

Gemini Exclusive Care Limited

Gemini Exclusive Care Mansfield

Inspection report

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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

About the service

Gemini Exclusive Care Mansfield is a domiciliary care service which provides personal care to adults with a range of support needs in their own homes. At the time of this inspection the service was supporting 46 people.

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

Safe procedures were in place to make sure people received their medicines as prescribed. There were enough staff available to ensure people's care and support needs were met in a timely way. The provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background.

Staff were provided with an effective induction and relevant training to make sure they had the right skills and knowledge for their role. Staff were supported in their jobs. Staff understood the requirements of the Mental Capacity Act 2005. 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.

Positive and supportive relationships had been developed between people and staff. People and their relatives told us staff were caring and they were treated with dignity and respect.

People's care and support was planned and delivered in a way that ensured it met their needs and reflected their preferences. The care records we looked at included risk assessments. We saw people's care records were regularly reviewed with the person.

There were effective systems in place to monitor and improve the quality of the service provided. People, their relatives and staff told us the registered manager and care coordinator were supportive and approachable. One person told us, "They [Gemini Exclusive Care Mansfield] are only small, but they are first class, I would give them 6 stars [out of 5], not 5."

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

Rating at last inspection

This service was registered with us on 24/07/18 and this is the first inspection.

Why we inspected

This was a planned inspection.

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 ●

Gemini Exclusive Care Mansfield

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and one assistant 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. It provides a service to adults with a range of support needs, including people living with dementia and people with a physical disability.

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 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 30 September 2019 and ended on 2 October 2019. We visited the office location on 1 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with six people who used the service and three of their relatives. We met with the registered manager and care coordinator. We spoke with five members of care staff. We spent time looking at written records, which included five people's care record, four staff personnel files and other records relating to the management of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found during the inspection.

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 told us they felt the service they received from Gemini Exclusive Care Mansfield was safe. A relative told us, "I feel [name of relative] is safe."
- Staff knew how to protect people from abuse. Staff told us they had received training in safeguarding adults from abuse. They were able to tell us what possible signs of abuse could look like. They were confident any concerns they raised with management would be taken seriously and dealt with appropriately.
- The registered manager kept a record of all safeguarding concerns they had reported to the local authority. This included action taken in response to the concerns, a record of any investigations and the outcomes, where known.
- Staff were aware of how to report any unsafe practice. We saw the provider had safeguarding and whistleblowing policies and procedures. Staff we spoke with were familiar with these policies and procedures.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were systems in place to help staff keep people safe. Incident and accident forms were completed electronically at the time by the member of staff, the majority of which were falls. The registered manager kept a record of every accident and incident and any action taken. This enabled them to keep an overview and identify any trends. A record was also kept on the person's care record.
- We case tracked a person who had recently had a fall at home. They had been referred for an occupational therapy assessment and their risk assessment had been updated accordingly.
- All the care records we looked at contained risk assessments. The assessments contained information for staff on how to reduce any identified risks to the person. For example, a person had been identified as high risk of choking. The risk assessment included guidance for staff and strategies on how to reduce risk such as giving the person plenty of time to eat and to use a smaller spoon to reduce mouthful size.
- People's care records also included environmental risk assessments which identified any possible risks to care workers in the person's home.

Staffing and recruitment

- We checked four staff personnel files and found each file contained proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. This helped to ensure people employed were of good character. However, not every file contained references to confirm the applicant's suitability in previous relevant employment. After the inspection the registered manager sent us the additional information we needed to confirm recruitment procedures were safe.

- There were enough staff deployed to meet people's needs in a timely way. People who used the service told us staff arrived on time and stayed the full amount of time allocated to each call. People told us, "They [staff] come on time from this company. They never send two [care workers] together that's not been before" and "They [staff] are on time. They do a 15-minute call to give the time critical medication."
- The registered manager told us they would contact a representative of the organisation funding the person's care if they thought more time was needed to meet the person's care and support needs.

