

# Global Inspirations Limited

## Essex/London

### Inspection report

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Date of inspection visit:  
24 November 2016

Date of publication:  
09 December 2016

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We carried out an announced comprehensive inspection of this service on 24 November 2016.

Essex/London is registered to provide people with personal care within their own homes. They currently care for one person who has a learning disability and is on the autistic spectrum. The service provides this person with personal care and also supports them to access the community throughout the day, they currently support this person for approximately 12 hours each weekday.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service took steps to ensure people were safe. Systems were in place to record and report incidents and accidents, including incidents of potential abuse. Risks were fully assessed and regularly reviewed, to ensure staff had an awareness of the best ways to control risks, whilst still promoting the person's independence. There were enough staff to meet the person's needs and staff members had background checks completed to ensure they were safe to work with people and of good character and were provided with training to enable them to administer people's medicines safely.

Staff also received general training and supervisions, to help them perform their roles. These helped the service to ensure staff had the skills they needed to meet the person's needs. The person were encouraged to make choices and provide consent to their care and support arrangements and there were systems in place to ensure the service followed the principles of the Mental Capacity Act 2005, if they were unable to make these decisions. The service encouraged the person to be as independent as possible with food and drink preparation, but were also able to provide support to ensure they received adequate nutrition. Staff supported the person to book and attend appointments with relevant healthcare professionals.

The person were treated with kindness and compassion by staff at the service. They worked hard to get to know the person and their families and to build strong professional relationships with them. Care plans were written with as much input as possible from the person and their families and they were involved in making decisions about the way care was provide. The service took steps to ensure that the person were treated with dignity and respect.

Care plans were person-centred. They were based upon the specific needs of the person and reflected their wishes and goals. Staff members worked to make sure people's care reflected these care plans and that care was provided in the way they wanted it to be. The provider welcomed people's feedback and there were systems in place to receive and act on comments or complaints raised.

There was a positive and open culture at the service. The provider was motivated by helping the person gain

increased independence and achieving their goals. The person and their family member were aware of who the registered manager was and had regular access to them. The registered manager had also carried out quality assurance procedures to help them review and improve the quality of care provided. They had clear goals about the development of the service, but would only expand their service delivery if it did not have an impact on the person they currently cared for.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from harm and abuse. Staff were aware of safeguarding principles and there were systems to record and report incidents.

Risks were assessed and control measures were in place to reduce the impact of those risks.

Staffing at the service was sufficient to meet people's needs. Staff were robustly recruited to ensure they were of sufficient character to meet people's needs.

There were systems in place to manage people's medicines safely and record when they were given.

### Is the service effective?

Good ●

The service was effective.

Staff members received appropriate training and supervision to enable them to perform their roles and meet people's specific needs.

Consent to care was sought and people were encouraged to make their own choices about their care. If people were unable to make decisions for themselves, the principles of the Mental Capacity Act 2005, were followed.

People were supported to maintain a healthy diet and were encouraged to take part in food and drink preparation in a safe way.

People's health needs, including appointments with professionals, such as GP's, were supported by the service.

### Is the service caring?

Good ●

The service was caring.

There was a positive relationship between staff and people receiving care from the service. Staff treated them with kindness and compassion.

People and their relatives were involved in care planning and were provided with useful information about the service.

Staff members worked hard to ensure people were treated with dignity and respect and that their independence was promoted.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were provided with person-centred care which was sensitive to their individual needs and preferences.

Care plans were in place and reflected people's wishes. These were reviewed regularly to ensure they were up-to-date.

The service had not received any complaints, but there were systems in place to record and respond to any feedback they did receive appropriately.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was a positive and open culture at the service. The principles of person-centred care and developing people's independence were promoted.

The registered manager was known to people and their families and had a clear vision for the development of the service.

Quality assurance processes were used to help drive improvements at the service.

# Essex/London

## Detailed findings

### Background to this 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 is 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.

This inspection was carried out on 24 November 2016 and was announced. We gave the provider 48 hours' notice of the inspection because it is small and the manager is often out of the office providing care and we needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR as part of the planning process for this inspection, along with other information we held about the service. This included any statutory notifications the provider sent to the Care Quality Commission (CQC). Statutory notifications are information about important events at the service, such as safeguarding concerns, which the provider is required to send to us by law.

During the inspection we spoke with the only person who was receiving care from the service. They were not able to verbally share their feedback about the service with us, but they were able to use facial expressions and hand signals to answer simple questions. We observed their interactions with the member of staff who was providing their care and support and the activities which they were engaging with. We also spoke with one of their family members to seek their views of the care provided by the service and the registered manager, who was also the only full time member of support staff for the service.

