

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Gemini Exclusive Care

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Gemini Exclusive Care Limited
Registered Manager	Mrs. Rufaro Matambanadzo
Overview of the service	Gemini Exclusive Care currently provides home care and community based social care to people who need support to live as independently as possible within their own home and community.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 August 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We visited two people who were supported by Gemini Exclusive Care. One person told us that they were very satisfied with the arrangements and that they were pleased that they had the same members of staff who knew what they liked. We were told that "The staff are kind and happy". Another person we spoke with was happy with the support they received. We spoke with two relatives who also said that they were pleased with the service.

We saw that staff were well supported and had received training which enabled them to carry out their job role safely.

We saw that the plans of care were very comprehensive and when additional equipment or assessments had been required the manager had made referrals to healthcare professionals. We found that Gemini Exclusive Care was caring, responsive and well led.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We looked at care records for seven people who used the service of Gemini Exclusive Care. We read that people had been involved in planning their care requirements and that they were in agreement with the plan to help them with their needs. We spoke with two people and they were able to confirm that staff always asked what their preferences were before assisting with their needs. One person told us that they were offered the choice of a wash or a bath. This meant that before people received any care they were asked for their consent and the provider acted in accordance with their wishes.

We were told by the manager that currently people that were supported by Gemini Exclusive Care had the capacity to make their own decisions. We asked what arrangements were in place if people did not have the capacity to consent to care. The provider told us that they would consult with family members and healthcare professionals so that arrangements would be made to act in people's best interest. This means that when people did not have the capacity to consent, the provider knew how to act in accordance with legal requirements.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at the care records for seven people and saw that a comprehensive assessment had been completed to assess people's support needs. We read that these had included for example, an assessment of people's mobility, continence, eating and leisure interests. We noted that when a risk of falls had been identified that an accommodation risk assessment had also been completed. We saw that the accompanying falls care plan stated what extra precautions had been taken for example, to ensure that the environment was free of trip hazard, such as rugs.

We read in records that the manager had referred people to a community based health care professional to consider equipment to aid mobility and reduce the potential for falls. We also noted that when people had problems with continence, the manager had requested a continence assessment from the district nurse. This meant that the care plan was updated as needs had changed. People's needs were assessed and care was planned and delivered in line with their individual care plan.

We read in one care plan that staff should contact the manager if people were finding it more difficult to walk. We read that when concerns had been raised the manager had accompanied staff so that an assessment of needs could be reviewed. We were told that one person had been unwell when staff had visited and that they had contacted the person's GP for advice and that medicine had been prescribed as a result. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We saw in care plans that people should be given privacy when they used the toilet. And we were told that family members were requested to leave the room while personal care was being given. We noted that staff had received training in dignity in home care. Care was planned and delivered in a way that ensured people's privacy and dignity was respected at all times.

We saw that the manager had arrangements in place to deal with emergencies. There was a 'key contacts' sheet with numbers to call in the event of disruption to the service such as loss of power. We were also told that the manager had been able to respond to two overnight calls when a person needed urgent support outside of the normal visit time. This

meant that there were systems in place to mitigate the risks posed by emergencies to people using the service.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We looked at five staff files and saw certificates which confirmed that training had been completed for example in health and safety, safeguarding vulnerable adults and dignity in home care. We noted that additional training had been provided by a healthcare professional which ensured that staff were competent in applying pressure hosiery (stockings). We saw certificates which confirmed that competence had been assessed in applying pressure hosiery this meant that staff were able, from time to time, to obtain further relevant skills.

We looked at the induction process for new staff and saw that when training had been completed this was followed up with joint visits with an experienced staff member. This meant that new staff were introduced to people and observed how care was given, before providing the care themselves. People were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

We saw that supervision notes were kept in staff files. We noted that these contained discussion points and where learning needs had been identified we saw that additional training opportunities had been sourced to support staffs development. The manager told us that annual appraisals for staff will take place later this year. This meant that staff had received appropriate training supervision and development.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw that the provider had a complaints policy and that this had been brought to the attention of people using the service. We viewed the complaints file and saw one complaint had been received in 2013 and this had been dealt with promptly. We read that the complainant was happy with the outcome.

We saw records which confirmed that 'spot checks' had been completed to check that staff had arrived on time, were wearing the correct uniform and had their identification badge with them. We saw that where concerns had been noted they were fed back to the individual so that improvements were made. We looked at notes which recorded that the manager had discussed an issue that had arisen so that all staff could learn from it for example, the importance of staff switching their mobile phone onto vibrate while in people's homes. This meant that there was evidence that learning from incidents took place and appropriate changes were implemented.

We saw records which confirmed that care plans had been audited which ensured that care delivered was what was planned. We noted that the audit also included asking people who used the service if they wanted anything to change. One person had asked if staff could arrive earlier as they liked to get up early in the morning. We saw that this had been arranged and we spoke to the person who said that this new time suited them very well. People who used the service and their representatives were asked for their views about their care and treatment and they were acted on.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We looked at the records of seven people who used the service. Records were kept in an electronic and paper format. We saw that paper records were kept securely in a locked cabinet and that electronic documents were password protected and accessed by the manager. When records were no longer required we saw that facilities were available for them to be shredded. Other records were archived into a locked room awaiting destruction at the appropriate time. This meant that records were kept securely, could be located promptly and securely destroyed when appropriate to do so.

The care records we looked at contained thorough information about support needs. We saw that records had been updated with good information about people's care needs and the support that was given. These documents had been kept in people's homes and brought back to the office on a regular basis. We looked at one person's records at their home and saw that they were accurate and described the care and support that had been given that day. One person we spoke with confirmed what had been written about the support they had received that morning was correct. This meant that people were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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