

Gemini Exclusive Care Limited

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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

This inspection took place on 12 and 14 September 2016, with an announced visit to the service.

Gemini Exclusive Care provides people with personal care in their own homes in Bedford. They provide care to older people, as well as people with physical disabilities. When we inspected the service they were providing care to 18 people.

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

People felt safe when they received care from the service and staff worked to protect them from harm or abuse. There were systems to identify potential risks to people, and to put steps in place to help staff manage those risks effectively. Staffing levels were consistent and sufficient to meet people's needs without the need for agency staff. Background checks and references were completed for all staff members to ensure they were of good character and suitable for their roles.

Staff were given the training and support they needed to equip them with the skills and knowledge required to meet people's needs. Staff received regular supervision and were able to discuss any concerns they had. People's consent to their care and support was sought and there were systems in place to help make best interest decisions if people lacked mental capacity. Staff supported people to maintain a healthy and balanced diet and helped them to see healthcare professionals if necessary.

People were treated with kindness and compassion by staff members. Staff worked to build strong relationships with people and their family members, which helped them to deliver people's care in the way they wanted. Information about people's care and the service was available to them and their family members and they were involved in planning their own care. Staff members treated people with respect and made sure their privacy and dignity was upheld.

Person-centred care was given, which ensured people received care and support which took their specific needs and preferences into account. Initial assessments were carried out to identify people's needs and care plans were updated on a regular basis to ensure they were accurate. Feedback from people was encouraged, as were compliments and complaints, to help the provider develop the service.

There was a positive and open culture at the service. People were happy with the care they received from members of staff and felt that there had been positive developments at the service. Staff were aware of their roles and responsibilities and were motivated to work with people and meet their needs. The manager had been newly appointed and was positive about the service and the direction they wanted to take it in. They were aware of their statutory requirements and had systems in place to oversee the service and identify

areas for development.

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.

People's safety was well managed by staff that were knowledgeable about safeguarding procedures, and knew how to report suspected abuse.

There were systems in place to assess and manage risks, with control measures implemented to reduce the impact of identified risks.

There were enough staff members to meet people's needs and staff recruitment was conducted in a safe and robust fashion.

If required, staff supported people to take their medication and completed appropriate records to demonstrate this.

Is the service effective?

Good ●

The service was effective.

Staff members received regular training and supervision to equip them with the knowledge and skills they needed to perform their roles.

People's consent to their care had been sought and documented. If people lacked the mental capacity to agree to their care, there were systems in place to act in their best interests, in accordance with the Mental Capacity Act 2005.

If required, staff supported people to maintain a healthy and nutritious diet.

Staff also supported people to make and attend appointments with their health care professionals where necessary.

Is the service caring?

Good ●

The service was caring.

There were positive relationships between people and members of staff. Staff treated people with kindness and compassion.

People were involved in their care and were provided with information about the care package and the service itself.

Staff members respected people's privacy and treated them with dignity.

Is the service responsive?

Good ●

The service was responsive.

People received person-centred care which was sensitive to their individual needs, wishes and preferences.

Care plans were reviewed on a regular basis to ensure they were accurate and a reflection of people's current care needs.

Feedback and complaints from people and their family members was welcomed by the service and used to help drive improvements.

Is the service well-led?

Good ●

The service was well-led.

There was an open and positive culture at the service. People were happy with the care that they received and staff were motivated.

There was a registered manager in post at the service who understood their statutory obligations in respect of the Care Quality Commission.

Audits and quality assurance processes were in place to help identify areas for improvement at the service.

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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.

This inspection took place on 12 September 2016 and phone calls to people were made on 14 September 2016. The inspection was carried out by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff and paperwork would be available when we visited.

Prior to the initial comprehensive inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We also reviewed information we held about the service, including statutory notifications which the provider had submitted regarding certain notifiable incidents, such as safeguarding concerns. In addition, we contacted the local authorities who commissioned the service, to seek their views about the care being provided.

During the inspection we spoke with five people who received care from the service, as well reviewing feedback from four other people. We spoke with the registered manager, and seven carers.