We reviewed the care plan for the person receiving care from the service, to ensure it was an accurate reflection of the care provided. We also looked at recruitment and training information for the staff, including those recruited to support with cover when the registered manager was unable to provide care, such as when they were on annual leave. We also looked at records relating to the management of the service, such as quality assurance procedures.

## Is the service safe?

### Our findings

People felt safe at the service. We asked the person receiving care if they felt safe when they were supported by staff and the smiled and gave a 'thumbs-up' sign. Their family member also told us that they felt they were kept safe. They said, "I am very relaxed with [registered manager]. I am very happy with him." They explained that if they did not think their family member was safe, they would not have continued with using the service to provide care and support.

The registered manager told us that they had systems in place to ensure that any accidents or incidents which occurred were recorded. They explained that they were also familiar with the local authority safeguarding procedures and were prepared to report anything that may constitute abuse to ensure that people were safe from harm. They told us that such incidents had not occurred, but they ensured their training and knowledge in this area was up-to-date to ensure they were able to take the appropriate action if necessary. We saw that there were incident form templates available for staff to use, and the local authority safeguarding team information was also readily available to enable contact or referrals to them in a timely manner.

Risks to people receiving care from the service were well managed. People's family members were aware of the risk assessment process and had been consulted when risk assessments had been written. They told us, "Risk is well managed." They went on to explain that they had checked that the care provided by the service matched the content of the risk assessments and found that the service acted accordingly.

We looked at risk assessments in the care plan of the person receiving care from the service. They showed that risks had been clearly identified and appropriate control measures had been put in place. The registered manager had a clear working knowledge of the risk assessments and reviewed them on a regular basis, to ensure they were consistent with any changes in the needs of people. This helped them ensure that cover staff were able to safely manage risks when they were not available to provide care and support.

Relatives told us that they were very happy with the staffing at the service. They explained that the registered manager provided the majority of care that their family member received, which helped to ensure their was continuity of care. The registered manager confirmed that they were the main care providing staff member for the service, but also told us that there were additional staff who were used to help out when necessary. They told us that these staff members had the same recruitment checks carried out as a full time member of staff and were regularly updated of any developments at the service, so that they could maintain the continuity of care delivery.

We checked staff recruitment records and saw that references had been sought from previous employers as well as a Disclosure and Barring Service (DBS) criminal records check. This helped the provider to ensure that the staff members they employed were of good character and suitable to work with potentially vulnerable people. We saw that there were rotas to schedule staff and that plans for the use of cover staff were made well in advance, so that all involved were kept up-to-date. There were sufficient staffing levels to ensure that the needs of people receiving care from the service were being met.

Medicines were managed appropriately by the service. We asked the family member of the person receiving care from the service about the support provided around medicines. They explained that they usually gave medicines themselves, however; if required, members of staff could also give them. They said that staff were also good at double checking with them, to make sure that it had been given. They told us, "Staff always ask if he has had it." This was useful to them as it served as an additional check to make sure important medicines were given correctly.

The registered manager told us that they, and other staff members, had been trained to ensure they were able to give medicines when required. We saw training certificates to confirm this and saw that the care plan contained information about the specific medicines that the person was taking. It was clear that the person's family were the primary medication givers, but also showed that staff could perform this role if and when required. There were Medication Administration Record (MAR) charts in place, ready for staff to sign and complete to evidence when they gave the person their medicines.

## Is the service effective?

### Our findings

People's relatives told us that they felt staff were well-trained and had the skills and knowledge they needed to perform their roles. They told us that they trusted the staff's abilities and felt comfortable that they were able to perform their roles. They told us, "[Registered manager] does you know, he really knows his stuff."

The registered manager told us that they worked hard to ensure their own training was up-to-date, as well as that of the other staff employed by the service. They showed us certificates for training completed by staff, which confirmed that staff had completed essential training courses, such as safeguarding, medication and food safety. There was also evidence of further training and qualifications, such as vocational qualifications and specific learning disability training, which provided staff with the specific skills they needed. We spoke with the registered manager about how training was recorded and they told us that if and when the service developed in size, they planned to formalise the systems for recording training attendance and when it was booked, to help ensure training is a continuous process and does not go 'out-of-date'.

We also saw that supervisions were held for the other members of staff which were employed by the service. The registered manager explained that they held regular supervisions to stay in contact with the staff and to ensure they were aware of current or upcoming developments regarding the care they provided. We saw that supervisions were carried out on a regular basis and allowed both the registered manager and staff to discuss any concerns or changes at the service. This helped to ensure the person receiving care from the service had good levels of continuity from one staff member to the next.

People's consent was sought and they were encouraged to make their own choices regarding their care and support and were supported in accordance with the decisions they made. During the inspection we saw that staff used clear communication to offer the person they were caring for specific choices, such as what they wanted to drink. They were aware of the person's specific communication needs, and levels of cognitive functioning, so were able to adapt their communication to match their needs. This empowered the person to make as many decisions as possible for themselves.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We found that the service was acting in accordance with the MCA. The person's family member told us that they had been consulted and involved in making decisions which the person was unable to make for themselves. The registered manager showed us that they carried out mental capacity assessments to assess whether or not the person had mental capacity. We saw that the family had been involved, as well as any other appropriate stakeholders, such as a social worker or GP. This ensured that the

decisions which were made on the person's behalf were made in their best interests.

Staff members supported the person to maintain a healthy and balanced diet. Their family member explained that staff helped them to prepare simple meals and provided them with prompts and support as was necessary. The registered manager demonstrated a clear understanding of the person's individual needs regarding eating and drinking, as well as their specific wishes. We saw that drinks were offered in accordance with their care plan and that staff provided support with food and drink preparation as required. The care plan recorded the person's culinary likes and dislikes, as well as the risks associated with them helping in the kitchen. This meant that staff could promote the person's independence, whilst still maintaining their safety.

The registered manager told us that they were able to ensure that the person's health appointments and needs were being met. They told us that they regularly took the person to attend GP or other appointments and that the person had developed trust and confidence in them which helped them to remain calm and at ease during these appointments. The person's relative confirmed that the registered manager supported the person to attend medical appointments. Records showed when appointments were attended, along with the outcome of those appointments. The systems in place at the service ensured that people's medical and health needs were being met.

## Is the service caring?

### Our findings

People were treated with kindness and compassion by members of staff. There was a clear positive relationship between the person and the registered manager, who was caring for them on the day of our inspection. The person was calm and relaxed in the company of the registered manager and looked to them for reassurance when we were introduced. When we asked the person if they liked the registered manager and enjoyed spending time with them they smiled, gave an emphatic nod and a 'thumbs-up' gesture.

We spoke with the person's family member about the care that was provided by the service. They were very enthusiastic in response and told us, "I am really happy with the kind of care he [registered manager] is giving him." They told us that they felt that the registered manager had developed a positive relationship with the person and that they now looked forward to being collected for their care. They said, "He sees him and he jumps up to get ready." They also explained that they had observed that the person had gone to the registered manager for support and reassurance, which helped to give them peace of mind that their family member was being well cared for and trusted the staff with them.

Care plans were in place to provide staff with information about the care and support that the person needed. We spoke with their relative about this and they told us that they had been involved in writing the care plans, to ensure that they were an accurate reflection of their family member's needs. They told us, "There is a care plan in place; I was able to contribute to the care plan. Lots of questions were asked about how the care should be."

We reviewed the care plan and found that it showed that the person's family had been involved in producing it. Staff had used a number of different techniques to present information in an understandable manner, which also helped the person to be as involved as possible in their own care plan. There were also documents such as guides to the service, of which copies were given to the person and their family, so that they knew what to expect from the service. The person's relative confirmed that they had received these documents and that they could get any information they needed from the service.

People's dignity and respect were upheld by the service at all times. The person's relative told us that they felt their family member was well cared for by the service and that they made sure they were treated in a dignified way. The registered manager explained that they made sure they did basic things, like preserving privacy when carrying out personal care to make sure dignity was maintained. We saw that the service had policies around dignity and respect and the content of the care plan provided staff with guidance to ensure they worked to provide this.

The registered manager also told us that they did everything they could to promote the independence of the person they cared for. They explained that it was important to help the person develop their own skills and abilities, and encouraged them to take part in tasks such as meal preparation to help them progress in this area. They also showed us that there were a variety of different communication strategies in place to help the person feel more involved in their care and to be able to express themselves more easily. We saw that a picture-based care plan was in place, as well as simple communication tools such as 'Now and Next' boards,

which we saw being used with the person. These helped the person communicate and helped staff to make their day predictable and understandable. This enabled them to be as in control of their own care as possible, increasing the likelihood that care would be arranged in a way which promoted their dignity and feeling of self-worth.

