

Global Caring Group Ltd

# Global Caring Gloucester

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Global Caring Gloucester is a domiciliary care service providing the regulated activity of personal care. At the time of our inspection there were 35 people using the service. 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.

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

Effective systems were not always being used to monitor the quality of people's care, call times and the accuracy of record keeping. The provider's systems and record keeping needed to be strengthened to assist them in monitoring the service and the quality of care.

The management of people's risks were not always comprehensively recorded which placed people at risk of not receiving appropriate care and support.

We received mixed views from people and their relatives about the punctuality of staff and the duration of their care calls. A new system was being implemented to assist the provider and local authority to monitor people's care calls.

Staff did not always have access to guidance on how to support people to manage their medicines and reduce people's risks.

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.

The provider used any feedback to help them drive improvements. Lessons were learnt and improvements were made when incidents occurred.

People and their relatives shared mixed views about the staff who supported them and the communication they received from the registered manager and staff.

Staff understood the importance of reporting any safeguarding concerns, incidents or changes in people's health and well-being. Safe infection control practices were used.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good. (published 29 June 2022).

### Why we inspected

We received concerns in relation to the punctuality of staff and the management of people's risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Global Caring Gloucester on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement and Recommendations

We have identified breaches in relation to the management of people's risk and prescribed medicines and the provider's quality monitoring systems and record keeping.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe 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 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was announced.

We gave the service 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 16, 17 February 2023 and ended on 23 February 2023. We visited the location's office on 16 and 17 February 2023

### What we did before the inspection

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 reviewed the information we held about the provider and sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

### During the inspection

We spoke with 4 people who used the service and 7 people's relatives about their experience of the care provided. We spoke to the business manager, nominated individual, and received feedback from 4 staff who delivered care to people. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, this included 3 people's care records. We looked at staff files in relation to recruitment, training and a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management;

- People were at risk of not receiving appropriate support to manage their personal needs and risks. Records of the assessment of people's care, the management of their risk and their current well-being support needs were not always current and comprehensively personalised.
- The risks and management of people who required support with their meals and drinks in bed had not been identified. Staff did not have guidance on how to reduce the risk when supporting people to eat and drink in bed and the actions they should take if the person started to choke.
- People's care plans and risk assessments were not always reflective of their current health and well-being needs. One person's care plan did not fully describe their current skin integrity status and how they should be supported to help mitigate further risk. The person's care plan did not include recommendations and guidance from the district nurse on managing the person's skin and the equipment needed to help to reduce further risks. This placed the person at risk of not receiving appropriate care and support.
- Staff confirmed they had received a comprehensive induction training including pressure sores however we received mixed comments from people and their relatives about the skills of the staff who supported them with their needs.
- We reviewed staff documentation of the care they provided and found they did not always explicitly describe any additional support provided such as repositioning and people's current wellbeing.
- Feedback from some people (and some relatives) and from reviewing the provider's systems indicated that staff were not always punctual which placed people at risk of not receiving care in a timely manner.

Effective systems were not always used to assess and manage people's risks, and care call times. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider was responsive to our feedback and reviewed and updated people's care plans and implemented protocols during the inspection.

Staffing and recruitment

- The provider's system showed staff rotas and people's care calls were planned in line with their care package agreements, however some people shared staff were not always punctual and stayed for the allocated amount of time. One relative said, "They need to provide more continuity and stick to call times that have been agreed."
- Staff logged their times of arrival and completion of each care call on the provider's care management system (application on a mobile device). The provider and staff were receiving training in the usage of the

local authority's call monitoring system which will strengthen their systems to monitor the timings of people's care calls.

- Safe recruitment practices were being used. However, it was not always clear how the registered manager had considered and managed the risk when they had been unable to obtain a full background and employment checks on staff. The nominated individual agreed to extend their recruitment risk assessment tool to capture and manage any discrepancies or gaps in staff's employment.

