

Global Excellence Services Limited

# Global Excellence Services Limited

## 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?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Global Excellence Services Ltd is a Domiciliary Care Agency providing personal care in people's own homes. At the time of the inspection there were two people who were receiving 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

Systems to monitor the quality and safety of the service had not always been effective at identifying where the registered provider needed to make improvements. For example, care records and risk assessments did not detail how risks would be managed effectively. These records were updated following our visit and evidence provided to us.

People told us they were assured staff would arrive on time for calls and told us calls had never been missed.

People were supported by staff who knew them and their needs well. There were sufficient staff members employed by the service to support service users.

We saw staff have received training in line with the needs of people using the service and have completed the care certificate.

We were told by family members that that their relatives had a good relationship with the staff and they felt safe and cared for.

People told us the service was flexible around their needs and wishes and call times were adjusted to suit their daily lives.

We saw from care records and by talking to families, people were supported to remain independent when possible.

The provider and staff could tell us how of the Mental Capacity Act 2005 (MCA) was applied to supporting people using the service and how to keep them safe.

We saw people were supported to have maximum choice and control of their lives and staff supported them in their best interests; the policies and systems in the service supported this practice.

Information about the service was not provided in different formats to suit individual needs. For those who may have sight impairment or a learning disability information was not available in a format to suit their communication needs.

We saw staff had not received end of life training. There were no care plans in place to guide staff on action to take in the event of deteriorating health or death of a service user.

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 09/02/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration.

## 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Global Excellence Services Limited

## **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 houses and flats.

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. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 29 January 2020 and ended on 30 January 2020. We visited the office location on 30 January 2020.

#### What we did before the inspection

We spoke with service users family members and staff prior to the inspection taking place. We used all this

information to plan our 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.

During the inspection

We spoke to family members of both service users, as the service users did not wish to do so, they delegated this to their family. We also spoke to four members of staff including the registered manager, nominated individual and care workers.

We reviewed a range of records during the inspection. This included two people's care records, which included risk assessments, medication administration and food records. We looked at two staff files, including recruitment, induction, training and supervision records. Other records such as staff observations, audits of care records and policies and procedures.

After the inspection

The registered manager and nominated individual provided us with evidence of improvements they had made to the care plans and risk assessments for people using the service.

# 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.

### Assessing risk, safety monitoring and management

- The provider had care plans in place which detailed needs of the support people needed. However, these were not always sufficiently detailed. For example, care plans for people's specific health conditions had no signs and symptoms for high and low blood sugars recorded to help staff identify concerns.
- One service user wore protective footwear that was not recorded in his plan of care, so staff did not have the information they needed to meet the person's needs. Staff told us they knew how they supported people however, risk assessments were not in place for things such as moving and handling people safely or the risks identified around people preparing meals, so that staff had all the information they needed to safely meet the person's needs. 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.

The provider responded immediately during and after the inspection. They have provided evidence all the actions in relation to care plans and risk assessments were now completed.

### Using medicines safely

- Staff had received medication training.
- One person required prompting to take their medicines. We found records completed were inconsistent, there were some gaps on the medication administration record (MAR), however, there was evidence recorded in the daily notes to say the medication had been taken. The registered manager completes audit of the medication administration records each month. Gaps identified in the medication record were discussed with staff in how to correctly complete records. We will look at this at our next inspection.

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

- Staff members had a good understanding of what safeguarding people and abuse were, they were able to explain how to protect people they supported. Staff had received training in these areas.
- One family member told us, "The person] is happy at home, they [the staff] keep [the person] safe and they make him happy which is important for us."
- The registered manager carries out observations of the care team when supporting people in their homes, to assess their competencies and ensure that care plans are followed. Records showed observations take place and the families we spoke to told us they saw the registered manager often.

### Staffing and recruitment

- We saw from rota's there were enough staff to ensure the allocated calls to people could be met and the times they had allocated were suitable.

- Two staff files were reviewed. We saw that safe recruitment practices had been followed. One staff member started induction prior to receiving their Disclosure and Barring Service (DBS), this is a national service that keeps records of criminal convictions, we saw evidence on the rota to show they never worked unsupervised during this period of induction.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff have access to personal protective equipment (PPE). The registered manager observes staff are following procedures during their observations and ensures equipment is available in people's homes.
- Staff have received training in infection control and basic food hygiene.

#### Learning lessons when things go wrong

- The service has not received any complaints or had any incidents or accidents since commencing. Family members we spoke to also confirmed there had not been any accidents or complaints made.
- The registered manager and nominated individual were able to demonstrate their knowledge about what they would do if they received a complaint or a serious incident occurred. They also spoke about the importance of learning when things go wrong to reduce the risk of reoccurrence.



# 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

- We saw from care records, the registered manager carried out assessment of people's needs prior to agreeing their care package. We saw and were told by family members they and the service user were involved in the assessment and the planning of their support and frequency of visits.
- Care plans identified people's choices and preferences, histories, hobbies and interests, allowing staff to have a person centred approach when supporting people. Evidence that this information was used at times of support was reflected in the daily records.
- One family member told us, "They [the staff] value what he [service user] says and he feels very much included in what he does. They keep him up to date with current affairs, cricket and boxing. They have a laugh and joke, they have a good relationship."
- We heard from staff about the support needs of people and they clearly knew them and their needs and wishes well.

