

Gemini Exclusive Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

Gemini Exclusive Care Ltd provides personal care to adults in their own homes, as well as supporting them to access the local community. They currently provide care for 9 people in and around the Bedford area.

This inspection was announced and took place on 20 August 2015.

The service had a registered manager. 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's medicines were not always well managed. Records were not always completed appropriately and there was insufficient guidance for staff. Staff had not received a competency assessment, before administering people's medication.

Summary of findings

Risks to people were assessed, however there were not always sufficient control measures in place to ensure they were managed appropriately.

Staff received training and support from the service and registered manager. However, this did not cover all the areas they required, to perform their roles and meet people's needs.

Quality assurance systems were in place, but they were not always effective and some areas which required development had not been identified by the registered manager.

People were protected from harm or abuse by staff who knew about safeguarding, and understood the reporting requirements associated with it.

Staffing levels were sufficient to ensure that people's needs were met. Staff were robustly recruited to ensure they were of good character, before they started working with people.

People received support to sustain a healthy and balanced diet, if this support was required.

Staff helped people to make and attend appointments with relevant health professionals where needed.

People were treated with kindness and compassion by staff and the registered manager. Their privacy, dignity and independence were promoted by the service.

Feedback was encouraged by the service and people's views and opinions were used to improve the care that was delivered. There were plans to carry out a survey to gain feedback from people and identify areas for development.

There was a system in place to handle complaints and carry out investigations if necessary.

There was a positive culture at the service. People were aware of who the registered manager was and felt they were well supported.

We identified that the provider was not meeting regulatory requirements and was in breach of a number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People's medicines were not managed appropriately.

Risks to people were assessed, however there were not always effective control measures put into place to manage risks.

People were protected from harm and abuse. Staff had an understanding of abuse and reporting procedures.

Staffing levels were sufficient to meet peoples' needs. Staff were recruited following a robust, safe process.

Requires improvement



Is the service effective?

The service was not always effective.

Staff received some training, however there was not evidence that training was on-going or specific to the role they performed.

People were supported to have a sufficient and balanced diet where required.

Staff ensured people were able to attend health appointments where necessary.

Requires improvement



Is the service caring?

The service was caring.

Staff had developed positive relationships with people and cared for them with kindness and compassion.

People were involved in planning their care and had been provided with information about the service.

Staff respected and upheld people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People received individualised care which met their specific needs, wishes and abilities.

People's care plans were regularly reviewed and updated to ensure they were reflective of their current needs.

People were able to provide feedback about the service they received. There were systems in place to deal with complaints and feedback.

Good



Is the service well-led?

The service was not always well-led.

Requires improvement



Summary of findings

Quality assurance systems were in place, however, they did not always identify areas for improvement.

People knew who the registered manager was and were positive about the running of the service.

There was an open and positive culture at the service.

Gemini Exclusive Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 August and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to meet with.

The inspection team comprised of one inspector.

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

We spoke with four people who used the service, the registered manager and two members of staff.

We looked at all 9 people's care records to see if their records were accurate and reflected people's needs. We reviewed 2 staff recruitment files and training records. We also looked at further records relating to the management of the service, including quality audits in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

People's medicines were not managed appropriately. The registered manager told us that there were no protocols in people's files to guide staff on the administration of 'as required' (PRN) medication. We checked people's records and confirmed that these were not in place. We also looked at people's Medication Administration Records (MAR) and found that records weren't always completed in full. For example, we saw that PRN medication administration had been recorded on a separate sheet in order to provide detail such as why it was given. It was not, however, recorded on the main MAR sheet every time, which may have led to some administration being missed and increased risks relating to medication. In addition, where a variable dose could be given, such as giving one or two tablets for pain relief, it was not recorded how many were given each time. Information on MAR charts had been entered by hand, however the information had not been signed by two members of staff to verify it was accurate, as per best practice guidance.