#### Using medicines safely

- When support was required, people told us they received their medicines as prescribed.
- People's prescribed medicines were listed in their care plan and on the provider care management system. However, staff would benefit from further guidance around the management and preferred administration of people's medicines and creams and the shared responsibilities in the management of people's medicines. This would ensure staff were fully informed of their responsibilities in relation to people's medicines.

#### Systems and processes to safeguard people from the risk of abuse

- Staff were aware of reporting any concerns to the managers of the service. They had received safeguarding training and had access to the provider's safeguarding policies.

#### Preventing and controlling infection

- The provider had ensured safe infection control systems were being maintained and reflected the current government guidance.
- Staff had been trained in infection prevention and control practices and had access to PPE. They were aware of safe usage and disposal of used PPE.

#### Learning lessons when things go wrong

- Managers were alerted by staff of any incidents or concerns. Staff told us they believed that managers took action to resolve any concerns and refer people to relevant health care professionals when 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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained the same. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Aspects of the provider's quality assurance systems needed to be strengthened such as the monitoring of people's care records, staff records and care call times. This would assist the registered manager to identify any inconsistencies in people's care and generic record keeping.
- Effective systems were not in place to monitor the timings of people's care calls. We checked the providers staff rostering system and found sufficient care and travel time had been planned in line with their care plan agreement. However, the provider's system showed the start time and the duration of some people's care calls was varied.
- We discussed this with the provider and staff who told us they only finished people's calls when they had completed their support requirements or people asked them to leave. However the reason for their shortened (or longer) call times was not recorded. This meant the provider could not clearly demonstrate through their own monitoring systems that people's care call times reflected their support requirements and requests.
- Through the provider's own monitoring systems, the provider had not identified that people's care plans were not always reflective of their needs or that people's daily notes (records of delivery of care) were repetitive at times. This meant the registered manager may not have a true understanding of changes in people's needs as staff had not always recorded any additional support requirements, such as repositioning or whether people had refused aspects of their care.
- The provider had not ensured personalised information about people's medicines had been recorded.
- Staff told us they were interviewed for their role and received on-going observations and support from managers. However, from our review of staff files, we found some records to be repetitive in parts and did not always explicitly describe the skills and support of each staff member.

Effective monitoring systems did not comprehensively monitor and improve the quality and safety of the service. Accurate records had not been maintained for each person and persons employed to carry out the regulated activity. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our observations of record keeping within the service with the provider. They acknowledged people's and staff records needed to be more personalised. This would enable them to be more effective when scrutinising the quality of care being delivered and skills of the staff who supported people.

- The service was currently receiving training in the local authority call monitoring system. Once fully implemented, this would provide the provider and local authority with accurate data about the timing and duration of people's care calls. More time was needed for people to be positively impacted by the work being undertaken by the provider to monitor their care calls. This remains an area for improvement.

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; Continuous learning and improving care

- Managers were aware of their role to notify CQC of any significant events and incidents. However, it was not comprehensively clear from the provider's systems whether they had taken action, analysed the incidents for any trends or considered if the concerns were notifiable to CQC. This meant appropriate action may not always be taken or notified to CQC.

- The provider was responsive to our comments during the inspection and started to review people's care records, call times and the management of staff support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had acted on our recommendation from our last inspection and had implemented a system to receive feedback from people. People and their relatives were mainly positive about the care they received and with the communication from the office. One relative praised the service and said, "I have told one of the managers about my concerns and she is very good, and we have a good relationship with her." However, others felt further improvement was needed in communication skills of staff and managers and their involvement in care plan reviews.

- Staff told us they felt supported and managers were approachable.

- The nominated individual stated they were committed to work with health and social care partners to drive improvement and learn by their mistakes.

- People's personal and diverse needs were also assessed and protected in accordance with the protected characteristics of the Equality Act 2010 to ensure the service did not unlawfully discriminate against people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Effective systems were not always used to assess and manage people's risks and care call times. This placed people at risk of harm.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Effective monitoring systems did not comprehensively monitor and improve the quality and safety of the service.</p> <p>Accurate records had not been maintained for each person and persons employed to carry out the regulated activity.</p>