

# Global Inspirations Limited

## Essex/London

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

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

Essex/London is a domiciliary care agency which provides personal care to people in their own home. The service supports some people on a 24-hour basis and others who may require support with personal care needs at specific times during the day and /or night. The service was supporting people with personal care at the time of our inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. At the time of our inspection the service was providing support packages to four people.

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

The registered manager demonstrated a commitment to improving outcomes for people and responding to concerns raised at the last inspection. Support had been given by an external consultant. A family member told us, "I have definitely noticed a difference in the last few months there is a lot more paperwork, the staff are always writing things down that they have done."

Feedback from people we spoke to was positive. People had been fully communicated with the outcomes of the last inspection and the necessary improvements the registered manager needed to make.

The registered manager had improved people's care plans. Clear risk assessments were in place along with people's likes dislikes and health needs. Quality assurance processes were in place and audits were carried out and outcomes actioned. However time was needed to ensure these improvements were sustainable.

Recruitment processes had been improved so people received safe support from people when they needed it. However, staff personnel files were disorganised and did not contain all of the relevant information required.

The administration of medicines was safer than at our last inspection. Staff had been re-trained and there were effective audits in place to pick up any errors. However, these had not always been effective in picking up a recording issue on the medicine administration record sheet ( MARS).

Staff had received some training to enable them to have the right skills and experience to meet people's needs. However, some training had yet to be arranged.

Assessments were carried out to ensure people's needs could be met.

Staff understood people's likes, dislikes and preferences and people told us they were offered choices about their care.

People were supported to eat and drink in line with their preferences.

People were supported to have maximum control of their lives and staff supported them in the least restrictive way possible and in their best interest.

Relatives and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

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 inadequate. (published 18 June 2019)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The service had been in Special Measures since 18 June 2019. During this inspection the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection.

Follow up

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.

## 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.

Requires Improvement ●

### Is the service effective?

The service was not always effective.

Requires Improvement ●

### Is the service caring?

The service was Caring

Good ●

### Is the service responsive?

The service is responsive

Good ●

### Is the service well-led?

The service was not always well led.

Requires Improvement ●

# 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 two inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care and support to people living in several supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

Before the inspection, we looked at information we had received about the service. This included any notifications from the provider. Statutory notifications included information about important events which the provider is required to send us by law. We also used the information from the provider since our last inspection outlining the action's they were taking to improve the service.

#### During the inspection

We spoke with one person who used the service and two relatives about their experience of the care

provided. We received information from two members of staff. We also spoke with the registered manager/provider. We reviewed a range of records. This included four people's care records and medication records. We looked at records relating to recruitment and staff supervision and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe.

### Assessing risk, safety monitoring and management

At our last inspection 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. At this inspection we found safety at the service had improved and the service was no longer in breach.

- At our last inspection not everyone had a care plan in place identifying risks to their health, wellbeing and safety. At this inspection we found that risks to people were assessed and managed safely. Staff told us how they supported people to minimise the risk for example of falls or when accessing the community.
- The risks to people and their home environment had not been assessed at our last inspection. At this inspection we found that environmental risks had been carried out and guidance was available to staff on how to support people safely. Any changes to people's needs were shared with staff and people's care records were updated.

### Staffing and recruitment

At our last inspection we found the failure to operate robust recruitment procedures in line with the registered managers' 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) Regulation 2014. At this inspection we found recruitment procedures had improved and the service was no longer in breach.

- At our last inspection we found that references had not been obtained for any staff employed from their previous employer and that not all identification checks had been carried out. At this inspection we found that improvements had been made to staff personnel files in that references and Disclosure and Barring checks (DBS) had been carried out.
  - Personnel files contained some identification checks but although others had been carried out they were not clearly visible in people files. Staffs personnel files were not filed in an orderly way and documentation was hard to find.
- We discussed our findings with the registered manager who told us they would audit the files and rectify our findings.

### Using medicines safely

At our last inspection we found a 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. At this inspection we found the

management of people's medicines had improved and the service was no longer in breach.