Using medicines safely

- Medicines were managed safely. Care staff we spoke with confirmed they had received training in medicines administration. We saw there were regular checks undertaken by the registered manager and care coordinator of their ongoing competency in this area.
- We looked at the Medication Administration Records (MARs) for some people who had been assessed as requiring support to manage their medicines. All the MARs we looked at had been properly completed in line with the provider's own policies and procedures. We saw completed MARs were regularly audited and any issues were followed up with the member of staff concerned.
- The provider had medicines policies and procedures, covering all aspects of safe medicines management.

Preventing and controlling infection

- People receiving support and their relatives did not have any concerns about infection control. They confirmed care workers always used personal protective equipment (PPE), such as plastic aprons and gloves appropriately.
- The registered manager told us supplies of PPE were available to staff to take from the office. Staff confirmed they were provided with PPE to use when supporting people in line with infection control procedures.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support they needed to undertake their jobs effectively. Staff told us they had an induction to their jobs which included training and shadowing more experienced members of staff before working on their own.
- Staff received ongoing training. This was via a mix of classroom based and electronic learning. The registered manager kept a record of all staff training and we saw this was up to date.
- Ongoing support was provided to staff through supervision and appraisals. We saw records of supervisions taking place. We saw plans were in place for staff to have an appraisal when they had been employed at the service for a year. Staff we spoke with told us they had regular supervisions and felt supported by the registered manager. A member of staff told us, "[Name of registered manager] is the best manager I have ever worked for. They have been supportive from day one."

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

- People were supported with meal preparation, eating and drinking, if required. People's nutritional needs and preferences were documented on their care records and guidance was available to staff on how to encourage people to eat and drink.

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

- People were supported to access on-going health and social care support services, such as GPs and social workers. Professional's contact details were included in people's care records.
- The registered manager worked with the local authority to ensure they could meet people's needs before providing a care and support package.

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

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.

We checked whether the service was working within the principles of the MCA.

- We found the registered manager and care staff were working within the principles of the MCA.
- Staff had received training on the MCA. The staff we spoke with had a good understanding of capacity and consent.
- We saw people, or their representative had signed their consent to receive care and support from the provider on their care records.
- The registered manager told us they would visit people at home to assess their care and support needs to ensure they could provide an appropriate service. We saw records of people's pre-assessments on their care records.

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 told us they were treated well by all the staff. Comments from people included, "They [staff] look after us, we put the kettle on and we have a bit of chit chat", "[Staff are] ever so good. Overall, we're satisfied with what they're doing", "They [staff] are friendly and kind" and "The carers that have come have been brilliant."
- People's relatives told us of incidents when staff had gone out of their way to ensure they were well supported. For example, one relative told us, "They [staff] rang me to see how my [relative] was when they were in hospital. We were both poorly at the time and they rang a couple of times to check how we were."
- Staff told us they enjoyed working at Gemini Exclusive Care Mansfield and would recommend the service to a loved one if they need this type of care and support.
- The provider complied with the Equality Act 2010. This meant people were not treated unfairly because of any characteristics that are protected under the legislation, such as age and gender

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us the staff treated them with respect and promoted their independence where possible. One person told us, "I tend to do as much as I can and then ask when I can't. Staff respect this." A relative said, "A few years ago, I couldn't get [relative] in the shower at all. Now they [staff] take [relative] upstairs and do a shower. Relative always said they didn't want anyone in house, yet now they are not embarrassed."
- Staff clearly knew people and their likes and dislikes very well. Staff spoke respectfully about the people they supported. One person told us, "Everything's going fine for me, all my carers they look after me, the girl I've got now she's been taking care of me for a while, she knows everything."
- Staff were able to tell us what it meant to treat people with dignity and respect. They told us this was covered as part of their training.
- People told us they were involved in devising their initial care plan and this was regularly reviewed. The care coordinator told us an initial review was undertaken within three months of the service starting and then every six months thereafter, sooner if people's needs changed. We saw evidence of reviews taking place on people's care records.

