

Gilbert Global Care Services Limited

Gilbert Global Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Gilbert Global Care Services is a domiciliary care service which provides personal care to people living in their own homes. CQC only inspects where people receive support with 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 one person was receiving support with personal care.

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

People were not always protected from the risk of harm as risks were not always identified or mitigated. The provider had not assessed the risk of COVID-19. Staff did not conduct COVID-19 tests according to current government guidelines. The provider did not conduct the necessary recruitment checks.

People's health and social care needs were assessed, and plans put in place to meet these. Staff received appropriate information and training. People's nutrition and hydration needs were met. People were supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received induction, training and ongoing support to fulfil their role.

People told us the staff were kind and caring and knew them well. People were treated with dignity and respect, and they were supported to maintain daily living skills.

The provider assessed people's communication needs. People had not been consulted about their end of life wishes. People told us they received care that met their cultural needs and personal preferences.

There were a range of quality assurance checks to ensure people received safe and effective care. The provider sought regular feedback from people about the care they received.

Rating at last inspection

This service was registered with us on 15 July 2020 and this is the first inspection.

Why we inspected

This was a planned inspection to provide a rating.

Enforcement and Recommendations

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 have identified a breaches in relation to managing risks and safe recruitment. We have made recommendations about consulting people about their end of life wishes. You can see what action we have asked the provider to take at the end of this full report.

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

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 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 ●

Gilbert Global Care Services

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 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection there was a registered manager in post.

Notice of Inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. We visited the office on 12 and 14 May 2022.

What we did before the inspection

We reviewed information we had received about the service to plan our 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.

During the inspection

We spoke with the registered manager and the care coordinator. We reviewed a range of records including care and support plans for one person. We looked at records of recruitment, training and supervision for three members of staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one person who was receiving care to get their feedback about the service. We also received feedback from two care assistants about their role.



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 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.

Staffing and recruitment

- The provider did not follow safe recruitment processes to ensure staff were suitable to work with people with health and social care needs. The provider did not obtain a full employment history when recruiting staff and gaps in employment were not explained. One person's references gave conflicting dates about their previous employment. We raised this with the registered manager and they have obtained full employment histories for these members of staff.
- We were unable to review one member of staff's recruitment file as we were informed the file had been mislaid during the recent office move. This means we could not be assured that this member of staff had been recruited safely.

The failure to ensure safe recruitment practices was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider conducted Disclosure and Barring Service (DBS) checks before new staff started working. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People received their care visits as planned with sufficient staff. The person receiving care told us, "They always come on time or are early. No problems."

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

- The provider was not doing all they could to prevent and control infections as staff were not carrying out regular COVID-19 tests according to current government guidelines.
- The provider had also not assessed the risk of COVID-19 for people receiving care or staff. We raised these issues with the provider and they took action to assess the risk of COVID-19 for people receiving care and staff and ensured staff now take part in regular COVID-19 tests in line with government guidelines.

The failure to assess, monitor and mitigate the risks relating to infection control and adhere to current guidance was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had access to appropriate personal protective equipment (PPE) to prevent the spread of infection. People told us staff followed safe hygiene practices and wore the correct PPE when carrying out care and support. One person told us, "They wear, gloves, masks and aprons when they come."

- Staff told us the registered manager often spoke with them about their infection prevention and control (IPC) responsibilities and they had enough PPE to carry out their role.
- Despite the issues with risk assessments the person receiving care felt the staff helped them keep safe. Comments included, "Yes they do everything to keep me safe" and "They do everything properly."
- Care plans considered a wide range of risks and contained clear guidance for staff to ensure they understood how to support people safely. The risks associated with people's living environments had been assessed to identify any potential hazards to people's safety.

Using medicines safely

- At the time of the inspection staff were not supporting people with their medicines.
- Staff received training in the administration of medicines, however their competency had not been assessed due to lack of people receiving support with their medicines. The provider had access to a competency assessment which they said they would use before allowing staff to administer medicines.

Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding were in place and staff received relevant training. Staff showed a good understanding of whistleblowing and safeguarding procedures. They knew who to inform if they had any concerns about abuse and how to escalate their concerns if they were not satisfied their concerns were being taken seriously. One member of staff told us, "If I had any concerns I would report them to my manager straight away."
- The provider was aware of their responsibility to report safeguarding concerns to the local authority and CQC. At the time of the inspection no safeguarding concerns had been raised.

Learning lessons when things go wrong

- There were systems in place to record accidents and incidents. Staff understood their responsibility to report these to the registered manager.

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;
Supporting people to live healthier lives, access healthcare services and support

- Assessments of people's needs, and choices were carried out in line with current standards. People's health and social care needs were assessed to ensure the service could provide effective care and support.
- The provider devised and reviewed care plans in consultation with people. Care plans contained information about people's medical conditions and disabilities. Information included how these affected them and guidance on lifestyle choices that may help people live well with their conditions. Re-assessments were carried out whenever there were significant changes that might impact people's health and social care needs.

Staff support: induction, training, skills, and experience

- Staff received induction and training to ensure they were equipped to carry out their role. New staff spent time shadowing other staff members before going on to support people on their own.
- Staff told us they received adequate training and ongoing support. We received comments such as, "We get enough training to do our jobs effectively." and "We get supervision every three months."

