

## Gemini Exclusive Care Limited

# Gemini Exclusive Care

### Inspection report

Tingdene House, 21-24  
Bradfield Road, Finedon Road Industrial Estate  
Wellingborough  
NN8 4HB

Date of inspection visit:  
08 January 2020  
13 January 2020  
14 January 2020

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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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Gemini Exclusive Care is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection 87 people were receiving support with personal care.

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

There was a lack of oversight and governance systems to ensure people received a safe service. Systems that were in place were not implemented effectively and audits had not effectively identified concerns with the service.

Records relating to people's risks and care needs were incomplete and contained misleading information. As a result, staff did not receive all the information and guidance they required to provide care that met people's needs.

Improvements were required to the timing of people's care visits and deployment of staff. Recruitment procedures required strengthening to ensure the provider had the information needed to provide assurance that staff were suitable to work in the service.

Staff had received an induction and training they needed to meet people's needs. However, people felt that some staff were not able to communicate effectively with them and new staff did not always have a good understanding of their needs.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. People's medicines were managed in a safe way.

People were supported to have enough to eat and drink to maintain their health and well-being. People were supported to access relevant health and social care professionals.

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. However, the policies and systems in the service did not support this practice.

People provided positive feedback about the regular staff who provided their care. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

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 the last inspection

This service was registered with us on 07 January 2019, and this is the first inspection.

#### Why we inspected

This was a planned inspection.

#### Enforcement

We have identified breaches in relation to people's risk assessments and care plans, staffing and the governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

### Is the service responsive?

The service was not always responsive.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

**Requires Improvement** ●

# 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 as part of our regulatory functions. This inspection checked 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.

#### Inspection team

This inspection was carried out by two inspectors 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 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 08 January 2020 and ended on 14 January 2020. We visited the office location on 13 and 14 January 2020.

#### 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 the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people at Gemini Exclusive Care.

During this inspection visited two people using the service at home and spoke on the telephone with six people and four relatives. We also spoke with 11 staff, including care staff, a team leader, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at the care records of 10 people including care plans, risk assessments, medicines records and records of care provided. We also examined other records relating to the management and running of the service. These included four staff recruitment files, training records, supervision records, staff rotas and quality monitoring audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and staff supervision data and staff rotas.

# 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 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.

### Assessing risk, safety monitoring and management

- Risk assessments were not consistently developed to provide staff with the information they needed to ensure people's care was provided safely. For example, one person had recently begun receiving support from the provider. Their pre-assessment had identified risks in relation to moving and handling, falls, skin integrity and the environment. The assessments and care plans in place did not provide staff with enough guidance to support the person to mitigate these risks.
- Information in people's care plans was confusing, as historical information was not always removed when no longer relevant. For example, one person's care plan described three different ways in which they were supported to move. We discussed this with the registered manager who confirmed the care plans contained information about people's previous needs.
- Where people used aids and equipment to maintain their health and wellbeing, there was insufficient information to guide staff in how their care should be provided. For example, different types of continence aid.
- Where people's care plans directed staff to record specific information this was not always completed. For example, information about supporting people to reposition, people's skin condition and eating and drinking.
- People received care from regular staff who knew them well. However, the lack of clear, detailed risk assessments and care plans to mitigate risks put people at risk of not receiving safe care when their regular staff were not available.

We found no evidence that people had been harmed however, people's safety was not effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- Some people received their care visits outside of the time that had been agreed and some people's care calls were shorter than the amount of time that had been commissioned.
- We received mixed feedback about the timing and consistency of people's care visits. Feedback from people and their relatives included, "They have too many other clients and so are in and out like a dose of salts. We should have three, half hour visits per day but we have a total of 30-40 minutes. It's like beat the clock. At night it takes them less than 10 minutes to put [person's name] to bed, they [staff] don't always wash [family member]." And, "Carers are due at 8.00am but sometimes can be as late as 9.30am which impacts on my commode use. The regular carers are on time, it's the relief staff who can be late."
- The system to monitor care visits to ensure people received their visits as agreed was not used effectively.

