

Gemini Exclusive Care Limited

Gemini Exclusive Care

Inspection report

7 Strixton Manor Business Centre
Strixton
Wellingborough
NN29 7PA

Tel: 01933234938
Website: www.geminiexclusivecare.co.uk

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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

Gemini Exclusive Care is a domiciliary care service providing personal to people in their own homes. 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. At the time of our inspection there were 85 people receiving personal care using the service.

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

People were supported safely by staff. Systems and processes were in place to monitor this. Recruitment procedures ensured that only suitable staff were employed to support people. There were sufficient staff to meet people's needs.

People received the support they required with their medicines. Staff worked consistently within the providers policy and procedure for infection prevention and control. Staff said they had a constant supply of personal protective equipment for use.

People's needs were assessed and reviewed in detail before receiving a service. People's health care needs were documented, and staff knew when to liaise with health care professionals as required. Staff had the knowledge and experience to meet people's needs.

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.

Feedback from people and relatives told us that people were supported with respect and dignity, and they had their independence promoted when required.

Complaints procedures were in place and staff told people how to use them. The providers systems and processes monitored the quality of the service being provided. People's views and were sought through surveys, which were analysed and used to identify where improvements were needed.

The registered manager ensured that checks and audits were in place and used effectively to drive improvements. Staff were supported through ongoing monitoring and good communication. Information was shared with staff to support in the delivery of good quality care .

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

Rating at last inspection and update

The last rating for this service was requires improvement report published 14 February 2020.

The provider completed an action plan after the last inspection to show what they would do and by when to

improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gemini Exclusive Care on our website at www.cqc.org.uk.

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?

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

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 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 December 2022 and ended on 14 December 2022. We visited the location's office on 13 December 2022 and made calls to people and staff on 14 December 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service, and 3 relatives of people who were using the service. We also spoke with 4 staff members, and the registered manager. We looked at multiple documents including care plans, staff recruitment files, audits and risk assessments. The registered manager also sent us supporting documents via email after our office visit.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks associated with people's care, support and environment had been identified and assessed. Records we looked at provided clear guidance for staff on how to manage and reduce any risks present.
- An electronic care planning and risk assessment system was in place, which the provider had implemented over time, and where required, customised to the needs of the people using the service. Staff told us they had access to all relevant documentation, and were not asked to perform any duties they were not trained to do.
- People felt that staff worked in a safe way, and managed risks appropriately.

Staffing and recruitment

At our last inspection staffing was not effectively managed, resulting in inconsistent timings with care calls. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff working at the service to meet people's needs safely. People and relatives told us that staff timings were almost always good, and consistent. One person said, "The timings are good, the staff don't forget anything, and they always ask if there is anything else I need. They even remember to put my Christmas lights on for me." Another person told us, "Our regular carers are excellent, can't fault them, but it does slip a bit when our usual carers are on days off and replacements who are less familiar come in. We do raise it with the office if its ever an issue. But overall we are happy."
- An electronic call log system was in place to ensure management knew where staff were and identify if any calls were not on time.
- Staff were recruited safely. This included ID checks, employment references and work history, and

Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when being supported by staff. All the people and relatives we spoke with said they were comfortable and safe receiving care.
- Staff received training in safeguarding procedures and knew the signs of abuse, and when to report it. A staff member told us, "Anything would be reported to my manager, or to the Care Quality Commission, or local authority if needed."

Using medicines safely

- Systems and processes were in place to support people safely, where required, with their medicines.
- Medicine administration records [MAR] we looked at were completed accurately, and were regularly checked to ensure any mistakes were found and acted upon. An electronic MAR system was in use which ensured everything was documented as required, and any errors were picked up promptly

Preventing and controlling infection

- Systems and processes were in place to protect people from the risk of cross infection.
- Staff had received training in infection control, and told us they had enough personal protective equipment [PPE] to work safely with people.

Learning lessons when things go wrong

- Systems and processes were in place to ensure that accidents and incident were reported on, and followed up appropriately. This included informing external organisations, such as the CQC and the local authority. Staff told us updates were shared with them via supervisions or emails so they could be fully informed, and lessons could be learned.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 received a full assessment of their needs before any care commenced. The registered manager told us the care coordinator team would meet with people and families, to identify people's needs and make sure they could be met. These assessments would form the basis of people's care plans. The registered manager told us the care staff team would then commence care and provide ongoing feedback to management, to ensure that care plans remained accurate and up to date .
- Assessments of people's needs considered protected characteristics as defined under the Equality Act, to ensure there was no discrimination.

Staff support: induction, training, skills and experience

- Staff told us they received a robust induction training package before commencing work, which included basic training courses and spending time with more experienced staff to learn the role and get to know people. Ongoing training was provided and included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were supported with continuous training to ensure their knowledge was up to date. Regular supervisions took place to enable staff to feedback any issues and discuss work.