We reviewed five people's care records to see if they were accurate and reflected people's needs, along with medication administration records for four people. We also reviewed four staff recruitment files along with staff training records and further records, such as staff rotas and quality assurance systems, relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe receiving care from the service. One person said, "I always feel very safe." Another person told us, "I know they will look after me." All the people we spoke gave positive feedback around feeling safe within the provision of care from the service.

Staff had a good knowledge and understanding about the signs of abuse and how to report it. One staff member said, "The first thing to do is to report any abuse to your line manager." Another staff member said, "I would report any witnessed or suspected abuse to the line manager then this should be referred to social services. Every reported case should be assessed as a matter of urgency." Staff were confident to use the reporting processes if required. The registered manager was aware of the requirement to notify the Care Quality Commission (CQC) about incidents as required and we saw evidence that they had notified us when needed.

Risk management plans had been formulated in order to assess any risks that presented in people's lives and also to ensure that they were being supported in as safe a manner as possible. People were happy that the risk assessments in place reflected their needs. Staff felt that risk assessments were useful tools to support them to enable people to remain as independent as possible. One staff member told us, "Yes, the risk assessment process is not all about amounts of paperwork; it is about identifying and taking sensible and proportionate measures to control the risks. The assessment process helps me to decide whether I should be doing more."

The risk assessments we saw within people's files included moving and handling, environmental risks and risk of falls. These measured the risks to a person and gave staff instruction on how to prevent risk and how to respond to certain situations. They recognised the need for people to be able to do things for themselves where possible and promoted positive risk taking. Risk assessments were regularly reviewed and updated to ensure they remained an accurate reflection of a person's needs.

Safe recruitment practices were followed. Staff had undergone a full Disclosure and Barring Service (DBS) check and the registered manager told us that staff were not able to start work until security checks had been completed. The staff we spoke with confirmed this. We looked at staff recruitment files and found application forms, a record of a formal interview, two valid references and several personal identity checks. There was a robust recruitment process in place which enabled people to receive safe care and support.

There was enough staff employed within the service to support the people receiving care. People told us that they saw a consistent group of staff which enabled them to build up a good relationship with them. Staff also felt there were enough of them to cover the shifts required and told us that they received their rotas in advance of their shifts which enabled them to make changes if required. The registered manager told us that staff could work flexibly to pick up shifts as required, and that no agency staff were required. The staff we spoke with confirmed this, and the rotas we saw showed that all the shifts were being covered by a consistent group of staff.

Medication was administered and handled in a safe manner. One person told us, "They help me with my medication, I have no worries." Staff told us they received training in respect of medication and that this gave them the confidence to support people with their medication. One staff member said, "If I have any concerns I would always contact the manager."

We saw Medication Administration Records (MARS) which showed that people were supported with medication. Staff told us that they could use the MAR charts accurately and were happy that the training they had been provided with enabled them to do this. All the MAR charts that we saw had been filled in accurately and had been audited by the management. The service had a medication policy that all the staff were aware of.

Is the service effective?

Our findings

Staff members were equipped with the skills and the knowledge they needed to perform their roles and meet people's needs appropriately. People told us that they felt staff were well trained and were knowledgeable about their care needs and how to meet them. One person told us "They know what to do." Other people we spoke with said that staff were well trained and had the right skills to support them.

Members of staff told us that they received on-going training which helped to make sure they had the skills they needed for their roles. They told us that when they started working at the service they received an induction to help familiarise them with their roles and the people they would be caring for. One staff member said, "I had an induction which gave me the right skills and knowledge to support people." They said that during this induction they completed some mandatory training courses and spent time shadowing experienced staff members as they provided people with care. An induction programme was provided to staff members before they began working with people.

All the staff we spoke with confirmed that they went through a robust training programme. We saw training certificates within staff files as well as competency checks to see that they had understood the training they had received. The registered manager told us, and records confirmed, that new staff were signed up to the Care Certificate qualification. The on-going training of staff was monitored, kept up to date, and recorded within a training matrix that was maintained by management.

