

Global Caring Group Ltd

Global Caring Gloucester

Inspection report

Global Caring Group Ltd Room 115
Corinium House, Corinium Avenue
Gloucester
GL4 3HX

Tel: 01452345820
Website: www.globalcaringgroup.co.uk

Date of inspection visit:
17 May 2022
24 May 2022

Date of publication:
29 June 2022

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Global Caring Gloucester provides domiciliary care and support for people living in their own homes. The service provided care for people with long term health care conditions, older people, people with physical disabilities and people living with dementia.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, 18 people were using the service.

People's experience of using this service and what we found.

The provider and registered manager had systems to monitor the quality of people's care however these were not always fully embedded. The provider's feedback system needed strengthening to ensure all stakeholders' feedback would be sought. We made a recommendation to support this improvement.

People's individual risks were assessed and staff were given clear information on how to protect people from the risks associated with their care. Care staff had the training and experience they needed to meet people's needs.

People and their relatives received care and support from a consistent staffing team. Staff spoke positively about the time and support they received and how this promoted person centred care.

People were supported by staff, who were training to meet their individual needs. Staff spoke positively about the support they received from the registered manager and provider.

The provider and registered manager ensured lessons were learnt when incidents occurred or where concerns were reported. There were systems to ensure people's needs and risks were regularly reviewed and any healthcare concerns were identified and appropriate action taken.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

This was the first inspection of the service since they were registered with us on 01 December 2021

Why we inspected

This was a planned inspection based on the service being newly registered. We had also received concerns from people using the service and the local authority regarding their concerns.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always Well-Led.

Details are in our Well-Led findings below.

Requires Improvement ●

Global Caring Gloucester

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 Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Global Caring Gloucester is a domiciliary care agency. It provides personal care to people living in their own homes. Global Caring Gloucester provides a service in Gloucestershire, including the Forest of Dean. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for domiciliary care. This inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave a short period of notice for the inspection to ensure that people and their relatives would be available to be contacted by the inspection team via telephone and that the registered manager would be available during the inspection. Inspection activity started on 17 May 2022 when we visited the office and concluded on 24 May 2022.

What we did before the inspection

We reviewed all the information we had received about this service since the last inspection. This included information of concern, information provided by the provider and feedback from commissioners of the service and involved healthcare professionals. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people and five people's relatives. We spoke with seven members of staff which included, four care workers, the Business Development manager, the registered manager and a representative of the provider. We reviewed a range of records. This included seven people's care and risk assessments and associated records. We reviewed a variety of records relating to the management of the service, including policy and procedures.

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and told us they felt safe. Comments included: "I feel safe when they're here" and "They help me stay in my own home."
- Relatives told us they felt their relatives were safe with staff. One relative told us, "I feel they keep [relative] safe."
- Staff had received training on safeguarding adults and there were safeguarding adults' policies and procedures in place. Staff told us they would share any concerns (including concerns of self-neglect) raised with the registered manager and were aware of the incident reporting process.

Assessing risk, safety monitoring and management

- People's needs had been assessed by trained staff. This assessment took account of the local authority assessments and guidance from healthcare professionals.
- People's care plans contained detailed information on their individual risks and the support they needed to protect them. This included guidance for care staff on using mobility equipment and support needed to keep people's skin healthy and intact.
- Environment assessments identified any risks to people and care staff during the provision of care. Where risks were identified the service took appropriate action to discuss safety hazards with people and their representatives and took steps to reduce the impact of these on people.

Staffing and recruitment

- Staff were recruited safely. All required checks were made before new staff began working at the home. Disclosure and Barring Service (DBS) checks were completed alongside seeking references from staff's previous employers. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Some staff employed by the provider were working as part of a sponsorship scheme. This scheme was co-ordinated with the government.
- People and their relatives told us staff arrived with them when expected. They also told us they benefitted from being cared for by a consistent care team. Comments included: "I do feel they spend time here, they do have time to talk" and "They come when I expect them. When they're late, I do get a phone call."
- Staff told us they had the time and support they needed to carry out people's care in a safe and person-centred manner. One member of staff told us, "I don't feel rushed. We have time to travel and time to spend with [people]. If we're at an emergency we let the office know."