Some people told us that they were supported by staff to take their medication, others told us that they were able to manage this by themselves. One person told us, "They do my medication, it is always right and on time." The registered manager and staff told us that all staff were trained to administer medication before they were allowed to administer it. They also shadowed experienced staff before giving people their medication, however they did not receive a formal competency check from the service. Records confirmed that staff were trained to administer medication, but had not been assessed as competent. This meant that people may be at risk of not receiving their medication correctly, as the staff had not been appropriately assessed.

The registered manager informed us that one person had been responsible for their own medication management, however, they had taken the wrong medication at the wrong times, so it was agreed that the service would support the person to take their medication. They also told us that there was an informal agreement with the person that staff would leave their final tablet of the day out so that they could take it themselves. There were no records to support this arrangement or to set out the correct

procedure for staff to follow when providing this person with their medication. This meant that the person may not receive their medication in accordance with their prescription.

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

People did not always have effective risk assessments in place. The registered manager told us that risks were assessed for each person, but comprehensive risks assessments were only put in place for high level risks. We saw that risks were assessed and given a rating, using a traffic light system. We found that some 'Amber' rated risks, which the provider identified as 'Likely' had no further evidence of assessment or control measures in place. For example, we saw that one person had been rated as 'Amber' for falls. There was no rationale as to how the rating had been reached, or the action that carers were expected to take as a result of that rating. The registered manager told us that, in general, when they assessed that people were at higher levels of risk, more detailed risk assessments were put into place, which included more detailed control measures. We found examples of this for some 'Amber' and 'Red' rated risks for some people, such as moving and handling and falls.

People felt safe when they were receiving care from staff. They told us that they trusted staff members and felt that they would work to protect them from abuse. One person said, "Yes, I feel safe." Another person told us, "I feel quite safe."

Staff told us that the safety of the people they supported was very important, this included keeping people safe from harm or abuse. One staff member told us, "If I suspected abuse I would inform the office or local authority." Another said, "I have had safeguarding training, but I've not had to report any incidents." They explained that they had received safeguarding training and could identify the signs of potential abuse that they would look for. None of the staff we spoke to had been required to report a safeguarding incident, however they were able to describe the process they would follow, as well as other agencies they may contact, such as the local authority safeguarding team.

The registered manager told us that staff received safeguarding training when they started and would also

Is the service safe?

have regular refresher sessions to keep their skills and knowledge up-to-date. Safeguarding incidents would be reported and investigated by them to ensure the service took appropriate action. We saw that there were systems in place to record and report safeguarding incidents if they occurred and contact information for the local authority safeguarding team was on display in the office.

The registered manager told us that the service had a continuity plan in place to ensure they were prepared for events such as extreme weather or staff illness which may limit the service they were able to deliver. We saw that this was in place and provided guidance to help minimise the potential impact on people in such an event.

People told us that there were sufficient numbers of staff to meet their needs and that staff members were usually prompt and on-time for their visits. One person told us, "I am always ready for them and they are always on time." Another said, "They haven't missed a session so far, they

always turn up." The registered manager explained that, as the service was only providing care to a small number of people, they didn't have a large staff team but they had enough to meet people's needs. They also explained that they would provide people with care if staff members were absent for any reason. The registered manager told us that there were plans to recruit new members of staff, to allow for an increase in the numbers of people that the service provided care for. We saw that plans were in place for the recruitment of new staff and that applications were being considered. The registered manager explained to us that staff were required to provide the service with at least two references, as well as the service carrying out a Disclosure and Barring Service (DBS) criminal record check. This was to ensure that they were of good character and suitable to work for the service. We looked at staff files and saw that appropriate checks had been carried out and references followed up.

Is the service effective?

Our findings

Staff members did not always receive the training they required to perform their role. Records showed that staff had received an induction and initial training, however there was no evidence to show that staff had received on-going training or that it was planned. Staff had completed some training courses, such as safeguarding and medication administration, however some areas had not been covered. For example, staff were expected to help prepare meals for people, however they had not received food hygiene training. We asked the registered manager about this and they informed us that this example had been an oversight.

