

Global Caring Group Ltd

# Global Caring Group Ltd

## 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

### About the service

Global Caring Group Ltd is a domiciliary care service providing personal care to adults and children in their own homes. At the time of the inspection 13 people received 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

The providers governance systems to monitor the quality and safety of the service were inadequate. The provider had not ensured they were compliant with the conditions of their registration in line with requirements. The lack of robust governance systems meant the provider had failed to identify and address issues that we found. Opportunities to learn lessons could have been missed.

Enough staff were employed to provide the care people needed but the provider was unable to demonstrate staff had been recruited safely. Relatives felt their loved ones were safe with staff and staff had received training to protect both adults and children from the risk of harm. However, the management team had not always shared information ensure people were kept as safe as possible.

Risk management needed to be improved. Known risks were not always assessed, and risk assessments did not contain the information staff needed to provide safe care. Staff administered one person's medicines safely. National guidance in relation to infection control was not always followed. However, relatives told us staff wore personal protective equipment (PPE) and followed safe infection prevention practice in their homes.

Assessments of people's needs were completed before they started using the service. 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.

People's care did not always achieve good outcomes. Some relatives felt staff did not have the skills and experience they needed to provide effective care and staff provided mixed feedback about the training they received to help them do their jobs well. Training records were maintained, and observational checks of staff practice did take place.

People arranged their own health appointments or were supported to do so by their family members. The service could offer this support if it was required. Staff understood their responsibility to seek advice if they noticed any signs of illness.

People were offered daily choices. People's dignity was maintained, staff described how they promoted people's independence and respected their right to privacy.

People and relatives had opportunities to provide feedback on the service. However, feedback was not always used to drive forward improvement. Overall, staff felt supported by their managers. They told us communication was good and they received enough guidance to help guide them with their work.

The management team acknowledged and welcomed our inspection feedback and demonstrated commitment to making improvements to benefit people.

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

This service was registered with us on 29/06/2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection of this newly registered service.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, staff recruitment and good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

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 six 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 of 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** ●

# Global Caring Group Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

#### Inspection team

The inspection was carried out by four inspectors 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

Global Caring Group Ltd is a domiciliary care agency. It provides personal care to people living in their own homes.

The service did not have a manager registered with the Care Quality Commission in line with the requirements of the provider's registration. A new manager had been recruited and they were in the process of registering with CQC. When registered, this means they are legally responsible for how the service is run and for the quality and safety of the care provided with the Care Quality Commission.

#### Notice of inspection

This inspection was announced. We gave the manager short notice of the inspection. This was because it is a small service and we needed to be sure that the manager would be in the office to support the inspection. Inspection activity started on 19 May 2021 and ended on 21 May 2021. We visited the office location on 20 May 2021.

#### 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 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 by telephone with four people's relatives and one person's friend about their experience of the care provided. We gathered feedback from four staff members via the telephone. We spoke with the manager and the business manager during our site visit. We reviewed a range of records. This included four people's care records, three staff recruitment records, staff training data and records of the checks the managers completed to assure themselves people received a safe and good quality service.

#### After the inspection

We requested information via email and continued to seek clarification from the provider to validate evidence found. We also shared our inspection findings with local authority commissioners.

# 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 for this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

### Staffing and recruitment

- The provider was unable to demonstrate staff had been recruited safely.
- A two-and-a-half-year gap in one staff member's employment had not been explored and two out of three staff recruitment files we reviewed did not contain references from their last employers. Furthermore, identification checks for one staff member had been completed four days prior to them applying for their job. The business manager was unable to provide an explanation for these anomalies which meant people may be supported by unsuitable staff.
- Staff recruitment files contained references from their friends and family members. This was despite the providers recruitment procedure stating those types of references were not accepted.
- A risk assessment to assess the suitability of one employee following their disclosure of criminal convictions had not been completed in a timely way. The employee had worked at the service since June 2020, but the risk assessment had not been completed until August 2020.