- At our last inspection staff we found that staff had not received any formal training or had their competency checked. At this inspection we found that People received their medicines safely by staff who had been trained and assessed as competent to administer people's medicines.
- People had medicine administration records (MAR) which staff signed to show they had given people their medicines.
- MAR sheets had started to be audited monthly by the registered manager. However, these had not been effective at picking up errors which we found in that staff had not been documenting correctly on MAR sheets when people had not received their medication for a particular reason.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt staff supported them to be safe. One relative told us, "Yes, they certainly do look after [name of relative] really well they have carried out risk assessments on our home."
- Since our last inspection staff had received updated training in safeguarding people from the risk of abuse
- The provider had processes in place to protect people from abuse. Staff told us about the different kinds of abuse and the steps they would take if they suspected or identified a person was being abused.

Preventing and controlling infection

- Staff completed training in infection control. Staff made sure infection control was considered when supporting people with their specific care needs and used the relevant personal protective equipment such as gloves and aprons.
- Since our last inspection staff had received training in food hygiene to ensure they prepared meals and drinks for people safely.

Learning lessons when things go wrong

- The management team were keen to learn from incidents. There were systems in place to monitor and learn from accidents and incidents. These were analysed to look for any patterns or themes.

# 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 requires improvement. At this inspection, this key question has remained the same requires improvement. This meant the effectiveness of people's care did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection we found the registered manager had failed to ensure staff received training to enable them to carry out their duties and meet people's needs this demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach.

- The registered manager had sourced a training provider and staff had received training in the mandatory training courses for example, health and safety, food hygiene, manual handling, infection control and medication. However, it was not clear in people's personnel files which training they had completed, some training certificates were not visible although we were told their training had been completed. We saw evidence that one person had completed safeguard training. The registered manager told us they were in the process of arranging further training for the remaining staff. We understood that because this is a very small agency it is not possible for all the staff to attend training at the same time.
- One of the staff had completed the Care Certificate and completed signed off modules were in their personnel files. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff spoken to said they had adequate training and that the registered manager had sourced training for them recently although they had the training in the past when they worked for another employer.
- Staff performance and competence was now monitored through observations and competency assessments, staff supervisions and annual appraisals. These support mechanisms were used to provide staff with ongoing support and identify any practice issues or learning needs.
- Staff told us they had regular supervision meetings with the manager to support their development. Staff told us they felt very well supported by the registered manager. A staff member told us, "We have regular supervision."

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

- At our last inspection three people did not have care plans. On this inspection assessments were now in place, which considered people's physical, mental, and social needs.
- Care plans were detailed and offered staff practical advice. Where staff needed to support people with more complex tasks, such as with specialist equipment there was detailed step by step guidance.
- Care plans were regularly reviewed and updated to ensure people's changing needs were met. However, the care plans contained a lot of unnecessary information in which was repeated elsewhere. For example, information on medication and health and safety COSHH sheets, this sometimes made it difficult to find the

relevant information you needed.

We had a discussion with the registered about our finding who told us they would streamline the care plans to make them easier to use.

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

- One relative told us, "They are quick to raise any concerns and let me know if they think that [name] needs the GP."
- People's health conditions were now recorded as part of their initial assessment. Care plans included guidance for staff on how to support people to stay healthy.
- Records showed staff were vigilant in picking up on any health concerns and ensuring people received prompt treatment and advice. If staff noticed people becoming unwell this was immediately reported to the manager who made referrals to the relevant health professional.
- The service worked with a range of professionals such as GP's district nurses and occupational therapists to support people to maintain their health and wellbeing.

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

- Where it was part of an assessed need staff supported people with eating and drinking. People's food and drink preferences were recorded and understood by staff.
- Staff were trained in food hygiene and wore appropriate protective clothing to prevent contamination when appropriate.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had assessed people's capacity to make decisions, for example, about what to wear, and understood when people were able to make choices about their care.
- Care plans contained clear guidance for staff on people's capacity to make decisions.
- Staff had not yet received any formal training in understanding their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA).
- Staff obtained people's consent before providing and support and respected their rights to make their own decisions. One person told us, "The staff always ask my permission before they start doing anything."