Using medicines safely

- People's medicines were managed safely. Staff who assisted people with their medicines had training in medicine administration. One staff member said, "I received the training I need."
- Medicine Administration Record (MAR) charts were accurate and kept up to date. Senior care staff audited peoples' prescribed medicines and MAR charts to ensure people received their medicines as prescribed.

Preventing and controlling infection

- People and their relatives told us staff wore personal protective equipment (PPE) as required and followed recognised COVID-19 guidance. Comments included: "They're always wearing masks. They've explained it to me" and "No problems. They wear gloves, masks and aprons."
- The registered manager and senior care staff carried out spot checks on staff to ensure they followed PPE guidance. Staff were given the PPE they required and had received training in relation to COVID-19 and infection control.

Learning lessons when things go wrong

- The registered manager and provider had reacted to some concerns, which were raised prior to our inspection. Staff and healthcare professionals had identified a concern around one person's medicine being administered. There was no set visit time to support with the task. The registered manager worked with healthcare professionals to ensure this matter was addressed to meet the person's needs.

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.

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

- People's physical, mental and social needs were assessed before they were supported by the service to ensure their needs could be fully met. This included engaging with people, their relatives and relevant healthcare professionals.
- Staff followed clear guidance set out by healthcare professionals. Where necessary, support, such as training was provided by healthcare professionals to people's care teams. For example, staff received support to assist one person with monitoring their diabetes and providing the appropriate health related support.

Staff support: induction, training, skills and experience

- Staff were supported in their role through induction, training and supervision. Staff received mandatory training in relevant health and social care topics which was monitored by the registered manager. Staff spoke positively about the training they received. Comments included: "I have all the training I need, we had a lot when I started" and "We've had training. We talk it through with the manager, I have the training I need."
- People and their relatives spoke positively about the training the staff who supported them received. Comments included: "I am happy with them. They know what to do" and "From my perspective, the staff are good. They're always very willing."

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

- Where required, staff supported people with their dietary needs. People and their relatives told us staff met these needs. One person told us "The offer me a choice of what I've got in the house. It helps me."
- Staff took appropriate action when concerns had been identified regarding people's nutritional needs. One relative told us, "They help give [relative] dinner, it's helping me and it's working."
- People's care plans detailed the support they required to eat and drink safely, and their preferences in snacks, meals and drinks.

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

- The provider operated an electronic care plan service. People, their relatives and healthcare professionals were able to access these records in accordance with data protection. Healthcare professionals could also review these records for a limited time with people's consent to inform their treatment decisions.
- Staff and managers ensured referrals were made to healthcare professionals when required. Staff had raised concerns regarding one person who had lost interest in food. Support had been sought to assist the

person and maintain their needs.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider and staff were working in line with the principles of the MCA. People's care plans detailed the support they needed to make informed choices, or where choices needed to be made in their best interest (based on a formal assessment of their capacity). Where appropriate people's representatives (including power of attorneys) and healthcare professionals were involved in making significant decisions.
- People and their relatives told us their choices were promoted and respected. Comments included: "We get on fine. They don't do anything I don't want" and "The staff are very good. I have heard how patient they are and how they try and promote choice."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People who received support from Global Caring Gloucester were positive about the support they received. Comments included: "I must say they are really kind to me" and "They [staff] are very helpful and kind."
- People and their relatives told us they were treated with kindness and compassion. Comments included: "I feel staff have a good rapport with [relative], [relative] is comfortable with them" and "The two care staff we usually have been brilliant. I can't fault their caring attitude."
- The registered manager and staff were passionate about delivering good quality care which focused on people's individual support requirements. They all spoke about people with genuine kindness and respect. One member of staff told us, "I like talking with [people]. It's an important part of the job."

Supporting people to express their views and be involved in making decisions about their care

- People's care records included information about people's preferences and how they like to be supported and their daily living routines. One person told us, "The care is about me. Staff know what I like and they do things that help me."
- People and their relatives confirmed they were involved in the planning of their care and were happy with the care they received. We were told that staff were very attentive to their needs and ensured they were comfortable before they left. One relative told us, "We often have clear discussions with them, this helps us co-ordinate the little things. Very happy."

