

## Gemini Exclusive Care Limited

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### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service well-led?

Requires improvement 

### Overall summary

Gemini Exclusive Care Ltd provides personal care to adults in their own homes, as well as supporting them to access the local community. They currently provide care for nine people in and around the Bedford area.

This inspection was announced and took place on 09 November 2015.

We carried out an unannounced comprehensive inspection of this service on 20 August 2015. Three breaches of legal requirements was found. After the comprehensive inspection, the provider wrote to us to

say what they would do to meet legal requirements in relation to regulation 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gemini Exclusive Care Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The service had a registered manager. A registered manager is a person who has registered with the Care

# Summary of findings

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.

Systems had been introduced to ensure people's medication was managed safely. Comprehensive medication audits had been introduced and staff competency assessments had been carried out. This had led to improvements in the recording of people's medication administration.

Staff had been provided with the training and support that they required to perform their roles. Improvements had been made to the format of staff supervision and there were systems in place to record these accurately.

The registered manager had implemented new quality assurance procedures. These were used to ensure the service was performing effectively and to highlight areas for development. The registered manager was also exploring additional checks and audits, to continue developing the oversight of the service.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

Action had been taken to make the service safe.

New systems had been implemented to improve the recording of people's medication administration.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next comprehensive inspection.

Requires improvement



### Is the service effective?

Action had been taken to make the service effective.

Staff had received the training that they required to complete their role, as well as regular supervision sessions.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next comprehensive inspection.

Requires improvement



### Is the service well-led?

Action had been taken to make the service well-led.

Improvements had been made to quality assurance systems and they had been used to identify areas for development.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next comprehensive inspection.

Requires improvement



# Gemini Exclusive Care Ltd

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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.

We undertook an unannounced focused inspection of Gemini Exclusive Care Ltd on 09 November 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 20 August 2015 inspection had been made. The team inspected the service against three of the five questions we ask about services: is the service safe, is the service effective and is the service well-led. This is because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector.

Before this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received.

We spoke with the registered manager during the inspection and looked at 3 people's care records. We also looked at further records relating to the management of the service, including quality audits in order to ensure that robust quality monitoring systems were in place.

# Is the service safe?

## Our findings

During our inspection on 20 August 2015, we found that people's medicines were not managed appropriately. Medication Administration Records (MAR) had not been completed in full and some medication, for example, 'as required' (PRN) medication, had not been recorded on MAR charts.

This was a breach of regulation 12 (1) (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager about the changes that had been implemented since our previous inspection. They told us that a new medication audit had been introduced, which was completed on a monthly basis. These audits were used to examine medication records to ensure they had been completed in full, as well as identifying areas for improvement within medication systems at the service. We looked at medication audits and found that they had been completed regularly since our last inspection. As a result, Medication Administration

Record (MAR) charts were completed more accurately. In addition, we found that new systems had been introduced as a result of the medication audit being carried out. For example, the audit had highlighted that homely remedy protocols were not recorded in people's files. As a result, these guidelines had been put into each person's care records. Where medication had been handwritten onto MAR charts by staff, two signatures were present to ensure that the information had been entered onto the chart was correct.

The registered manager also told us that they had implemented a new competency check for staff medication administration. They told us they used this to monitor staff as they gave people their medication. They could then highlight any areas which required addressing or any specific training needs that staff may have. We looked at the medication competency checks and saw that they were comprehensive and covered key areas of medication administration. They had been used to look at staff practice and, where appropriate, suggest ways in which they could improve.

# Is the service effective?

## Our findings

During our inspection on 20 August 2015, we found that staff did not receive the training and support that they required to perform their roles. Records showed that staff had received an induction and initial training, however there was no evidence to show that staff had received on-going training or that it was planned. In addition, staff did not always receive a formal supervision. This meant that the registered manager was unable to demonstrate how they supported staff and responded to their concerns, or raised performance issues with members of staff.

This was a breach of regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that staff training had been updated, to include courses which staff had not previously completed, such as food hygiene. They told us that they had also carried out regular staff supervisions, and that these had been recorded separately for each staff member. During these supervisions they discussed staff performance

and any concerns they may have, as well as training or support needs. The registered manager also told us that staff who were at the service for a year or more would receive an annual appraisal, which would include a full training needs analysis, to help them plan training for the year ahead. The registered manager also told us that new staff to the service would be signed up to the Care Certificate, to provide them with a comprehensive induction and highlight areas which require further training.

We saw records which demonstrated that staff had received regular supervision sessions. A supervision matrix was in place to record dates when supervisions took place and these corresponded to each staff member's supervision records. These records were specific and demonstrated that discussions had taken place around performance and training needs, as well as providing staff with an opportunity to raise any issues or concerns. A training matrix was also maintained, which showed that staff training was complete and up-to-date, including food hygiene training.

# Is the service well-led?

## Our findings

During our previous inspection, on 20 August 2015, we found that the service did not have effective systems in place to manage the quality of care provided. The registered manager told us that they completed a number of quality assurance checks and audits to ensure the service delivered high quality care. These included areas such as care plans and personnel files. In addition, they told us that they regularly carried out random spot checks of staff during visits to people's home to ensure they were performing as required. We saw evidence that these systems were in place, however there were areas of the service which did not receive regular oversight or checks. For example, the registered manager was unable to provide us with evidence that they checked or audited people's medication administration. In addition, checks which were carried out, did not always identify areas where improvements were needed, or where the service was not meeting best practice guidelines. For example, care plan reviews did not highlight the lack of protocols for people who had 'as-required' medication provided.

This was a breach of regulation 17(1) (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

During this inspection the registered manager told us that they had worked to introduce more effective quality

assurance systems and procedures. They told us that they had implemented a series of audits and checks, to ensure that key areas, such as medication administration, were being provided safely and appropriately. They told us that these checks were used to ensure staff were meeting the required standards, and to check the information they needed was in place and available to them. We saw that these audits had been put in place and that, as a result, changes and improvements had been made, such as the implementation of homely remedy sheets.

The registered manager also told us that they had improved the systems in place for the recording of staff training and supervision. They told us that improved supervision recording had helped them to identify staff training and development needs, and that planned appraisals would help them to further analyse this. We saw that these systems had been implemented and that staff received more effective support as a result.

The registered manager explained that they planned to maintain the progress in the development of quality assurance systems at the service. They were in the process of developing additional audit tools to support them in their oversight and development of the service. This would include areas such as the strategic and operational performance of the service.