Staff members received supervision and support from senior staff. One staff member told us, "I do have regular supervision and by doing so it keeps me alert and focus on what I do every day." We were also told, "Supervisions are very useful to me." All the staff we spoke with confirmed that they had regular contact and supervision from management in various forms and valued having the time to discuss their practice with a senior staff member. We saw that formal supervisions, spot checks and field observation forms had been recorded within staff files. Actions and goals had been recorded and targets set for people where necessary.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA). 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. The staff we spoke with all had an understanding of Mental Capacity Act (MCA). We saw that staff had completed MCA training and that the management knew when capacity assessments and best interest decisions were required.

The registered manager told us that none of the people currently receiving care had been assessed as lacking mental capacity to agree to their care. This was confirmed by people's records and we saw that these showed that they had agreed to their care and support plans. The registered manager showed us that there were systems in place to assess people's mental capacity to ensure the service followed the principles of the MCA, should somebody lack mental capacity.

People told us that the staff that supported them always gained their consent before carrying out any care. One person said, "They always ask me if I want help or if I want my medication." Staff were able to explain the importance of gaining consent and always making sure people were happy with what was going on. One staff member told us, "I do gain consent before. I ask the person and carry on, if they refuse then I don't give them, that's with both medication and personal care." We found that people had signed and given consent for the care that they were receiving and also had consent forms in place for staff to administer medications if necessary.

Some people told us that members of staff helped them to prepare meals and ensure that they had a nutritious diet in accordance with their preferences. They explained that they choose their own meals and drinks and that staff helped them to prepare them. One person told us, "I like the food; they help me to have what I want." People were happy with the food that staff prepared and felt that their wishes were respected.

Staff members told us that they only helped people prepare meals if they needed that support. They explained that they prepared people's choices of food and drink and that care plans offered them guidance on what people liked and disliked, as well as the levels of support they required. Care plans provided staff with this information and there were systems in place to record people's dietary intake if it was necessary.

People had access to healthcare professionals when required. They told us that they were able to see professionals such as their GP's and district nurses. Staff members told us that they discussed people's health care needs with them to make sure they were feeling well. One staff member said, "I would call the GP for them; all the information is in the care records, then call my manager and let her know." There were records in place to show when the service was involved in any healthcare appointments and care plans were updated to reflect any additional information from those appointments.

Is the service caring?

Our findings

Staff had a motivated and positive outlook in respect of meeting people's care and support needs and had developed meaningful relationships with them. People told us that staff treated them with kindness and compassion and made sure they were happy and comfortable with the care that they received. One person told us, "They are really very kind." Another person said, "I like them all."

Written feedback we reviewed was equally positive about the approach of staff members and the relationships that they had developed with them. One comment said, "I am very happy with the care." Another told us, "I get on very well with the carers. " They went on to say to the service, "Your help is very much appreciated."

Staff members told us that they enjoyed their roles and worked at developing positive relationships with the people they cared for, as well as their family members. One staff member said, "I am motivated to care for people and build up good, and caring relationship with our clients." They told us that it was important that they got to know people as it helped them to deliver care which was in line with their specific likes, dislikes and wishes. Another staff member told us, "I love my job; the people we care for are all lovely." Another staff member told us, "We work hard at building relationships with people."

People had been involved in planning their care and were provided with information about their specific care package and the service in general. They told us that staff had explained what the service could offer them and had worked with them to ensure their care plan reflected their needs and wishes. People explained that their care records were accessible, meaning they could ensure they were happy with the content of them.

People's privacy and dignity were respected by members of staff as they performed their roles. One person told us, "They are always polite and respect what I have to say." People told us that staff ensured they treated them with dignity and spoke to them politely and in a friendly manner. They also told us that staff took extra care to safeguard their privacy whenever they provided them with personal care by making sure doors and curtains were shut and by covering them as much as possible.