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported effectively and with dignity when they required assistance with their personal hygiene and tasks that they struggled with. One person told us, "They know what to do, I'm always made comfortable."
- One person told us they liked to do as much for themselves as possible and asked for help when needed. They confirmed that they were treated with dignity and their views and choices were always upheld and respected. They told us, "[Staff] are great, they listen to me and support me."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People confirmed that the care they received was personalised and met their needs. One person told us, "I feel in control of the care". One relative told us, "I feel that the care they're providing is good. [Relative] is reluctant for help. However, the staff are patient, and they provide the right care."
- Detailed information about people's support requirements, their preferences, care and levels of independence was documented. This information would help to direct staff in providing personalised care and understanding people's support requirements and risks. One member of staff told us, "We use BIRDIE (an electronic care planning system) this gives us all the information we need for [people]."
- One person told us how the service was well organised and they were cared for by staff they knew. They said, "The same staff visit, they're building rapport with [relative]. We have no problems."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed as part of their initial assessment. Information about people's vision, hearing and any communication devices to enable them better to communicate and understand was documented in people's care plan.
- The service used an electronic care planning system. This system enabled people and their relatives to access and view relevant care records. One relative told us, "The system is useful."

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain. Comments included: "They ring us regularly, so we know who to complain to" and "If I needed to complain I can speak with the manager."
- The provider had a complaints policy in place. The registered manager responded to any concerns or complaints and used these to make changes and improvements to the service people received.
- Prior to our inspection, some concerns had been raised to the service via the local authority. The provider and registered manager had responded to these concerns. Actions were discussed with staff at team meetings to help inform changes.

End of life care and support

- Where appropriate, people's wishes regarding their end of life care, support and wishes had been recorded. The service worked with people, their representatives and healthcare professionals to support

people to remain living in their own homes.

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 as there was a change of ownership. 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

- The registered manager and provider had systems in place to monitor the quality of care people received, including the support staff required. Systems (including quality assurance calls and surveys) were being implemented by a business development manager, which included a service improvement plan, which they planned to implement shortly.
- The provider and registered manager had taken learning following a previous CQC inspection at one of their other services and had strengthened their quality assurance systems, to ensure people's care records were current and people's views were sought.
- The registered manager and senior staff carried out regular spot checks at people's homes. This included ensuring staff were wearing the correct PPE and were working to the providers expectations. Any feedback was provided to staff through supervisions and staff meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager and provider sought people's views regularly. This included regular telephone calls. Feedback was mainly positive, and any actions were documented to ensure action was taken.
- However some relatives told us their views had not been sought. One relative had raised some concerns about the service to the local authority, as was not sure who to contact to raise their concerns. The registered manager took immediate action to ensure the relative was involved in discussions on their loved ones care.
- Where people were living dementia, the registered manager had sought their views. However, they had not always taken the opportunity to seek the views of family members including legally appointed representatives, who were involved in the care provision. This meant opportunity were not always provided for those who could provide feedback when people might not be able to give feedback themselves about their care.

We recommend the registered manager and provider review their feedback processes to ensure all relevant people and relatives are involved.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and provider ensured staff received the information they needed and were involved in promoting an open and transparent culture. Staff told us they could always contact the registered manager or provider at any time. One member of staff told us, "We have meetings and supervision. Any issues are openly discussed."
- Staff meeting minutes showed that the registered manager and provider had discussed recent concerns with staff. Actions were discussed with staff on the providers expectations and improvements that were required. Additionally, the service used a group chat system to promote clear communication.
- People and their relatives spoke positively about the management of the service. One relative told us, "I have no complaints at all. I think the service works well."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities to be open, honest and apologised if things went wrong. Records showed people and relatives were contacted appropriately to inform them of incidents affecting their family member.
- The registered manager made sure CQC received notifications about important events so we could monitor that appropriate action had been taken.

Working in partnership with others

- The registered manager provided examples of how they had worked jointly with people, their relatives and health and social care professionals to ensure people's well-being and health was being maintained in their own home and help prevent hospital admissions.