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

- Assessments and care plans contained information about people's nutritional needs including preferred foods and drinks. The person told us they were happy with the way they were supported to prepare food and drinks. Positive comments included, "They are very good. They make sure I have enough to eat and drink."
- Staff understood how to ensure people had enough food that was safe for them to eat. One member of staff told us, "I check the fridge and cupboards for expired food, make shopping lists with the client and prepare food of choice."

Staff working with other agencies to provide consistent, effective, timely care

- Due to the small size of the service there was limited examples of working with other professionals. However, we found the service worked in partnership with healthcare professionals such as the district nurse to ensure people received consistent care.

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.

- Care and support was delivered in line with the principles of the MCA. Staff received mental capacity training and understood their responsibilities in relation to protecting people's rights. Staff respected people's right to make their own choices and asked their consent before providing care and support. One member of staff told us, "The Mental Capacity Act states we must assume that every client has capacity, and every care worker must respect the wishes of client."
- The provider understood their responsibility to carry out mental capacity assessments if they had cause to suspect people did not have capacity to consent to their care and support.

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; equality and diversity

- The person told us they were well treated and received a kind and caring service. Positive comments included, "The carers are very respectful" and "They treat me like I am their family."
- People were supported by regular care workers who knew them well One person said, included, "I do get the same carers which I am happy about. I wouldn't want to change."

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

- People were supported to express their views and make decisions about their care. Care plans contained information about people's backgrounds, personal interests and hobbies which helped staff have a broad understanding of the person.
- Staff told us how they supported people to express their views and choices when providing care. One member of staff told us, "We get to know people by reading the care plan and asking them questions about how they want to be supported."

Respecting and promoting people's privacy, dignity, and independence

- People's dignity and privacy was respected, and their independence was promoted. Care plans contained information about what people could do for themselves to help ensure staff promoted people's independence. One member of staff told us, "I promote people's independence by giving them different options and encourage them to do tasks themselves if they can manage them safely."
- Staff told us how they maintained people's dignity when delivering personal care. One member of staff told us, "I ensure privacy is maintained by closing doors and covering people up during personal care."

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 told us they were involved in the development of their care plan, which met their needs. One person told us, "They do everything I want them to do."
- People's cultural and religious needs were assessed, and plans put in place to meet these. One person told us, "They do these things like cook my cultural food, which is important to me."

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 plans contained information about people's communication needs with details of any communication aids people used and factors that might affect people's ability to communicate well.
- Staff understood how to adapt their communication style to meet different people's needs. One member of staff told us, "If people have hearing difficulties, I make sure their hearing aid is switched on if they have one and I use positive body language. If they are visually impaired, I make sure to speak clearly and use touch where appropriate."

Improving care quality in response to complaints or concerns

- The service had a complaints policy which stipulated how they should respond and inform people what action they would take to investigate concerns raised.
- People told us they had not had any cause to complain but they knew what to do if they were unhappy about any aspect of their care. We received comments such as "I have no complaints. If I had a problem I would speak to the manager as he visits every week to check on me."

End of life care and support

- The service was not providing end of life care and support at the time of our inspection. People had not been consulted about whether they had any end of life preferences.

We recommend the provider reviews their procedures to ensure people are consulted about their end of life wishes or preferences.

Is the service well-led?

Our findings

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

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

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

- There were quality assurance processes in place but these were not always effective as they had not identified the issues with risk assessments and recruitment checks that we found.
- The provider also monitored quality and safety through spot checks and telephone monitoring calls. One person told us, "The [registered] manager is very good. He comes every week and checks on me and the paperwork."
- The provider had plans to improve the service, such as electronic care records and an electronic call monitoring system but as these had not yet been put in place we were unable to assess their effectiveness.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service engaged with people receiving care. People completed satisfaction surveys on a regular basis to give feedback on the care they received. Satisfaction surveys showed people were satisfied with the care and support. This was consistent with the feedback we received. One person told us, "Yes, they look after me wonderfully."
- The registered manager arranged staff meetings to give staff the opportunity to discuss the service. One member of staff told us, "We meet up and discuss the service."

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 responsibility to be open and honest and give people all the relevant information when things went wrong.

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

- The provider created a person-centred and open culture. The person receiving care was satisfied with the care and support they received. They told us, "I am very happy with them and I have recommended them to people I know."
- Staff were proud of the level of care they provided. One member of staff told us, "I get a sense of joy from putting a smile on a client's face and supporting them as much as possible to live independently and making a client feel safe and well looked after."
- Staff told us the registered manager was approachable and gave them sufficient support to fulfil their role.

Working in partnership with others

- There was guidance in place to remind staff of the benefits of working in partnership with other professionals.
- Due to the small size of the service, we saw limited examples of working in partnership. However, the service communicated and worked with a district nurse to ensure people's health and social care needs were met.

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>The provider did not do all that was practicable to ensure that care and treatment was provided in a safe way as risks to people were not always identified.</p> <p>The arrangements in place to mitigate the risk of infections such as COVID-19 were not robust.</p> <p>Regulation 12(1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not establish and operate safe recruitment procedures as they had not gathered sufficient information about candidates before they were employed.</p> <p>Regulation 19 (2) (3)</p>