Global Inspirations Limited

Essex/London

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

Essex/London is registered to provide personal care to older people and adults with a learning disability, living within their own homes. At the time of our inspection four people were using the service, three of whom were supported with personal care.

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
There was no system to ensure quality and safety monitoring of the service was carried out. This meant the registered manager who was also the registered provider did not identify the shortfalls we found during this inspection.

Not everyone who used the service had a care plan in place with evidence risks to their health, wellbeing and safety had been considered. We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.

Medicines were not managed safely. Care staff were assisting people to take their medicines but had not received any formal training or had their competency checked. Where people were supported by staff with administration of their medicines, there was no recorded evidence of when administration had taken place as required. We could not be assured people received their medicines as prescribed.

Recruitment procedures were not operated effectively to protect people from unsuitable people being employed. The registered manager did not recruit new staff in accordance with their own policy.

There was no structured plan or system to identify staff training needs and ensure their ongoing training and development. There was some evidence in records that showed staff received supervision but no spot checks to review their competence.

People's capacity in relation to day to day decisions had not been assessed. It was not evident whether people had agreed or consented to their care and treatment.

People told us staff were caring in their manner towards them, worked flexibly and met their cultural needs.

People were supported to access health care services when they needed. People and their relatives told us referrals had been made to the local health and social care teams.

The registered manager had a system for recording and managing complaints but had not received any

since the last inspection. People, their relatives and staff were all complimentary about the registered manager and staff who supported them. However, we found a lack of overall governance. The registered manager told us they were committed to improving the service, but their focus had been on delivering care directly to people rather than the management side of the business.

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

Rating at last inspection: The last rating for this service was Good (report published 24 November 2016). The overall rating for this service has deteriorated to Requires Improvement.

Why we inspected
This was a planned inspection based on the previous rating.

We found four breaches of The Health and Social Care Act 2008 during this inspection.
Enforcement: The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.
You can see what action we have asked the provider to take at the end of this full report.

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

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures:
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below.

Inadequate

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement

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 well-led.

Details are in our well-Led findings below.

Inadequate

Essex/London

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
This inspection was carried out by one Inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on the 13 June 2019 when we visited the office location. We also the same day visited one person in their home. On the 17 and 18 June 2019 we made telephone calls to relatives and staff.

What we did before inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with the one person who was able to verbally communicate with us and two relatives. We also

spoke with two of the four employed care staff and the registered manager.

We reviewed a range of records available to us including a variety of records relating to the management of the service, including policies and procedures.

We reviewed the only one of four people's care records available. We looked at all four of the employed staff files in relation to recruitment, training and staff supervision. We also reviewed policies, procedures and information we received after our inspection from the registered manager. Due to a lack of records maintained we were unable to review any medicines management and overall governance monitoring.

Inadequate

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Inadequate.

This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management
- Not everyone who used the service had a care plan in place with evidence risks to their health, wellbeing and safety had been considered.
- Risks to people's safety and wellbeing had not always been assessed with guidance provided for staff to reduce the risk of harm. For example, risk of falls, moving and handling, health conditions and management of medicines.
- There were no environmental health and safety risk assessments in place where staff worked in people's homes.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely
- Care staff were assisting people to take their medicines but had not received any formal training or had their competency checked.
- Where people were supported by staff with administration of their medicines, there was no recorded evidence of when administration had taken place as required.
- One person we visited in their home had a large number of prescribed medicines located in various places around their home. This included controlled drugs. This person told us staff administered their medicines but did not record on any medicines administration records (MAR). Staff who supported this person also told us they had not been provided with MAR charts with prescribing information and to record when medicines had been administered.
- The registered manager was unable to demonstrate that people had received their medicines as prescribed and that MAR charts were being provided, completed accurately and correctly.
- For people where staff administered their medicines there was no care plan in place to provide staff with guidance.
- There were no management audits which would identify medicines errors and ensure people had received their medicines as prescribed. This posed a risk to people because the registered manager did not have any oversight and would not be able to pick up on potential medicines errors.

The failure to protect people by the safe management of their medicines, assessing risks and implementing

measures to mitigate those risks demonstrated a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staffing and recruitment
● Recruitment procedures were not operated effectively to protect people from unsuitable people being employed. The registered manager did not recruit new staff in accordance with their own policy.
● Disclosure and Barring checks (DBS) had been carried out but no references had been obtained for any of the staff employed from previous employers in line with the provider's recruitment policy.
● Staff did not have a contract of employment and not all identification checks had been completed.
● The registered manager was unable to show us evidence of action taken to mitigate risks when it was identified staff had criminal convictions.
● There was no recorded evidence of checks carried out to ensure staff had appropriate insurance when using their vehicles for work.

The failure to operate robust recruitment procedures in line with the registered manager's policy and procedural guidance did not protect people from unsuitable people being employed. This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● One person and two relatives told us there were no issues with regards to care worker's punctuality and attendance. They spoke positively about care worker's time keeping and said there had never been any missed calls.
● The registered manager was part of the care team and provided direct care to people on a daily basis. They told us working alongside staff enabled them to easily identify any concerns about staff practice but did not have any formal system to evidence spot checks on staff performance.