We found no evidence that people had been harmed however people were at risk because robust recruitment procedures were not established or operated by the provider. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our visit, we were assured by the business manager that staff recruitment files would be re-audited, and actions would be taken to address shortfalls.
- Staff told us there was enough of them to provide the care people needed. However, we received mixed feedback from relatives when we asked if staff arrived at the times, they expected them. Comments included, "Yes, they arrive on time," and, "They (staff) are coming late a few times, and not letting me know. It's frustrating." Records we viewed showed people had received their care calls but not always at the scheduled times.

### Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks to people's safety, health and wellbeing were not well managed.
- Risk assessments did not contain the information staff needed to provide safe care. One person's risk assessment informed staff to 'move the person up the bed'. Staff also used a piece of equipment to move the person but no guidance to help them complete the manoeuvres safely was in place. This posed the risk of the persons skin becoming damaged. The management team were unable to explain how the tasks needed to be completed.
- A second person lived with dementia and the manager explained it was extremely important that staff always followed agreed routines during care calls to ensure the person felt safe and their levels of anxiety

remained low. Those routines were not documented in care records and staff could not recall being informed of the routines.

- Known risks were not always assessed. Managers told us on occasions one person chose not to take their medicine to manage a health condition. A risk assessment was not in place to inform staff of the symptoms or side effects associated with this or the action they needed to take such as, seeking urgent medical assistance if the person became unwell.
- COVID-19 Department of Health and Social Care guidance was not followed. The management team were unaware of the guidance they needed to follow to manage risks associated with COVID-19.
- COVID-19 risk assessments had not been completed for adults and children with underlying health conditions to ensure their care was provided safely.
- The individual characteristics of staff including staff from Black, Asian and Ethnic Minority groups (BAME) had not been assessed to ensure staff were kept as safe as possible at work during COVID-19 the pandemic in line with national guidance.

We found no evidence that people had been harmed however people were at risk because staff were not provided with information regarding people's care needs and how to support them safely and the provider did not consistently follow or meet national guidance in relation to infection control. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our visit, we received information which confirmed the information staff needed to provide safe care had been added to risk assessments to improve safety.

We found no evidence that people had been harmed, however, people were at risk as the provider did not consistently follow or meet national guidance in relation to infection control. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us staff wore personal protective equipment (PPE) and followed safe infection prevention practice in their homes.
- Staff had completed infection control and COVID-19 training. Staff told us completing the training helped them to protect people from the risks of infection.

Systems and processes to safeguard people from the risk of abuse

- The management team had not always taken action to ensure people were kept as safe as possible. In December 2020 staff had identified unexplained bruising to one person's skin. However, the management team had not shared the information with the local authority or us (CQC) as required. Responsive action was taken by the business manager following our visit to address this failure to notify us as legally required.
- Staff had received training to protect both adults and children from the risk of abuse. Staff told us they understood their role in protecting people and knew how to escalate their concerns.
- Relatives felt their loved ones were safe with staff. One relative said, "All of the carers we have had have been very good. They make sure when they leave that everything is switched off and locked up safely." Another told us, "We feel that (Person) is safe with (care worker). We trust her."
- Information was available to people, their relatives and staff on how to report any concerns if people might be at risk of harm or abuse.

Learning lessons when things go wrong

- The lack of management oversight meant areas needing improvement had not been identified. For

example, incidents and complaints had not always been recorded. That meant accurate analysis to identify patterns and trends could not take place and opportunities to prevent reoccurrence could have been missed.

#### Using medicines safely

- Procedure were in place to support the safe management of medicines. For example, assessments were completed to ensure staff administering medicines were competent to do so.
- Staff supported one person to take their medicines. Completed medicine records showed the person had received their medicines as prescribed.
- Staff completed training in safe medicines management and their competency to administer medicines had been assessed.

# 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 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

- Some relatives felt staff lacked experience and did not demonstrate they had the skills they needed to fulfil their roles and provide effective care. One relative said, "The carers lack experience ... the other day one carer sat on my sofa and (Person) was wandering around. I asked (staff member) what they were doing, and they said they were thinking about what they could do."
- Observational checks of staff practice took place. However, feedback indicated the checks were ineffective and staff were not putting their training into practice to ensure good outcomes for people were always achieved.
- Staff provided mixed feedback about the training they received to help them do their jobs well. One said, "I have all of the training that I need... safeguarding, dementia and infection control. It's mostly online learning but its good." In contrast another told us, "I hadn't had much training before I first went out. I didn't feel prepared."
- Staff had completed an induction when they had started work at the service which included shadowing more experienced staff.