## Is the service responsive?

### Our findings

People received person-centred care which was provided in accordance with their individual needs and wishes. The relative we spoke with told us that their family member received care in the way they wanted it to be given and that the service took the time to listen to what their family had to say about their care needs. They told us, "Lots of things have been tried out for him at our suggestion." During our inspection we saw that the views of the person were listened to in whatever form they were able to express themselves, such as the use of facial expressions or pictorial communication systems.

The registered manager told us that they were aware of the ways that the person liked to be cared for. This information had originally been provided by the person's family when they started to receive care from the service. As the service and the person got to know one another more, they improved their understanding of the person's needs and how the service could meet them. This resulted in the service becoming more person-centred, which helped the person to become comfortable with those providing their care which in turn led to greater participation in tasks and activities. The registered manager showed us an album of photographs, showing staff members supporting the person to take part in a range of activities. We could see from their body language and participation in these activities that they were happy to be doing so.

We saw that there was a person-centred care plan in place for the person receiving care from the service. This had been based on the comprehensive information which had been provided by the person's family and had been built upon as the service got to know the person. The care plan provided staff with details about their specific needs, as well as details of their preferences and things they didn't like, such as specific foods or activities. There was also a pictorial care plan in place, which contained photographs as well as basic sentences, which helped to make the care plan understandable for the person.

The person's family member told us that the care plan was reviewed on a regular basis, at least annually, but that if anything changed in their care needs, the plan would be updated straight away. The registered manager confirmed that care plans were reviewed to ensure the content was still relevant and up-to-date. We looked at the care plan and saw evidence of reviews being held which involved the person, their family and staff from the service. This helped them ensure that the care plan was up-to-date and that the care being provided was person-centred.

There were systems in place at the service to record and act on any complaints or feedback received by the person or their family members. The person's family member told us that they were happy with the care and support provided and felt that the service listened when they provided them with feedback. They said, "Feedback? Yes they are definitely receptive to feedback."

We spoke with the registered manager about feedback and complaints at the service. They explained that they had not received any formal complaints, but showed us that there was a policy and system in place to record these and to respond accordingly. The registered manager also told us that informal complaints, compliments or other comments were also welcomed and would be recorded when received. We saw that complaints information was provided in the user guide to the service, which was given to the person and

their family when they started receiving care from the service, so they were aware of the procedure for raising a complaint.

## Is the service well-led?

### Our findings

The service had a positive culture and ethos. The registered manager told us that the service promoted person-centred care and worked with people and their families to help put them in control of how their care and support needs were met. They encouraged people to be as independent as possible and worked with them to help them develop and improve their independent living skills, such as attending to their own personal care and preparing their own meals. There were specific care plans in place for the person receiving care at the service which were an accurate reflection of their needs and also demonstrated the provider's commitments to empowering people.

We spoke with the registered manager about the future development of the service. They told us that they had ambitions to grow the service so that they could help a wider range of people with their needs. They were however; very conscious of the fact that they did not want to expand rapidly. They did not want to take on additional packages if it would result in a detrimental impact on the care they were already providing and would also only accept packages where they felt they could have a positive contribution for the person receiving care.

The person we saw receiving care from the service was not able to tell us their views about the management of the service, however; we saw that they were relaxed and comfortable in the presence of the registered manager, who was also working as the main care worker for this person's care. There was a positive relationship between them both and we saw that the person was responsive to communication from the registered manager and looked to them for reassurance if required.

The relative we spoke with was very positive about the way the service was run, specifically the registered manager. They told us, "I am very happy with him [registered manager]". They went on to explain that they worked closely with the registered manager to ensure the care being provided was reflective of the person's needs and wishes, for example, they told us how they had regularly discussed activities in the community which the person enjoyed, which helped to ensure their time was spent in a way which was meaningful to them. This showed that the registered manager took the time to have open and clear communication with people and other's who were important to them. This ensured that they the service learned lessons if and when things didn't go well, and were able to build on areas which had been successful, and it also ensured that the voices of people and their relatives were listened to, in order to help drive improvements. The family member also told us that they saw the registered manager on a regular basis and that they felt they could approach them with any concerns or questions about their family members care.

There were quality assurance systems in place at the service, including satisfaction surveys and reviews of key documents, such as care plans and risk assessments. The relative told us that the registered manager sought their views about the care and support that was provided and that they completed a feedback survey on an annual basis. We saw that this survey had been completed and that the family had provided positive answers to the questions asked. We also saw that the registered manager had completed regular checks of care plans and risk assessments. They told us that they did this to make sure they were up-to-date and still relevant. Where necessary, changes had been made to ensure the care provided was up-to-date, such as

updating the medication records or activities the person took part in. The systems which were in place helped the registered manager to assess and improve the quality of care they provided.