Staff members explained that, when they started working with the provider, they went through an induction process. This included training and shadowing another staff member to get to know the role and the people they would be supporting. One staff member told us, "I had an induction when I started, I had training and shadowed shifts as well." Another told us, "I got training when I started." The registered manager explained that there were plans for staff to continue to receive training to build their skills and ensure they were able to provide a diverse range of care. This would include the Care Certificate, as well as vocational qualifications, such as Qualification Credit Framework (QCF) awards.

The registered manager told us that staff members received regular supervision sessions with them. Staff confirmed that they had regular chats with the registered manager, usually over the phone, regarding the service and any issues or concerns that they may have. They told us that they did not always receive a formal supervision. We checked supervision records and saw that the both staff members had the same documents relating to supervision. The registered manager explained that this was because they used the same themes in people's supervisions and that details of conversations they had with staff members

were not recorded in a specific supervision record.. This meant that the registered manager was unable to demonstrate how they supported staff and responded to their concerns, or raised performance issues with members of staff.

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

People said that staff were able to support them and meet their needs. They said that staff had the right skills and knowledge and had received appropriate training and support to provide the care that they needed. One person told us, "They are well trained and know what they are doing." Another person said, "They have well trained staff."

There were records of spot checks carried out by the registered manager to ensure staff members were performing their roles as expected. People and staff confirmed that the registered manager came out regularly to visits to make sure people were happy with the care they received and to observe the staff member's practice.

People told us that, where necessary, staff supported them to have a sufficient and nutritious diet. They told us that staff helped to prepare meals and drinks of their choice and made sure they had enough to eat. Staff confirmed that part of their role was to prepare food and care plans confirmed that this was the case for some people. They recorded the sort of food that people liked and how much support they needed, and how much they were able to do for themselves.

People told us that staff helped them to access healthcare professionals if they needed to. Staff confirmed that they had supported people to attend appointments, for example with the GP, on time and recorded this in their care plans. We saw records to support this and that any changes suggested by the GP were fed into the existing plans.

Is the service caring?

Our findings

People were positive about the care they received. They told us that staff were kind, caring and compassionate and had taken the time to get to know them and build strong understanding and relationships with them. One person told us, "I can't fault them. They are brilliant, they do everything I can't do. They have made my life bearable." Another person said, "I am quite happy with the carers, they are very nice." A third person told us, "Staff have a chat, they are friendly, very friendly."

Staff felt that their role was an important one and they valued the people they supported. They explained that they had worked hard to get to know each person well and develop relationships with them which were mutually beneficial. One staff member told us, "We try to do the best we can for people. We become like really good friends for them."

People told us that the care they received was in line with their own views and wishes. They felt that their views and opinions were listened to by staff and the registered manager. One person told us, "I had an interview with the manager to discuss my care plan." They had been consulted when developing their care plans to ensure that it was an accurate reflection of their needs and abilities. People said they were able to make their own decisions during each visit they received and that staff respected the choices they made. Records confirmed that people had care plans in place and that they had been involved in writing them.

People also told us they had been provided with all the information they needed from the service. They said that they received a guide with information about what they could expect from the service, as well as contact and complaints information. The registered manager explained that everybody received a guide to the service when they started a care package with them. The content of the guide was explained to people so that they were familiar with the information and how to use it. We saw a copy of the guide and saw that it contained relevant information, such as the statement of purpose for the service and contact information. It also contained information regarding local advocacy services so that people could involve and advocate in their care if they required one.

People said that staff treated them well, displaying dignity and respect during their visits. They told us that staff were kind and patient with them and ensured their privacy was respected. People also stated that staff encouraged them to be as independent as possible. One person told us, "I want to stay as independent as I can, what I can do for myself, I will do for myself and the service know this." Staff told us that it was important for them to encourage people to do as much as they could for themselves to prevent them from losing skills they already had. They told us that they would work with somebody to perform a task wherever they could, rather than doing it for them.

Is the service responsive?

Our findings

People felt that the care they received was specific to meet their own individual needs, wishes and abilities. They told us that staff listened to what they had to say and provided care and support accordingly. One person told us, "They always ask if there is anything I need doing." Another person said, "Tasks are done when I want, and they do what I want."