Staff members also told us that they felt it was important to make sure people were treated with respect and always took steps to make sure they were treated with privacy and dignity. One staff member said, "I treat each individual as an adult and not a child irrespective of their level of understanding and also respect that as individual they have the right to make choices for themselves." Another staff member told us that they maintained people's privacy by, "Being patient and not patronizing the person receiving care. I am committed to maintaining patient privacy and dignity." We saw that staff members had training in this area and that the provider had policies in place to reiterate the importance of this.

We were told that advocacy services were available should people require them. At the time of our inspection, no one was using the services of an advocate.

Is the service responsive?

Our findings

People received person-centred care which was in accordance with their individual needs, wishes and preferences. People told us that the registered manager met with them prior to the package of care commencing. One person said, "I remember they came round and asked me questions about what I wanted." They explained that this was to discuss their care needs and agree how members of staff would meet those needs. Specific information about the preferred times and length of required visit, as well as the specific areas of support that would be provided during each visit were discussed.

People felt that this process gave them some reassurance as it meant they knew what they could expect from the service and meant that their care was personalised to their specific needs. We looked in people's care plans and saw that initial assessments had been completed to assess people's needs and identify the areas where they required support. This information had been used to create a care plan which detailed how people's support needs should be met by members of staff.

People told us that care plans were regularly reviewed. They explained that the registered manager discussed the content of their care plans and ensured they were relevant and a true reflection of their needs. The registered manager told us they went to visit people and review their care plans on a regular basis. When care staff felt that any aspect of a person's care had changed, they would feed that back to the office so that an additional review could be scheduled.

People's care plans showed that they were reviewed and updated regularly, to ensure that staff had the information they needed to continue to meet people's changing needs and preferences. The care plans also showed that people had been involved in reviewing their care and had been asked for their views on the changes that had been made.

Feedback about any aspect of the service was valued from people and their family members, as well as staff members. People told us that they were able to provide regular feedback to members of staff about the care that they received and could also get in touch with the office if necessary. They also told us that they were asked to complete a questionnaire to provide their views about what was going well with their care, as well as any area which needed to be improved. Records showed that feedback was welcomed by the service and that satisfaction surveys were sent out on a regular basis.

Complaints were also welcomed by the service in order to enhance their delivery of care and make improvements to the service as a whole. People said that if they felt the need to complain, they were confident that their concerns would be dealt with appropriately by the service. The registered manager told us that the service had not received many complaints; however those that had been received were investigated fully and responded to. We saw that there was a complaints policy in place, along with a system for recording and tracking the progress of complaints and ensuing investigations. General comments and compliments were also recorded by the service to ensure that people's feedback was used to help with the development of the service.

Is the service well-led?

Our findings

The service had a positive and open culture. People told us they were happy with the care that they were receiving and felt that they had developed a good relationship with the provider and its staff group. People told us that there was regular contact from members of staff, which gave them reassurance if there was a problem, such as if staff were running late. They also told us that they received updates and information from the service, which helped to help keep updated with any changes or concerns.

Staff members were also positive about the culture at the service. They told us that they were motivated to perform their roles and felt valued and respected by the provider. They explained that they were always kept updated regarding any changes or developments at the service and were kept involved in the smooth running of the service. One staff member told us, "We do receive telephone calls, text messages and e-mails as regards to how things are going on in the company."

The registered manager had been open in reporting incidents or concerns to ensure that people were safeguarded against abuse or improper treatment. In addition, there was a clear whistleblowing policy in place at the service. All the staff we spoke with were aware of this and were prepared to report any concerns they may have about people's care, treatment or welfare, although none had felt the need to do so when we spoke with them.

There was a registered manager in post who was aware of their statutory requirements to report certain incidents or changes at the service. We saw that, where appropriate, notifications had been sent to CQC, for example to inform us of an incident of suspected abuse.

The registered manager told us that there was a range of different quality assurance systems in place to help them review the service being delivered and to identify areas for improvement. These included audits of care plans, staff records, daily notes and medication records. They also told us that they planned to see if there were any other checks required, to help them develop the service. We saw that checks were completed by the service on a regular basis and had been used to help identify and drive areas for improvement.