Systems and processes to safeguard people from the risk of abuse
● One person told us, "I feel safe with my carer. They arrive when I expect them. They are very good and help me as best they can."
● The service had safeguarding and whistleblowing policies in place. These did not contact details for the local safeguarding authority for staff to refer any concerns they might have. Following our feedback to the registered manager, action was taken to update policies to include the relevant information.
● Staff told us they had not received training in safeguarding people from the risk of abuse from the registered manager. They said they had only been provided with this training through other care agencies they worked for. Staff demonstrated their knowledge and described how to refer any concerns they might have to the local safeguarding authority.

Preventing and controlling infection
● The service had processes in place to reduce the risk of infection and cross contamination. The registered manager advised that care workers had completed infection control training, however there was no documented evidence of this.
● Care plans did not contain guidance about the risk of infection associated with people's specific conditions. This put people at risk of being supported by staff who did not know how to prevent or recognise if a person had an acquired infection.
● Staff received personal protective equipment (PPE) such as gloves and aprons and this was confirmed by staff we spoke with.
● Staff had not received training in food hygiene to ensure they prepared meals and drinks for people safely.

Learning lessons when things go wrong

● The registered manager had a system for recording and managing accidents and incidents.

●The registered manager told us they would analyse accident and incidents to consider lessons learnt and reduce reoccurrence. They demonstrated understanding of reporting procedures for serious incidents to relevant authorities when this was needed.

Requires Improvement

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The registered manager did not ensure all staff had the skills, knowledge and experience to meet the needs and promote the safety and wellbeing of the people they supported.
- There was no documented evidence that people's needs were assessed before the service began to provide support. This was important in order to provide staff with the guidance they needed and assurances for people that the service had suitable numbers of staff with the right skills and knowledge to meet people's needs.
- The registered manager was unable to provide us with evidence that staff had been provided with training and regular updates where needed.
- New staff did not have any formal induction other than one staff file contained some hand-written notes evidencing work related to the Care Certificate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff told us they had not received any formal training during their employment with Essex/London. Staff confirmed they had been administering medicines and involved in assisting people to mobilise without any relevant training provided. One said, "I was given a folder to look through. I don't remember what it was about, but I went through it with the manager. I don't need training anyway from this company because I have already been trained from the other care company I work for." Another told us, "I have got all my training from the other place I work."

The failure to ensure staff received training to enable them to carry out their duties and meet people's needs demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Assessments of people's care needs and the support they needed to achieve a good quality of life and positive outcomes were not robust.
- There were no care plans for three people who used the service and no information for staff about their specific conditions such as life limiting terminal illness. This meant staff did not have access to sound guidance about how to best support people to improve their general wellbeing.
- Care for one person with epilepsy was not consistently based on good practice and evidence-based guidance.

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.

● Whilst staff explained to us how they sought people's permission before providing support.
People's capacity in relation to day to day decisions had not been assessed. There was no recorded evidence that people consented to their care and treatment or had contributed to the planning and review of their care.
● Capacity assessments had not been carried out to determine people's ability to consent to their care and treatment. However, people told us staff respected their choices. One person said, "They always ask how I am and will ask what I would like to have done first."
● Staff had not received any training in understanding their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA).

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they were happy with the support they received to eat and drink.
● People were supported with shopping trips, so they could purchase foods and drinks they preferred. One person told us, "They cook my meals from scratch. We go shopping together to buy the ingredients and they cook the meals I like." This person also told us the food provided met their specific cultural needs.
● A relative told us, "The care staff prepare breakfast and then leave lunch prepared in the fridge for [person's relative] to eat at lunch time. This works well and there have never been any problems with this arrangement."

Supporting people to live healthier lives, access healthcare services and support;
Staff working with other agencies to provide consistent, effective, timely care
● People were supported to access health care services when they needed. People and their relatives told us referrals had been made to the local health and social care teams. However, records of these referrals had not been maintained.
● One relative' told us, "They are good at keeping us informed if [person's relative] becomes unwell and we phone the GP." Another relative said, "They [staff] support [person's relative] to see the dentist, GP and hospital appointments when needed. We noted records of referrals and any health or social care appointments had not been maintained.

Requires Improvement

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now, deteriorated to Requires Improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Whilst staff were individually caring to people and engaged and interacted well with them, the service was not always caring.
- Whilst we gave notice of this inspection the registered manager had not arranged alternative care and support for one person they provided hands on care to. This meant that during the inspection visit to the agency office, this person was left for periods of time alone in another room without interaction. Whilst this person did not appear distressed, we informed the registered manager of our concerns for this person's wellbeing and took action to cut the timing of our inspection visit to the office short.
- Whilst people told us staff enabled them to express their views about how they wanted their care to be delivered, only one of the four people receiving a service had a care plan in place. This meant people care had not been taken to ensure people had not been formally involved in the planning and review of their care with agreement documented as to how their care should be delivered.

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with said staff were kind and treated them with respect and protected their dignity when providing personal care.
- Where people received support from regular staff they told us that they had a good relationship with the staff supporting them.
- One person told us, "They help me to keep as independent as possible, they say' come on you can do this', this helps me to keep going. They do say this in a nice, kind manner."
- People told us they were offered a flexible service, with increased support when they needed it, for example to help them to recover from an illness and with increased calls when relatives/carers went away on holiday.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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; End of life care and support

- Whilst staff demonstrated a good understanding of how people liked to be supported, they did not have access to sound guidance about how to best to support people in order to meet their needs and ensure their safety. Of the four people currently receiving a service only one person had a care plan to guide staff about that person's specific conditions. This was confirmed by the registered manager.
- Pre-admission assessments had not been recorded to determine people's needs and plan how their care and treatment would be delivered.
- Daily notes had not been recorded for all people who received a service which would provide a record of support provided and describe people's wellbeing.
- One relative told us, "The agency we used previously, staff recorded notes in the house, they wrote about what they had done for [person's relative]. This agency does not do that as far as I am aware. That aside, we are very happy with the care they provide. The manager and staff are very flexible when we need them to be." Another relative told us, "No, staff don't write anything that we are aware of, which is surprising."
- There were no care records maintained to evidence people's end of life wishes had been considered. One person without a care plan in place and diagnosed with a terminal health condition told us they had not been consulted with regards to their end of life wishes.

A failure to maintain securely an accurate, complete and contemporaneous record in respect of each person using the service demonstrated a breach of Regulation 17 of the health and Social Care Act 2008 (Regulated Activities) 2014.

Improving care quality in response to complaints or concerns

- People told us that they would be confident to complain if they needed to do so but had not been provided with any guidance.
- The registered manager told us that they had not received any complaints since the last inspection.

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.

- In the one person's care plan that had been produced, some consideration had been given to providing

this in an accessible, pictorial format to suit their communication needs.

Inadequate

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 the last inspection this key question was rated as Good. At this inspection this key question has now, deteriorated to Inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The registered manager did not have effective systems and processes in place to ensure they had a good oversight of the service. There were no quality assurance audits and no action plans to demonstrate how they planned to improve the service.
- The lack of quality assurance processes in place meant the registered manager did not identify the shortfalls we found during this inspection. These included poor records management, a lack of robust risk management, a lack of care plans and safe systems for managing people's medicines.
- Risks to people had not always been fully assessed or planned for. There was a failure to maintain accurate and fit for purpose care records. Throughout this report, we have made several references to records relating to people's care and support, which were not always sufficiently detailed to support staff to meet people's needs. Whilst we did not identify any direct impact if accurate and contemporaneous records were not in place, this had the potential to put people's health, safety and well-being at risk.

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;

- The registered manager was also the sole director of the service. They did not demonstrate throughout the inspection they had a good understanding of their regulatory responsibility and legal requirements.
- There was no structured plan or system to identify staff training needs and ensure their ongoing training and development. There was some evidence in records that showed staff received supervision but no spot checks to review their competence.
- The registered manager had not effectively sought feedback from people, their relatives and professionals to review and plan improvements to the service. There were records of one relative being asked for feedback about the service back in 2017. There was no evidence to suggest this had been done since. This was also confirmed to be the case by the registered manager during our feedback to them.
- We discussed with the registered manager the shortfalls we identified at this inspection and the areas for development needed. The registered manager told us that they were committed to improving the service, but their focus had been on delivering care rather than the management side of the business.

The failure to understand asses, monitor and mitigate risks and maintain accurate and fit for purpose care records demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff told us they were supported in their roles and could seek guidance daily, when they needed it, from the registered manager. One staff member said, "The manager is a very nice person, very kind. He is not just about the money with his business but cares about people." A relative told us, "The manager is always available. We have seen him around town with [person's relative] and have seen just how caring he is."
- Both relatives and people who used the service were complimentary regarding the standard of care they received. One person told us, "This agency is understanding of my needs, of the culture I am from and why what I eat and what I believe in is important for me." A relative told us, "The manager is always available if we need to speak with him. The staff go out of their way to accommodate the timing of calls to suit [person's relative] and their choices."
- We saw evidence of the registered manager working in partnership with one social care professional to ensure the needs of one person were met following their discharge from hospital.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to ensure that risk assessments relating to the health, safety and welfare of people were completed and mitigated the risks presented by people's specific conditions and medicines.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Appropriate systems were not in place to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to their care and treatment provided. Appropriate systems were not in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment systems and procedures were not established and operated effectively to ensure staff employed were of good character and had the necessary skills, competence and experience necessary for the work they were employed to perform.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider failed to ensure staff received training and competency assessment as is necessary to enable them to carry out the duties they were employed to perform.