Staff support: induction, training, skills and experience

- The registered manager told us they had completed induction books with staff. The registered manager did provide us with induction documentation after the inspection. Staff members we spoke to told us they had received an induction which had included training, meeting service users, care plans and shadowing.
- We saw evidence of staff being encouraged to develop their skills and knowledge. We saw evidence of this in supervision notes.
- Training is provided by an external training provider. The registered manager has access to a portal and receives alerts when updates are due. Staff told us they have 'lots of training'.

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

- We saw from records and from speaking to staff and families, people using the service did not need support to eat or drink.
- Staff supported people with heating up meals which had been left or prepared by family members.

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

- The registered manager told us they had contacted other health professionals, for assessments for equipment for one service user. We were told these assessments had taken place and the equipment had been provided. We saw this equipment detailed in the care plans. However, there was no documented evidence to substantiate these requests had been made by the provider.
- A family member said, "If ever there are any problems they [staff] ring me to let me know and get in touch with the doctor or nurse, they are really good."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff told us how they offered choice, gained consent and respected people's choices.
- Care plans showed that staff spoke to service users to gain consent and their choices were documented in their daily notes.
  
- None of the current service users are subject to court of protection deprivation of liberty safeguards (DoLS).
- Staff received training in and had and understood people's rights under the MCA and when to act in their best interests to ensure peoples safety and welfare is maintained.
- The registered manager and nominated individual understood their roles in alerting the local authority if a person was no longer able to make decisions for themselves.

# 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; respecting equality and diversity

- A family member told us, "They are a very good care company and they give us confidence they will do what [Person using the service] needs, they let themselves in and out, we have had no problems. I have recommended them to others." They also told us, "This [the service] has worked. [Person using the service] had other carers in their home before and it did not work. They have tried different things and have done everything in [person's] best interests to make sure he is happy. They always let me know they have been pretty good. They are very experienced in what they do with different needs and challenges, they assured me they would help us and they have not let me down."

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

- We saw in care plans and were told by families, how people were involved in deciding how and when their care would be delivered.
- There was no evidence of people's views about the service being gathered and reviewed to ensure the service was meeting their needs. The registered manager told us they speak to people regularly but there was no documentation to support this.

Respecting and promoting people's privacy, dignity and independence

- A staff member told us, "Sometimes [service user] does not want to have a shower, we try to persuade them and have to try different ways. We never rush or force them to do anything." Another staff member told us how they encourage independence, they said, "[service user] walks very slowly but it is important they still walk to the bathroom otherwise they will lose it [the ability to walk]."
- A family member told us, "They [staff] are attentive and listen to [service user] and tell us if he has any concerns. He talks to them about all sorts of things, it's really nice."

# 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

- Family members told us their relatives were provided with personalised care and support that was responsive to their needs. We were told, "They [staff] are really good, they are approachable, easy to speak to and help us to get [person using the service ] ready to go to church. They will change the call times if we have family things going on, they are accommodating."
- We were told by families, people were involved in developing their support plans so the care they received met their needs and wishes and they were happy.

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.

- We spoke to the registered manager and nominated individual who said that they were aware of the AIS but they did not have any alternative formats for communication in place at this time. AIS should be in place for prospective service users for who the standard printed information is not suitable.
- People told us they knew how to complain, we saw the procedure was in the care plans for people to refer to.

End of life care and support

- The service was not supporting people with end of life (EOL) care at the time of the inspection.
- Care plans did not incorporate advanced decisions or end of life planning. There was a policy in place and the registered manager told us about how they would support service users, family members and staff in the event of deteriorating health or death, in a dignified and respectful way.
- Staff had not received training in EOL care and this is not included on the plan of scheduled training.

# 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 safe care.

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

- The provider's systems and processes to monitor and audit the service required improvement. The provider's audits of care plans, including risk assessments had failed to identify the plans lacked specific details about some people's conditions and how staff were to mitigate against associated risks.
- Audits had failed to identify that there was conflicting information in some care records, such as how conditions are treated. This could have resulted in service users receiving incorrect support and treatment. Audits had failed to identify that accessible information was available for people who may be looking for a service from this provider.

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.

- The registered manager understood their responsibilities to notify us of certain events such as abuse, and serious incidents.

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 and nominated individual were clear about their responsibilities about duty of candour and promoting an open and honest culture.

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

- We were told by a family member, "The manger [registered manager] is very good and friendly, he wants to meet our needs. He is happy to talk and accommodate to suit us. He has a lot of respect for elders and makes the effort to make sure they are happy and cared for how they want".
- There was an open culture. Staff and family members told us, they felt comfortable speaking to the registered manager and said they knew they would be listened to. Families told us they saw the registered manager often and could speak to them.

#### Continuous learning and improving care

- Both the registered manager and nominated individual spoke of how important it was to keep themselves up to date with changes in legislation and regulations. They use different platforms to update themselves including on-line, CQC website, policy and procedure provider for updates as they change. They attend the registered managers network meetings which enabled them to share and learn from other registered providers in the area. They are members of UK Homecare association, attending workshops and receiving monthly magazines, they also attend care shows.
- The registered manager is currently working towards their level five diploma in Leadership and management.
- We saw that there is a training programme for staff and the staff we spoke to confirmed they attend training.

#### Working in partnership with others

- The staff team worked with other appropriate services to ensure people received care that met people's needs.

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 17 HSCA RA Regulations 2014 Good governance  Systems were either not in place or robust enough to demonstrate safety was effectively managed.