# 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 requires improvement. At this inspection, this key question has improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- The registered manager was committed to ensuring people received consistent caring support. They themselves supported one person on a daily basis.
- The service had systems in place to ensure people were treated in a compassionate manner and equality and diversity was respected.
- People's relatives told us staff were kind and caring. One relative told us, "The staff member that supports [name] is very caring the same person comes most days on the odd occasion they are late because of traffic they always ring to let us know."
- Care plans included people's cultural, religious and gender preference of carer. Where people preferred a specific gender, this had been facilitated where possible. This showed staff treated and supported people without discrimination, and in a caring and kind manner.
- Staff spoke fondly of people they supported and knew their needs and preferred routines well.
- People had been consulted and involved compiling their care plan. One relative told us, "The staff have been through everything with us and asked for our input in completing the care plan."
- Care plans contained information on people's preferences and how their care and support should be delivered. As people's needs changed, care plans were reviewed and updated.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and staff could clearly explain how they supported people in a dignified and respectful way. One relative told us, "Yes, they respect [name] and they let him do things for himself they know what he is able to do for himself."
- People's records were kept securely, and computers were password protected. Staff knew how to keep people's information confidential.

# 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 requires improvement. At this inspection, this key question has improved to 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; End of life care and support

At our last inspection we found the registered manager had failed to maintain accurate, complete and contemporaneous records in respect of each person using the service this demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found improvements had been made and they were no longer in breach.

- People and their relatives told us they were involved with planning and reviewing their care plan. Care plans were regularly updated to ensure staff had relevant information about people's needs. One relative told us, "They keep us up to date with what is happening." Another relative told us, "They write everything down now since the last inspection."
- Care plans were person centred, considering people's personal choice and preferences.
- Daily notes were kept for each person which recorded the support people received and described their wellbeing.
- Although care plans contained general information about end of life there were no person-centred records regarding peoples end of life wishes.

We discussed this with the registered manager who told us they would have a discussion with each person and document the outcome.

Meeting people's communication needs

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

- People could have access to information in alternative formats if required. This included easy read versions or large print.

Improving care quality in response to complaints or concerns

- The provider had a system to log, respond, follow up and close complaints.
- There had been no complaints received since the last inspection.

# 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 inadequate. At this inspection, this key question has improved to requires improvement. This meant people's needs were not always met.

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

At the last inspection, we found there was a failure to understand assess, monitor and mitigate risk and maintain accurate records fit for purpose, this demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At this inspection we found these areas had all improved and the service was no longer in breach.

- We noted the registered manager had worked hard since the last inspection and things had improved however, we were concerned about the sustainability of the improvements. The registered manager told us they had been supported by an external 'volunteer' to put the necessary paperwork in place. However, this was not feasible long term. They told us they were hoping to recruit a competent admin member of staff as they themselves provided 1:1 daily support for a person.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The provider was working in accordance with this regulation within their practice.
- People and staff told us they had been kept fully informed and discussions had been had about the last inspection and how things needed to improve. They were explained to why it was necessary for certain documentation to be in place which had not been in place before.
- Although some training had taken place there was not a clear system to identify staffs ongoing training needs. Some certificates of staffs training were unavailable. Some training had yet to be arranged.
- Quality audits were carried out with timescales for any actions highlighted.

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

- People spoke with confidence about the staff and the registered manager.
- Risks to people had been fully assessed and accurate records were now kept. Systems were in place for the safe managing of people's medicines however, some work was still needed in the recording of these.

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

- Staff told us they felt supported and valued by the management team.
- The staff were clear about their roles and responsibilities as well as on the aims and goals of the service.

Staff had been fully involved in the action plan since the last inspection.

- Regular meetings provided staff with the opportunities to express their views on the service.
- Satisfaction surveys had been sent out to people. One relative told us, "I have received a questionnaire about what I think of the service."

Continuous learning and improving care: Working in partnership with others

- The registered manager told us they kept up to date with current legislation by using the internet and the local authority. They told us they had contacted Skills for Care for support in sourcing staff training.
- The service worked well and in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision.