, so the service has worked well for me."

Relatives said the service was supportive and communicated well with them. One said "Since we told carers that (name of person) loves music, they make sure they have someone in the room when they are getting her up, washed and ready, so you often hear them singing along or laughing with her, it's nice to hear." Another said "When Mum had a fall, the Lifeline company called me. I called the Out of Hours number and spoke to (name of registered manager) who only lives in the village and despite being 8pm in the evening, she dropped everything and got straight round to Mum's in minutes to wait with her. As I live 25 miles away, I was very grateful and felt she went above and beyond. They really do care about their clients."

There were sufficient staff with the right skills and support to meet the needs of the people the service currently supports. Staff recruitment was robust, and staff undertook an induction process of training and shadowing more experienced staff until they were confident to do the role themselves. Staff confirmed they were supported to do their job safely and effectively. One said "If a client has high needs, then we shadow the person (carer) who has been looking after them until we are confident. I am not worried about asking for help."

Individuals needs were fully assessed prior to a service starting so that risks and preferred routines were included as part of their overall care plan. One relative said "There was a full risk assessment at the beginning before they started coming (to see Mum) and in the six weeks they have been coming, we have had nothing but a good experience. I feel safe in the knowledge that Mum is well looked after, and it has certainly given me peace of mind."

People were supported to take their medicines safely and where needed support was given to help people maintain good nutrition and hydration.

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.

Systems and processes were in place to review the quality of care and support provided. This included seeking the view of people using the service as well as the staff team. Staff said they felt valued and their views were listened to.

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

This service was registered with us on 27 August 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the fact the service had been registered for over 12 months and had not yet been rated.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was safe.

Details are in our safe findings below.

Good ●

### 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 ●

# Care Gems

## 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 Care Act 2014.

#### Inspection team

The inspection was completed by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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 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 short notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 October 2021 and ended on 13 October 2021. We visited the office location on 8 October 2021.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since they had registered with us. We sought feedback from the local authority and professionals who work with the service.

#### During the inspection

We spoke with the registered manager and two senior care workers during the office visit. We spoke with nine staff via phone calls. We spoke with seven people who used the service and three relatives of people using the service also via phone calls. We reviewed three staff recruitment and training files. We also looked at three care plans and associated risk assessments. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly liaise with the service.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and well cared for. Comments included "They always stick to the safety guidelines (PPE) – I feel very safe with them helping me and it keeps me at home." And "I was very poorly at first (when service started) but they were very thorough and couldn't do enough for me. We have tweaked it since I have started recovering, so the service has worked well for me."
- The registered manager understood their responsibilities to report any concerns and had an up to date guide and policy for staff to refer to.
- Staff had safeguarding training as part of their induction process. Staff confirmed this and said they were confident any concerns or alerts would be followed up appropriately.

### Assessing risk, safety monitoring and management

- People were kept safe as the service made sure all risks were assessed, monitored regularly and if needed mitigated with specialist equipment. For example, where risk of moving and handling had been identified risk assessment and care plan information contained what equipment such as standing aid and hoists were to be used to keep the person safe.
- One relative said "There was a full risk assessment at the beginning before they started coming (to see Mum) and in the six weeks they have been coming, we have had nothing but a good experience. I feel safe in the knowledge that Mum is well looked after, and it has certainly given me peace of mind."
- Prior to staff providing care and support the registered manager or senior care worker always completed an environmental risk assessment. This ensured staff were aware of any issues they may need to know when visiting the person. For example, if the pathway was dark, where the key safe was located and who to expect when you visited the home, including any pets.

### Staffing and recruitment

- There were enough staff with the right skills and experience to meet the current needs of people using the service. Some staff said they had worked longer hours than they had been contracted for and this had at times been stressful. The registered manager said they had been covering sickness and holidays, but new staff were recently recruited which should ease the pressure for existing staff.
- Recruitment processes ensured new staff could only start working with vulnerable people once all their checks and references were in place.

### Using medicines safely

- Staff supported people to take their medicines as prescribed. The care plan information contained what medicines people had and what support they needed to ensure they took it.
- Staff had training and support to ensure they completed medicine records to show when they had

supported people with administering their medicines.

- The medicine records were checked as part of an audit process. This was to ensure people were given their medicines correctly and at their prescribed times.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- People and relatives confirmed staff always wore PPE

Learning lessons when things go wrong

- As a new agency quality audits and systems were established and becoming embedded. Meetings and electronic communications enabled staff to share what went well and what did not work so well for each person.

# 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.

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

- People had detailed individualised assessments, care plans and risk assessments in line with best practice guidance. This ensured staff fully understood each person's needs and could deliver care and support safely and effectively. One person said, "I got a good impression from them (service) from the start really. My partner and I chose them (two and a half months ago) because they are local, and it seemed a really good set-up. They were very thorough when they came to see us (initially) and did the risk assessment and made sure that they could fulfill my needs."
- People's preferred routines were carefully detailed in their plan. For example, what was important to them and how staff should honour these so care and support was delivered in a person-centred way.

Staff support: induction, training, skills and experience

- People and relatives felt staff had the right skills to meet their needs. Comments included "I think they (Carers) make a difficult job look easier than it is so they must be well-trained, although they are also nice people."
- Staff confirmed they were supported to complete training and to develop skills. One said, "I joined Care Gems last November after my friend told me about the job. It's my first care job since College and I have my Level three (qualification) and am being supported to take Level four. (Name of registered manager) is very keen for me to work through the Levels." Another said, "I have always been supported with training, but it is online and in your own time, so working long hours doesn't help. I am mid-way through my Level three and will be taking that forward to my new job."
- The registered manager said they were aware training had been online and was looking to have some face to face training in the future.
- New staff had an induction tailored to their individual needs. If staff were new to care they were supported to complete the Care Certificate within a 12-week period. This is a nationally recognised care course covering all aspects of working within care.

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

- People were supported to eat and drink where this had been identified as a need within the person's care plan.
- People's wishes and preferences were honoured. For example, within plans sharing what people liked to eat at each meal and how best to support them.

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

- People's healthcare needs were being met because the service worked in partnership with other health professionals such as the community nurse team
- People and relatives said their support was timely and effective. Some people said they wished for more consistency with who visited them and times but understood that this was not always possible. Others confirmed they had a consistent team of workers who knew them well.

#### 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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- No one using the service was under a Court of Protection authorising any deprivation of liberty for people.
- Staff understood the principles of ensuring consent was gained before care and support was delivered to people
- Staff had some basic training in MCA as part of their induction and more detailed training as part of ongoing training in Levels two and three in care.

# 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

- People said staff were caring, kind and considerate of their individual needs. Comments included "They (Carers) have looked after me three times now and we have developed a tremendous bond with all of them. I look forward to seeing them." Another said "They really are a lovely bunch of people (Carers). It's a pleasure to have them in the house."
- People's equality and diversity were fully respected because staff understood the importance of treating people as individuals. One staff member said "I love the job and it's great getting to know the clients. It's good to see them laugh sometimes as we might be the only people they see." They spoke about how important it was to spend time talking as well as delivering care.

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

- People's views and decisions about their care and how it should be delivered was documented clearly within individual care plans. For example, ensuring staff were aware to allow time to enable a person to choose their own clothes.
- People confirmed staff were inclusive and flexible in their approach. One person said "I like to choose my own clothes, so they (Carers) lay them out for me until I am happy and then stand ready to help me with any bits I get stuck on. My bra is the worst! We have a laugh about that."
- Relatives were equally confident about staff approach being supportive and enabling. One relative said "I was initially concerned at the very young age of some of the carers, but they have built a good rapport with Mum and have proved themselves to be trustworthy. It's given me a new view of young people (generally) as I had previously felt that perhaps they didn't care about older folk, but Mum certainly enjoys their company. They do a good job."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was fully considered when providing personal care. This was because staff received training in this area and understood the importance of ensuring respect and dignity were upheld.
- People's independence was fully promoted. Staff spoke about not rushing people, allowing time for people to do things for themselves where possible.
- The service had received many thank you cards from people and their families which detailed how well they had supported them. Comments included "Your carers are excellent and I would like to thank you for the care and attention."

# 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

- People's care and support was personalised to suit their needs and wishes. This was because the registered manager completed a detailed assessment prior to a service commencing. People's views and wishes were always included as part of this assessment and plans were written in the first person so staff could easily identify what was important to each person.
- People's preferences were documented so staff could ensure these were used to plan and deliver personalised care.
- People were confident their needs and wishes were being considered and that they were given choice and control of how care was delivered. One person said, "They are always willing to sit and chat with me if they have the time and listen to my worries." One relative said "They (service) have been incredibly flexible throughout all Mum's ups and downs. I don't think it could be any more a personal service than it already is."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered. This was because plans included details about people's communication needs, such as if they were hard of hearing a care worker may need to face them and speak up clearly.

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 were supported to maintain contacts and take part in activities of their choice where this was agreed as part of their care plan. Most people's care and support centred on their daily living tasks such as assistance to get up, washed and dressed and help to eat.

Improving care quality in response to complaints or concerns

- People and their families were given a copy of the service complaints process with their welcome pack when the service first began. Since records have become electronic, the registered manager said this information was available online. She acknowledged some people may not have access to or the abilities to use online information. She said she would check with each person and their family and supply a copy for those who needed this information in written format.

- People and relatives felt they could make any concerns known and were confident these would be dealt with. One said "Nobody has ever refused to do anything I have asked them to do, in fact they are always asking if there is anything else I need. I am very happy." Another said, "I have no complaints and if I did I would be happy to discuss them."
- The registered manager said she had had no complaints since starting the service. One or two people had asked for time changes to visits as they wanted an earlier visit time, which they sorted once timeslots became available. She said she welcomed feedback and always asked when she was covering shifts.

#### End of life care and support

- People were supported to remain at home for their final days where this was their wish and packages of care were supported by community nurses. One family sent a thank you card complimenting the staff team on their end of life care. The family wrote "I would like to express our thanks at your care and patience and skills which enabled mum to stay at home for the last weeks of her life."

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

- People benefitted from a culture which was positive and person centred. This was because the registered manager and provider had an inclusive ethos which empowered people families and staff to state their views and be fully involved.
- People and relative confirmed their views were sought. One person said, "It seems that they really care about their clients and are interested to know what we think. Mind you, I have no complaints and find them all kind and very personable, so I'm one of the easier ones (to support) probably." One relative told us, "We have been asked what we think of the service and were happy to confirm everything was going well. We have never had any complaints and would 100 percent recommend."
- Staff said their views were considered and most felt valued for their role. The registered manager said they had recently consulted with staff about a reward scheme for staff. They were asked for their views about what and when staff should be rewarded for. A scheme had been devised on staff views which meant they could achieve a monthly cash bonus based on a set of criteria they needed to meet. The criteria was based on ensuring a person centred approach for people and delivering good quality care and outcomes.
- People's equality characteristics were fully considered when planning and delivering care and support. People's beliefs and cultural needs were sought and fully respected.

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

- The registered manager was also the provider. They took their role seriously and understood their responsibility to act on duty of candour should things go wrong.

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

- People's care and support was reviewed and records audited to ensure risks were being mitigated and quality of care was checked for its person centred approach. For example, quality checks on daily records to ensure staff were writing in a caring and supportive way.
- The management team were clear about their roles and responsibilities. Senior care staff supported the registered manager to review plans risks and monitor the care delivery.

Continuous learning and improving care; Working in partnership with others

- People, relatives and staff all said care outcomes were good and where needed learning was used to

improve care. For example, one family spoke about their family member needing a consistent group of care staff as they struggled with new people and masks.

- Two professionals said the service did work in partnerships to achieve good outcomes for people. One relative said "I take my hat off to the whole team. I don't know how they do it day after day, but its kept Mum at home longer than perhaps she would have been up to now."