

Global Caring Group Ltd

Global Caring Coventry

Inspection report

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Date of inspection visit:
20 July 2022

Date of publication:
31 August 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Global Caring Coventry is a domiciliary care agency which is registered to provide personal care and support to people in their own homes including people living in supported living settings. The service is registered to provide support to children, adults under the age of 65 years, adults over 65 years, people living with dementia, people with learning disabilities, mental health conditions, physical disabilities and sensory impairments.

At the time of this inspection, one child was using the service. 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

Lessons had been learned since our inspection of the service under the previous provider in May 2021. Whilst the overall quality and safety of the service had improved some aspects of the service needed to be strengthened. This was to ensure managerial oversight of the service provided was always effective. For example, some completed quality checks had not identified the shortfalls we found.

Risks had been assessed and feedback gathered demonstrated safe care was provided. Staff completed safeguarding training and knew how to manage and mitigate risks. We have made a recommendation about the amount of information contained within risk management plans to ensure the information staff needed to provide safe care was available to them. The registered manager understood their responsibilities to protect both children and adults and keep them safe.

Staff had been recruited safely. They received an induction when they started work at the service followed by a programme of ongoing training. The registered manager checked staff were competent in their roles and worked in line with the provider's expectations.

The service was not supporting anyone to take their medicines. Staff followed safe infection prevention practice and personal protective equipment (PPE) was available for them to use to control and prevent the spread of infection.

A staff member knew what the child liked to eat, and drink and their parent was happy with support provided to their child to maintain a healthy balanced diet. The parent confirmed they felt listened to because they had been involved in planning and reviewing the child's care in line with their needs and preferences.

Staff were caring. They enjoyed their jobs and felt valued. They understood the importance of treating people with respect and gave examples of how they maintained the child's dignity and promoted their independence. Whilst care plans helped staff provide responsive care, we have made a recommendation

about the information contained within some care plans to ensure the information staff need is available to them.

The parent knew how to complain and spoke positively about the leadership and management of the service. The registered manager understood their responsibility to be open and honest when things went wrong. They welcomed our inspection feedback and demonstrated commitment to ensuring good outcomes were achieved.

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 03 December 2021 and this is the first inspection. The last rating for the service under the previous provider was inadequate, published on 14 September 2021.

Why we inspected

This was a planned inspection of this newly registered service prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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 not always responsive

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement ●

Global Caring Coventry

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. □

Notice of inspection

We gave the registered manager 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 19 July 2022 and ended on 22 July 2022. We visited the provider's office on 20 July 2022.

What we did before the inspection

We reviewed the information we had received about the service since registration. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they

plan to make. We gathered feedback from a commissioner and a social worker who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke via the telephone to one child's parent to gather their feedback about the care and support provided. We spoke with one support worker, the registered manager, the business development manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed one child's care records, some policies and procedures and a range of records relating to the management of the service. We reviewed the recruitment records of two staff to check they had been recruited safely.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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

- Risks related to the safety, health and welfare of the sole child using the service had been assessed. However, the amount of information contained within risk management plans varied. For example, information about a health condition was detailed and the plan contained information to help staff reduce and manage risks associated with that condition. In contrast, a plan for another aspect of the child's care lacked detail. It stated, 'Carer to keep [Name] safe at all times.' No further information was documented to ensure safe care was always provided.

We recommend the provider considers adding further information to some risk management plans to ensure staff have the information they need to provide safe care consistently.

- The parent felt their child was safe. Despite the shortfall in risk management records safe care was provided. The parent told us care was provided by a staff member who knew their child well. The parent commented, "It's safe. (Staff member) has been coming to us for months, we trust them."
- During discussion with that staff member they provided examples of how they managed and mitigated risks associated with the child's care and support with positive effect.
- A business contingency plan was in place. That meant the service was prepared in the event of an emergency or an unforeseen event such as, adverse weather or a power failure.
- No accidents or incidents had occurred since the service registered with us. The registered manager told us if an accident happened, they would take action to prevent reoccurrence.
- Lessons were learned. Evidenced gathered during this inspection demonstrated the quality and safety of the service had improved since we had inspected the service under the previous provider.

Systems and processes to safeguard people from the risk of abuse

- Staff completed safeguarding training to protect children and adults from the risk of abuse. A staff member understood the different types of abuse that could be experienced. The staff member commented, "I know to report any safeguarding's to [registered manager]. I have had training. I could tell social services or CQC if I thought [registered manager] didn't do anything about it."
- Systems were in place to investigate concerns. The registered manager understood their legal responsibilities to share information with us and other appropriate authorities to protect children and adults. They knew how to escalate any concerns to ensure they were correctly investigated.

Staffing and recruitment

- Staff were recruited safely. Safe recruitment procedures had been followed to make sure staff working at the service were suitable. References had been obtained and Disclosure and Barring Service (DBS) checks

had been completed which provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Staff were available to meet people's needs. At the time of this inspection one staff member was employed to provide care and support. The registered manager had plans to cover absence if that staff member was not available to work.
- The nominated individual told us more staff would be recruited if the number of people using the service increased to ensure their needs could be met.

Using medicines safely

- At the time of our inspection visit the service was not supporting anyone to take their medicines. Therefore, we have not reported on the safety of medicines during this inspection.
- The registered manager confirmed this support could be provided if it was needed. The policies and procedures in place supported this.

Preventing and controlling infection

- Staff completed infection prevention and control training and had access to the personal protective equipment (PPE) they needed including gloves, aprons and face masks. The registered manager checked staff followed safe infection control practice during monthly observations of their practice.
- COVID-19 testing for staff was completed in line with national guidance to reduce potential risk of the infection spreading.