We spoke to staff about people's care. They were able to explain to us how they provided support for each individual person and demonstrated clear knowledge and understanding of each person's needs, wishes and abilities.

People told us that they had meetings with the registered manager to discuss their needs, before their care package started. The registered manager confirmed that this took place for each new care package the service commenced. This allowed the service to produce care plans which included information about people's specific care needs, and also documented what people could do for themselves. Records confirmed that each person had a pre-assessment completed to record people's needs and wishes and this was used to help the service produce a person-centred care plan.

People told us that they were aware that they had care plans and were regularly involved in the review and update of these documents, as their needs changed. Staff told us that they used people's care plans to guide them on the care and support that each person needed. They also explained that they listened to what people said during their visits to ensure the care they provided matched their current needs. We looked at people's care plans and saw that they contained specific information about the care that each individual needed and set out how staff should provide support. Care plans didn't just focus on where people needed support, they also detailed people's skills and abilities to prevent staff from de-skilling people. We also saw that care plans were updated on a regular basis, to ensure that, as people's needs changed, the care they received also changed accordingly.

People said they were supported by staff to access the local community on a regular basis. For example, one person told us they regularly were supported to access local shops. They told us that this was very important to them and they wouldn't be able to do it without the support of the staff. We saw that, where it was an assessed need, trips into the community formed part of people's care plans, to ensure that staff facilitated these activities.

People told us that they were able to give the provider feedback about the care they received at any time. They explained that, if they had anything they needed to raise, they would usually do this during a visit, with a member of staff. The people we spoke to had not had to raise a formal complaint with the provider as they were satisfied with the care they received. People told us that they knew how to complain and they were happy that any complaints would be listened to and acted upon by the registered manager. Staff confirmed that people raised any issues or concerns with them during visits. In this way, they would usually be able to resolve small problems before they escalated. The registered manager told us that there was a procedure for dealing with complaints, which included investigating them and responding to the person with the outcome of that investigation. We saw that this policy was in place, and saw evidence that people were provided with information on how to make a complaint about the service they received.

The registered manager told us that they had plans in place to conduct annual satisfaction surveys, to allow people to provide feedback on the service they received. They would then use feedback to gain an overall picture of the service and identify areas which required development. The results of the survey would be made available to people, along with any actions highlighted by it. As the service had not been providing care for a full year, the survey had not been issued at the time of our visit. We did see evidence that the questionnaire for the survey was under development, in preparation for it to be sent out.

Is the service well-led?

Our findings

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

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

The service had a registered manager in post and they were well known to all the people we spoke to. They told us that they regularly came out to visit them in their homes to both provide care and to discuss the care that they received.

People told us that the care they received from the service was positive and supportive. They were happy with the staff who provided their care, and felt that the registered

manager was effective. They expressed that there had been a positive impact on their lives as result of receiving care from the service. One person told us, "I like the manager, she is very nice." Another person said, "Yes, the manager is alright." Staff also expressed that they were well supported by the registered manager and that there was a positive culture within the service. They felt valued, respected and empowered, which allowed them to provide people with the care that they needed. They also told us that the registered manager worked alongside them, to ensure that people received the care that they required. The registered manager confirmed that they regularly went out to see people in their homes and to provide care. They told us that this allowed them to keep in touch with people and to ensure they were happy with the service they received. There were clear lines of communication between people, staff and the registered manager, which ensured important information and messages were conveyed in a timely manner.

We found that the provider was open and transparent during the our inspection, and that this culture was evident throughout the service. The provider had reported incidents appropriately and there were systems in place to analyse incidents and learn from these to drive improvements in the service. The registered manager as aware of their statutory requirements regarding sending notifications to the Care Quality Commission and had done so when required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had failed to provide treatment in a safe way. Staff responsible for the administration of medication were not suitably competent. Regulation 12 (1) (2)(g)

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff did not receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (2)(a)

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes were not established and operated to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17(1) (2)(a)