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

- Many of the people being supported by the service had family members who supported them with all their food and fluid needs, but when required, staff would also support in this area. If required, food and fluid intake was monitored on the electronic care planning system.
- Information around people's preferences with food and drink were contained within care plans.

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

- Most people had the support of families with their healthcare needs, but when required, staff members could support in this area. The registered manager gave us examples of working in partnership with district nurses and occupational therapists to ensure people's changing healthcare needs were met safely.

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.

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.

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.

- People's capacity to make informed decisions were considered, and appropriate assessments had been carried out with people. Staff had been trained in this area and understood the basis of the mental capacity act.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 told us they were treated with respect and care by the staff. One person said, "The staff are brilliant, very caring. A relative of a person receiving care told us "The staff do a first class job with [name]. They are well organised; we couldn't ask for better really." We saw a written compliment sent to the service by a family member which said, 'We owe you so much for all your help, allowing us to keep [name] at home which is where they asked to be.'
- Some people told us that at times, communication with staff was not always easy because of language barriers. One relative of a person using the service said, "It was more tricky at first, as there was a bit of a culture clash with terminology. But we ironed it out and the staff have improved and learnt the best way to interact with [name]. We are happy with the care and support."

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

- Staff understood they needed to involve people and families in their care, and involve people in decision making as much as was possible.
- People and relatives felt well informed and involved in their care. One relative said, "I am usually here when the carers are around. I need a break sometimes though, so when I get back they let me know anything I need to know."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us, "They [staff] help me with my shower on Sundays. They are very respectful with me."
- People's personal information was not shared inappropriately. People's personal information was stored securely at the office location, and within a secure electronic care system. Staff were aware of keeping information safe and data protection.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 received personalised care that met their needs, and care planning documents we reviewed contained some person centred information, such as people's preferences with food, specific care routines, and some basic information about their interests. Some areas of care planning lacked some detail in regard to people's life history, preferences, and likes and dislikes. We discussed this with the registered manager who agreed they would expand upon these areas of information.
- People and relatives we spoke with felt that staff understood their needs well and had good relationships with them. One person told us, "They [staff] know exactly how I like my porridge. I'm very fond of them, we have a good rapport." Another person said, "We get on well and they know me well. We are all on first name terms."
- Staff told us they were able to care for the same people consistently, and therefore get to know the specifics of how they liked to be supported. One staff member said, "I care for the same clients, so I have got to know them well and I understand what they like and don't like."

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.

- The registered manager was aware of the accessible information standard and the requirement to provide information in other formats if and when required. At the time of inspection, there had been no requests or requirements to do this.

Improving care quality in response to complaints or concerns

- Systems and processes were in place to manage complaints effectively, and ensure actions were taken for improvement. We saw that any concerns were reviewed and recorded by the registered manager, with clear actions taken to follow up.
- People we spoke with were aware of the complaints procedure and how to make a complaint. One person told us, "I did complain some time ago about something, and it was sorted quite quickly, it hasn't happened again since."

End of life care and support

- At the time of inspection, there were no people receiving end of life care. The registered manager told us

that should any person's needs change to require this type of care, then appropriate documentation would be formulated to guide it.

- Staff had received training in this area so that if end of life care was required, they would be suitably skilled to support people.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection, systems were either not in place or robust enough to demonstrate the oversight and governance of the service was effectively managed. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection, the registered manager and team had continued to integrate the electronic care planning system, improved quality audits, and continued their learning on regulations and standards within care. We found that systems and checks in place had improved the quality within the service, which was being managed well.
- Staff felt well supported and were confident and clear about their roles. One staff member said, "My manager is very supportive, even with personal matters. I can contact them at any time."
- People and relatives were asked for feedback on their care via questionnaires. We saw the results of these were analysed, and communication sent back to people to inform them on improvements that were required as a result of the feedback.
- The registered manager had systems in place to continually monitor the quality of care that staff were delivering. This included regular supervision, spot checks, and competency monitoring in different areas such as medicines administration, moving and handling, and infection control procedures.
- Most people and staff we spoke with felt heard, were confident that issues and problems were dealt with promptly, and were confident in approaching the management team.

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 aware of the duty of candour, and that if mistakes were made, they had a duty to be open and honest and take any necessary action.
- The registered manager understood information sharing requirements and knew that when concerns were identified, notifications should be sent to the CQC as required by law.

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

Continuous learning and improving care

- Staff told us communication was good within the team and from management. The registered manager told us that team meetings were not usually held as they were not always effective. Instead, regular contact with individual staff and emails kept staff up to date about any changes going on or updates required.
- The registered manager was open and honest about previous quality issues within the service, and was able to clearly demonstrate how lessons had been learned and improvements were made.

Working in partnership with others

- The service worked in partnership with outside agencies including the local authority. We saw collaborative action plans were in place, to continually monitor the service and make improvements as required.