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

- The parent confirmed the staff member who provided care and support to their child had the skills and knowledge they needed to meet their needs.
- New staff received an induction and completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed training. This included core training the provider deemed essential and additional training specific to the child's care and support needs. A staff member spoke positively about their induction and training which they described as, 'helpful and informative'.
- The staff member had opportunities to meet with their managers to discuss and reflect on their practice.
- The registered manager completed observations of the staff members practice monthly. This was to make sure they were competent in their role and worked in line with the provider's expectations.

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

- The parent was happy with the support their child received to consume a healthy balanced diet.
- Dietary needs had been assessed and a staff member knew what the child liked to eat and drink. They said, "I prepare lunch which is usually a sandwich with a drink using their special cup. No known allergies. I encourage (Name) to be independent with their food. They can eat and drink by themselves."

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

- Assessments of individual needs were completed. The parent advocated on their child's behalf and had been involved in an assessment of their child's needs to ensure they could be met. This included discussions about protected characteristics under the Equality Act including religious or cultural needs.
- Information gathered during the assessment had been used to develop care plans. For example, a care plan documented care and support must only be provided by female staff member in line with lifestyle choices and preferences. Feedback confirmed that happened.

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

- The registered manager maintained contact with health and social care professionals to make sure the child's needs were met. However, some information shared with a social worker did not accurately reflect the care and support that had been provided. We brought this to the attention of the registered manager for them to address.
- People were supported to access healthcare services. The child's parent supported with this when

needed. The registered manager told us support could be provided if required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- At the time of our inspection care and support was only being provided to one child. That meant the Mental Capacity Act 2005 (MCA) legislation was not applicable during this inspection. However, the staff member had completed training to support them to work in line with the principles of the Act.

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.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Staff were caring. The parent commented, "We are very happy with the care. [Staff member] is polite and they have a caring nature."
- Staff listened. The parent had contributed to care planning, they felt listened to and told us communication with the service was good. They commented, "It's a flexible service and we can change the day of the visits if we need to. It suits us."
- Staff completed equality and diversity training. Discussion with a staff member demonstrated they understood the importance of treating people with respect and as individuals.
- A staff member felt valued and cared for. They said, "This is a good company to work for, I really enjoy it. We treat people how we would like to be treated. We treat everyone well."

Respecting and promoting people's privacy, dignity and independence

- Privacy was respected, and dignity was maintained. A staff member explained they supported the child with their personal care in a private area of their home with the door closed. The child's parent confirmed that happened.
- A staff member provided examples of how they promoted the child's independence. The staff member commented, "I encourage [Name] to do what they can for themselves, like eating their lunch."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were not always personalised, and the level of information and detail documented within them varied. Some records focussed on the tasks staff needed to complete. For example, one care plan stated, 'support [Name] to toilet.' No further information was recorded to help staff provide person centred care.
- Staff did not always follow care plans. Another care plan informed staff how they needed to support the child to bathe. However, the information was incorrect as support to bathe was not provided. In contrast other care records contained detailed information including likes and dislikes.

We recommend the provider considers adding further information to some care plans to ensure information to help staff provide responsive care is available to them.

- The nominated individual gave assurance care records would be reviewed to ensure they contained accurate and detailed information.
- Despite omissions in care records feedback confirmed care and support was provided by one staff member who the child knew and trusted. Their parent confirmed the staff member was reliable, arrived when they were expected and stayed for the correct duration of the scheduled call. Records confirmed this.

Improving care quality in response to complaints or concerns

- No complaints had been received about the service since it registered with us in December 2021. A parent told us they knew how to complain. They said, "No complaints. I would call [registered manager] if I was unhappy or something wasn't quite right."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood their responsibilities in line with AIS. Information was available in different formats and languages on request.
- Communication needs had been assessed and communication preferences were documented to enable the staff member to provide care and support effectively. A staff member told us they understood what the child's body language and facial expressions meant.

End of life care and support

- At the time of our inspection the service did not support anyone who was at the end stage of their life. The nominated individual told us end of life care and support in line with people's wishes could be provided if it was needed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Improvements and positive changes had been made since the last inspection under the previous provider to improve outcomes for people. The nominated individual said, "We have made improvements, we have done our best." However, we found some quality assurance processes were not yet effective. Audits and checks were completed but had not identified shortfalls we found.
- Oversight of the service needed to be strengthened. Systems and processes to monitor the service were not effectively embedded. For example, we found inaccurate information was available on the provider's website that was misleading for the public. The information was removed following our inspection visit.
- Some policies and procedures needed improvement. For example, the whistleblowing and complaints policies contained incorrect information which meant information about how to raise a concern about the service was inaccurate.
- The registered manager understood their role. Notifications of incidents were shared accordingly with CQC and the local authority. The registered manager understood duty of candour and honestly shared information with people when things went wrong.

Working in partnership with others

- The registered manager worked in partnership with other professionals in an attempt to ensure good outcomes were achieved. However, some information they had shared about the care and support provided was inaccurate. This further demonstrated managerial oversight of the service needed to be improved.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- A parent spoke positively about the management and leadership of the service. They said, "I would recommend them. Nothing that I can think of that they could do better; we are happy, and the manager does come to see us and ask us if things are okay."
- Feedback about the service was welcomed and gathered in different ways including telephone discussions. The registered manager told us action would be taken if any feedback gathered indicated any improvement was needed.
- Staff felt supported. The staff member told us they enjoyed their job and felt valued. The registered

manager was approachable and provided meaningful supervision and staff meetings. This meant opportunities to improve practice and learning were available.