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 meet people's needs, preferences, interests and give them choice and control; 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

- The care records we looked at contained person centred information to enable staff to provide personalised care.
- The care records also held information on the person's current health and support needs, such as nutrition and hydration, and personal care. This included clear information for staff on how best to support the person to meet these needs.
- Where appropriate people who used the service were supported and encouraged by care staff to undertake activities and maintain their social relationships to promote their wellbeing.
- At each visit staff completed an electronic record. This included the date, time and length of the visit and a summary of the support given. We saw these electronic records were regularly audited. Any issues found were recorded and discussed with the member of staff concerned.
- People confirmed they usually saw the same group of staff. A relative told us, "We have had the same staff in the morning since the beginning, not the same every night, but the same group of staff. We don't need a rota in advance as it is always the same group of staff."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. It gave addresses and telephone numbers of who to contact to make a complaint and who to contact if people were unhappy with the original response. We saw this information was available to people in the provider's service user guide.
- People told us they knew how to make a complaint and they would inform the registered manager or care coordinator. Comments included, "The managers have corrected any concerns straight away, really prompt. Recently they had a few carers call in sick, they were very apologetic and covered my calls as soon as possible. I was really pleased", "They [registered manager] did stress to me if you have any concerns or anything to impact your care, the main important thing is they say, vocalise it, if you're uncomfortable with someone raise it with someone else, if not go to CQC, we will do everything we can to rectify it" and "[I have] no concerns, everything is normal or better than normal."
- We saw three concerns had been raised about the service. The registered manager had kept a record of these. In all cases they had been investigated and responded to.

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.

- The registered manager told us information would be made available to people in a format they could understand, if required. For example, the font size on people's care records could be increased.

End of life care and support

- The service was not currently caring for any people who were at the end of their life. However, the registered manager told us staff would receive training and support with this, if required in the future.

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; 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 service was well managed. People told us, "They [staff] aren't in it for themselves they are in it for the care, they blew me away. They are very open and honest and correct any mistakes that may be made. They give me the confidence for me to say I trust you" and "There's two people I have full contact with [names of registered manager and care coordinator]. They liaise with each other as well, they know what is happening, they know what they are doing and what they are talking about."
- The registered manager and care coordinator continued to directly provide care and support to people in their own homes. People, their relatives and staff told us they appreciated this. A relative said, "It's a real boost when the [registered] manager comes out to provide care. They get to see what's going on, on the ground."
- We saw lots of compliments had been sent to the registered manager from past and present users of the service. The registered manager kept a record of all of them and some thank you cards were displayed in the office. We saw the registered manager took action to thank the staff when compliments were received. For example, we saw an email to all staff thanking them for their hard work.
- The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. Evidence gathered prior to the inspection confirmed that a number of notifications had been received.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. These were available to staff in the office and online. However, they were not dated so it was not clear whether they reflected current legislation and good practice guidance. We spoke with the registered manager about this who agreed to rectify this issue.
- We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw there were systems in place to ensure care records including whether times and length of visits were consistent with the person's care plan were regularly audited. Remedial action was taken when necessary.
- The registered manager and care coordinator undertook home visits to observe staff competencies in

medicines management and providing safe care. We saw where actions had been identified these were shared with staff to improve their practice. For example, we saw an email was sent to all staff reminding them of the correct codes to use when recording whether people had taken their 'when required' (PRN) medicines.

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

- The registered manager told us they held a staff team meeting approximately every six months. We saw records of these meetings taking place. They included an attendance register and a copy of the minutes were emailed to all staff. Staff told us they had regular meetings and could contact the registered manager and care coordinator anytime if they had anything they wanted to discuss.
- The registered manager told us there were systems in place to ensure each person using the service had a quality check four times a year. These were mainly completed over the telephone, however at least one a year needed to be completed with the person in their own home. We saw records of these checks taking place.
- The provider was also planning to send a questionnaire out to people, their relatives and staff to gain their views of the service.

Working in partnership with others

- The registered manager told us they worked with other care providers in the area and the local authority to ensure local people received a service from the provider best placed to meet their needs.