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

- Assessments of people's needs were completed before they started using the service. One relative described how they had participated in a virtual meeting which gave them the opportunity to explain what was needed from the service.
- Protected characteristics under the Equality Act 2010 were considered. For example, individual religious and cultural 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.

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.

We checked whether the service was working within the principles of the MCA.

- Managers demonstrated an understanding of their responsibilities under the Act and staff had completed MCA training to help them uphold people's rights.
- Staff told us they sought consent from people before providing any assistance. A relative commented, "Yes, they (staff) do ask before doing anything."
- Processes were in place for mental capacity assessments and best interest decision making.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People arranged their own health appointments or were supported to do so by their family members. The manager told us the service could offer this support to people if it was required.
- Staff prepared some light snacks for people. Relatives confirmed the snacks were prepared in line with people's preferences.
- Staff understood their responsibility to obtain further advice or support if they noticed any changes in people or signs of illness.

# 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 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

- The provider had failed to ensure people received high quality care from staff who they could demonstrate were suitable to carry out their roles. We identified multiple breaches of the regulations which demonstrated the provider's approach to people and staff was not caring.
- Relatives provided mixed feedback about the caring nature of the staff. One relative commented, "The carers are caring. They coax (Person) to have a shower and offer to get some milk, and then bring it on their next visit." In contrast another relative told us, "They (carers) just treat it as a job, they don't have any passion ... they are coming just to get paid. We have no bond with any of the carers."

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

- People were offered daily choices such as, the clothing they wanted to wear.
- Care records confirmed people and their families had been involved in planning and making decisions about their care which included the times that their calls took place.

Respecting and promoting people's privacy, dignity and independence

- Relatives confirmed staff were respectful, and staff explained how they promoted people's independence. One staff member said, "I give (Person) plenty of time... I am patient and encourage them to do what they can for themselves."
- People's dignity was maintained. A staff member said, "I close the curtains and the door. Personal care is done in private." Relatives confirmed this happened .

# 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

- Relatives provided mixed feedback when we asked them if the service received was personalised and responsive. One relative said, "Carers are quite good they make cups of tea and sit and do jigsaws with (Person)." In contrast another told us, "The service has not come up to my expectations. I thought the carer would take (Person) swimming. It hasn't happened. So, no, needs are not met."
- Some care records lacked the detail staff needed to provide personalised care. For example, records did not inform staff how to support a person with their hair care and preferred hair styling routine. This routine was important to the person.
- Some people's care plans had not been updated to reflect changes in their care needs or call times. For example, the support one person needed to manage their continence needs from staff had increased. Care records had not been amended to reflect this change.
- Despite omissions in care records people received their care from a small number of consistent staff. Staff members we spoke with knew the people and children they cared for. For example, they knew one person liked to drink milky cups of tea and another person enjoyed watching television.
- Following our inspection visit some immediate action had been taken and further action was planned to drive forward improvement in this area. For example, information had been added to risk assessments to help staff provide safe care.

Improving care quality in response to complaints or concerns

- Whilst the complaints process in place was accessible to people and their families complaints had not always been recorded.
- One complaint had been received in April 2021 and records showed the complainant was happy with the outcome. However, opportunities to identify where quality could be improved had been missed. We were made aware some families had not felt listened to and no action had been taken by managers following receipt of the feedback.

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.

- Care records contained some information which helped staff understand people's communication needs for example, whether they wore spectacles or hearing aids.

- A relative explained their family member did not use speech to communicate but their care workers understood their body language. A staff member commented, "I spend a lot of time taking with parents to understand communication. Its working really well ."