We reviewed call monitoring records for the seven days prior to the inspection and saw that on many occasions people's care visits did not occur at the time planned, or for the commissioned duration. Due to the lack of consistency regarding call times there was a risk that staff would not provide care in a way that met people's needs.

- The provider had not always ensured all people were kept informed of which staff would be attending their care visits and at what time, as only people with access to email were provided with a staff rota. People told us they would like to have a rota provided, so they knew which staff would be delivering their care when their regular staff were not available.

We found no evidence that people had been harmed however, staffing was not effectively managed. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recruitment processes needed to be strengthened and care taken to ensure these consistently provided assurance that staff were suitable to work in the service. Employment references had not been verified to ensure the person providing the reference had the authority to do so on behalf of the previous employer.
- We saw inconsistencies in the information given about employment history by prospective staff at interview and what was recorded on their application form. For example, one person referred to working for a fast food provider but there was no record of this job on their application form.
- Criminal records checks were carried out before staff were allowed to work with people.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and report any concerns about poor care or ill treatment within the organisation and were confident these would be addressed. However, not all staff were aware of the role of the local authority in monitoring and investigating safeguarding concerns. We reviewed the safeguarding policy and saw that the details of the safeguarding authority were not recorded. The provider was aware of this and had made arrangements for this to be added to the policy at the next review date which was imminent.
- The provider reported safeguarding concerns to the relevant authorities including the local safeguarding team. They had carried out investigations into safeguarding concerns as required by the local authority, although the records of these investigations would benefit from more detail.
- Staff received training in safeguarding of vulnerable adults.

Using medicines safely

- Where the service was responsible, medicine systems were organised. The provider was following safe protocols for the administration and recording of medicines. One person said, "I'm happy they know what they are doing with my medication, I would know if they got them wrong."
- Staff had received training in safe handling of medicines and their competencies were tested regularly.
- Regular audits were carried out to ensure correct procedures were followed by staff and any action required was promptly identified.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. All the people we spoke with told us that staff worked in a hygienic way and wore disposable gloves and aprons when providing support with personal care.
- Staff training in infection control was regularly refreshed and there was a policy and procedure in place



which staff could access.

#### Learning lessons when things go wrong

- The management team reviewed incidents and used feedback from people and staff, to improve safety across the service.
- The registered manager had an action plan in place and were working with the local authority to make improvements to the service.

# 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 Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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.

- The system for recording people's mental capacity and any decisions made in their best interest required improvement. Mental capacity assessments had taken place where there were concerns about people's ability to make their own decisions. However, where it was deemed people lacked capacity, best interest decisions had not always been recorded. The provider was aware that this was an area that required development and was working with staff to implement recorded best interest decisions where people lacked capacity.
- One person's care record was not clear whether they had mental capacity to consent to their care. Several people's care records did not identify on what basis their relatives had signed consent to care and were involved in discussions about their care.
- Staff had received training in mental capacity, knew people well and understood the need to seek people's consent when delivering their care. Staff were able to describe the various ways people communicated their wishes.

Staff support: induction, training, skills and experience

- All the people we spoke with told us they were happy with the competency and skill of their regular staff and that their needs were met appropriately. However, some people told us that when their regular staff were not available, the staff who replaced them did not appear as skilled and they had difficulty communicating due to a language barrier. Feedback included, "One or two are a bit dodgy, I have to tell them too much what they need to do. It's the staff who don't come very often." And, "The carers know what to do. They are [Nationality] and can be hard to understand at times. They are very courteous despite the

language barrier." And, "There are no English carers, mainly [Nationality] and some [Nationality] and [Nationality]. The new ones are quite good but sometimes I understand them and sometimes I don't."

- Staff were happy with the training and support they received. One member of staff said, "I've done training in moving and handling, medication and infection control, moving and handling was a practical course."
- New staff undertook an induction and staff new to care completed training in line with the Care Certificate. The Care Certificate is a set of standards that ensure staff new to care receive appropriate induction and training.
- Mandatory training included equality and diversity, health and safety and fluids and hydration. Staff also received training to meet people's specific needs, for example training in dementia care and learning disability.
- Staff were supported through regular supervisions and 'spot check' visits to observe their practice.

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

- People's needs were fully assessed before any care was agreed and delivered. The provider used information from the local authority who were commissioning the support and a member of the management team visited the person and their family to discuss their needs and expectations of the service. One person said, "A [staff's gender] from Gemini came out to discuss my package with me and they worked with the other company for my transfer."
- The provider used recognised good practice and guidance to ensure that people's care was provided appropriately. For example; people's assessments were based on recognised assessment tools and the findings of these were used to ensure people were provided with appropriate care.
- Support plans were implemented based on the findings of the assessment. However, these were not always created in a timely manner. This was discussed with the provider, they recognised the need to ensure comprehensive care plans and risk assessments were in place to guide staff in providing people's care.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff supported some people with their meals. People had nutritional care plans in place setting out their likes and dislikes and whether any cultural needs or other factors affected what they ate. One person said, "The carers always ask what I would like to eat. They're all ok in the kitchen and know what they're doing."
- Information was recorded in care plans as to what support people required in relation to eating and drinking. Where people were at risk of weight loss this was identified, and information provided to staff to support them to maintain a nutritious, balanced diet.

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

- Staff worked with other professionals to ensure people received support to meet their health needs.
- Staff knew people well and were vigilant to changes in their health. One person's relative said, "Once [person's name] was poorly when the carers were here. They stayed until the ambulance came and it kept [person's name] calm. I also felt supported by them."

# 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 were well cared for and told us staff were kind and helpful. Most of the feedback we received from people was positive about the care they received. One person said, "We are very pleased with the carers, they are pleasant, caring and very good. We like all the Gemini people." Another person's relative told us, "They are very pleasant and polite. Happy and never down. They speak to [person's name] and say who they are. [Person's name] knows their voices and is relaxed."
- People were supported by a regular team of staff which ensured consistent care. One person said, "[Staff name] is one of the best you can get. They [staff] roll me and I have to put a lot of faith in them and they've never let me down. They are gentle." Another person's relative said, "The carers are very patient. They understand the needs of [person's name]. It is mostly the same team and they just get on with it. It works for us and we are impressed with them. It comes down to trust and we trust them."
- We saw that consideration was given to whether staff were best suited to support people taking into account people's cultural backgrounds and preferences. We saw people were asked whether they preferred a male or female carer as part of the assessment process. People told us their wishes were respected.
- Care plans detailed people's preferences as to how they liked their care to be delivered and included information on each person's religion, culture and social needs.

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

- People and relatives said they were involved in the planning of their care. One person said, "The care plan was set up with me."
- The registered manager and staff understood the importance of involving people in decision making. We saw that meetings were held with people and their relatives when their wishes or needs changed.
- No one currently required the support of an advocate. However, the management team were able to support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and their dignity maintained. One person's relative said, "They [staff] treat [person's name] with respect, covering them with a towel when moving them and closing the curtains."
- People told us they were encouraged to do what they could for themselves to maintain their independence. One person told us, "I have practised a lot of walking with them [staff] and they have encouraged me with my exercises."
- People's personal information was kept securely, and confidentiality maintained.

# 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 Requires Improvement: This meant people's needs were not always met.

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 care plans did not contain sufficient information regarding how risks to their health and wellbeing should be managed. For example, one person was living with dementia and their care plan recorded they may refuse care, meals, drinks, and medicines, and were at risk of self-neglect. However, their care plan did not provide staff with clear guidance on how best to support and respond to the person's needs. It was recorded in the person's care notes they often refused care.
- The provider had recognised that care plans were not person centred and did not fully reflect people's needs. Senior staff were in the process of reviewing all care plans.
- People told us they mostly received personalised care from staff that knew them well and responded to their needs. One person said, "The staff understand about my [health condition]. They know what I can do and help where I can't. They always wait to see if I can move my [part of body] myself but if I can't they help."