# 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 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had not ensured they were compliant with the conditions of their registration in line with requirements. Two days before our inspection visit, we were made aware the service had been operating from an address not registered with us since June 2020. In response to this the business manager said, "I didn't realise, I take full responsibility, it was never intentional, an honest mistake." Immediate remedial action had been taken, and the service operated from its correct location address at the time of our visit.
- The providers governance systems to monitor the quality and safety of the service were inadequate. For example, risk management plans lacked important information to support staff to provide safe care.
- The provider had failed to operate effective governance systems. This meant issues we found had not been identified and addressed. For example, audits of staff recruitment files had not identified required checks to make sure staff were suitable had not taken place in line with the regulations and the providers expectations which placed people at risk.
- The provider had failed to ensure COVID-19 national guidance was followed to keep both people and staff as safe as possible during the Coronavirus pandemic. The management team were not aware of the government guidance they needed to follow, and the providers policy did not contain sufficient information to help the management team assess and mitigate risks associated with COVID-19.
- The provider had not ensured accurate and up to date care records were maintained and four people's schedules call times had not been amended when the times of calls had changed. For example, electronic call records showed on 09 May 2021 one person's call had been provided 85 minutes early and on 16 May another person's call had taken place 282 minutes late. At the time of our visit this had not been identified as an issue by the managers and remedial action had not been taken.
- The management team had not always shared important information following incidents as required with CQC and the local authority to ensure people were kept as safe as possible.
- The management team consisted of the manager and the business manager. The new manager had been in post for three weeks at the time of our visit and was the third manager to be employed by the provider in less than 12 months. The business manager felt the management changes had impacted negatively on the quality and safety of care people received and was the main reason for the shortfalls we identified.

We found no evidence that people had been harmed however, the above issues demonstrated governance was not robust enough. 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.

- Following our visit, we requested and received information which showed some action was being taken to begin making improvements.
- The provider's statement of purpose contained incorrect information and it had not been shared with us as required when information had been updated. A statement of purpose is a legally required document that includes information about a provider's service. Action prompted by CQC was taken to address this.

We found no evidence that people had been harmed however the providers lack of understanding of their registration conditions was a breach of the Care Quality Commission (Registration) Regulations 2009 12: Statement of purpose.

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

- Our inspection findings including feedback from relatives confirmed good outcomes for people were not always achieved. Furthermore, two out of four relatives we spoke with relatives lacked confidence in the ability of some staff to provide effective and personalised care.
- People and relatives had opportunities to provide feedback on the service. One relative said, "They (manager) did phone me last week and they are going to come out to visit us," Another told us, "The new manager seems very good. They do respond when I email them."
- However, feedback was not always used to drive forward improvement. For example, on 24 March 2021 a relative had requested their family member's bed was changed and disinfected during a care call. The management team were unable to demonstrate that had happened.
- Overall, staff felt supported by their managers. They told us communication was good and they received enough guidance to help guide them with their work. One commented, "The managers are really nice people, really helpful."

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; Working in partnership with others

- The provider had failed to effectively monitor the performance of the service and continually improve care. For example, incidents and complaints had not always been recorded. That meant accurate analysis to identify patterns and trends could not take place. Opportunities to prevent reoccurrence and learn lessons could have been missed.
- The management team were open and honest during the inspection visit. They acknowledged and welcomed our inspection feedback.
- The management demonstrated commitment to making improvements to benefit people. The business manager said, "We will sort this and show you we will get things back on track. Starting tomorrow." The manager told us one way this would be achieved would be by getting to know people and their families.
- The management team worked with other organisations including social workers and commissioners to support care provision and service development.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 Registration Regulations 2009 (Schedule 3) Statement of purpose</p> <p>The providers statement of purpose contained incorrect information and it had not been shared with CQC as required when changes had been made.</p> <p>12(1)(3)</p>

### The enforcement action we took:

We imposed conditions on the providers registration

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care was not always provided in a safe way. The provider had not always assessed the risks to people's health and safety and had not done all that was reasonable to mitigate risks. The provider had not assessed the risk of or prevented or controlled the spread of infections.</p> <p>Regulation 12(1)(2)(a)(b)(h).</p>

### The enforcement action we took:

We imposed conditions on the providers registration

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not effective to assess, monitor and improve the quality and safety of the service or risks to people's health and welfare. Records of care were not accurate.</p> <p>17(1)(2)(a)(b)(c)(e)(f).</p>

### The enforcement action we took:

We imposed conditions on the providers registration

Regulated activity	Regulation
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Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Recruitment procedures were not established or operated effectively by the provider.  
19(1)(2)(a)(b)

**The enforcement action we took:**

We imposed conditions on the providers registration