### 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 care plans contained basic information about people's communication needs. The management team confirmed that no one currently using the service required information in an accessible format. However, support would be provided if needed.

### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. However, records did not provide a clear account of the action taken in response to complaints people had made.
- From the records available it was not always possible to understand what action had been taken to investigate the complaint or whether the complaint had been upheld and the outcome communicated to the complainant.
- The provider's complaints policy required detailed information to be recorded. There was a form available for completion to demonstrate the provider's policy had been adhered to, this had not been completed for any of the complaints reviewed during the inspection.

### End of life care and support

- Although the service was not providing end of life care at the time of inspection, this was something they had provided to people when needed.
- Staff had not received training in end of life care.
- People had not been given the opportunity to record what was important to them at end of life. The registered manager was aware of this and planned to develop end of life care planning for people.
- Where people had a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) form in place, this information was accessible to staff. A DNACPR order informs health and social care staff that a person with capacity has expressed a clear wish not to be given cardio-pulmonary resuscitation.

# 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 Requires Improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's systems and processes for the management and oversight of the service had not been consistently implemented. The electronic call monitoring system gave the management team the ability to monitor people's calls and act where needed. However, this was not being used effectively and people received calls outside of the agreed times and staff did not stay for the time allocated. We saw people had raised concerns about the timing of their care calls at the quality survey in May 2019.
- Staff were working very long days with only short breaks and very few days off to rest. There was a risk that this would affect their ability to provide people's care effectively and would be difficult to cover if staff were unavailable at short notice. One person told us, "The carers themselves are conscientious but they have around 26 calls spread across a wide area. The management set the bar too high for them and their schedules need looking at. At holiday time it's bedlam and not enough cover."
- Quality assurance systems had not always resulted in timely improvements to the service. The provider had recognised that risk assessments and care plans did not always provide staff with information to promote people's safety and wellbeing and was reviewing all care plans and risk assessments, however inconsistent information continued to be available to staff. The management team checked the records of care provided to people. However, the system used had not resulted in improvements to the detail and quality of the information staff recorded.
- The system in place for staff recruitment had not ensured safe recruitment practice was consistently followed.
- Systems to maintain compliance with the Mental Capacity Act (MCA) 2005 required strengthening. Where needed people's capacity to consent was assessed, however assessments required more detail. Where people were assessed as lacking capacity best interest decisions had not always been recorded.
- The system in place to train, monitor and supervise staff had not ensured all staff were able to communicate effectively with people.
- The policy in place for complaints management had not ensured there was always a clear record of complaint investigations and the action taken by the provider was not always clear.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate the oversight and governance of the service was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Some audits had resulted in sufficient oversight and action in response to concerns. For example, medicines audits were undertaken regularly and where concerns were identified an action plan was implemented to ensure improvements were made.

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 requirements under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.
- Staff knew how to 'whistle-blow' and knew how to raise concerns with the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care;

- The provider and registered manager recognised that improvements were needed and had begun to take the action needed to improve the service. For example, in relation to people's mental capacity assessments, care plans and risk assessments.
- In response to an incident the provider had reviewed the electronic staff monitoring system. A new system was being implemented that would enable them to effectively monitor that staff were clocking in for people's care visits.
- The provider held regular staff meetings. Minutes of these meetings showed that staff were asked to contribute to discussions about any concerns with the service, health and safety and changes to policy.

Working in partnership with others

- At the time of the inspection the provider was working with commissioners to make improvements to the service.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Records relating to people's risks and care needs were incomplete and contained misleading information.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There was a lack of oversight and governance systems to ensure people received a safe service. Systems that were in place were not implemented effectively and audits had not effectively identified concerns with the service.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Improvements were required to the timing of people's care visits and deployment of staff.