

Global Homecare Ltd

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## Inspection report

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### 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

This service is a domiciliary care agency. Global Homecare Ltd provides personal care to people living in their own houses and flats. It provides a service to older adults. At the time of inspection one person was receiving support from this service.

This inspection took place on 8 January 2018 and was announced. 48 hours before the inspection we contacted the service to let them know that we will be coming to inspect them. We wanted to make sure that the registered manager would be available on the day of inspection.

This service has not previously been inspected.

At the time of the inspection the service had a registered manager. A registered manager is a person who has registered with the CQC 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 staff team had systems in place to support people if potential harm and abuse was reported to them. Risk assessments were detailed and had information on how to avoid or limit risks to people. Staff were recruited safely which helped ensure that people had support from suitable staff members. Staff followed infection control policies and procedures to minimise risk of contamination. Systems were in place for recording and monitoring incidents and accidents occurring.

The service adhered to policies and procedures that met legal requirements and reviewed them regularly to ensure they were in line with the service's needs. Staff were provided with training to meet their role expectations. The service carried out initial assessments in consultation with people. Information was available on people's health conditions and contact details for health professionals which ensured the necessary staff involvement where required. Staff followed the Mental Capacity Act 2005 (MCA) principals and supported people to make decisions for themselves as much as possible. However, the registered manager should review the service's internal systems in relation to the MCA.

People felt that staff were kind and respectful toward their care needs. Staff had time to have conversations with people. The services provided for people had met their cultural needs. Care plans had information on people's preferences and personal history. The staff team ensured that information was treated confidentially and sought people's consent to pass on information to healthcare professionals.

People were involved in planning their care and had access to their care plans. The service involved healthcare professionals to review and assess people's care needs as necessary. People's care records were well organised which helped to find information quickly. People and their relatives were confident that if they had any concerns the service would respond as necessary.

Staff were involved in developing the service and shared understanding about the service's challenges and achievements. There was visible and approachable management in place to support staff in their role. People regularly provided feedback about the service. Quality assurance systems were in place and suitably maintained by the registered manager for monitoring the services being provided to people.

## 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. Staff were aware of the potential signs of abuse to people and helped people to minimise these risks. The service followed safe staff recruitment and infection control procedures.

Systems were in place for recording and monitoring incidents and accidents occurring.

### Is the service effective?

Good ●

The service was effective. The service's policies and procedures met legal requirements. Records showed that staff had the necessary training and regular supervisions and appraisals, which supported them to develop in their role.

People were supported to meet their healthcare needs as required.

Staff were aware of their responsibilities of the Mental Capacity Act 2005 and supported people to make decisions about their care in line with their wishes. However, internal systems should be reviewed regarding the MCA.

### Is the service caring?

Good ●

The service was caring. People told us they felt respected by the staff that supported them. Staff listened to people's choices and preferences which ensured their cultural needs were met.

Systems were in place for sharing information safely.

### Is the service responsive?

Good ●

The service was responsive. Staff knew people's care and support needs well. Care plans were suitably maintained and well organised.

People were supported to raise a complaint about the service if they wanted to.

### Is the service well-led?

Good ●

The service was well-led. We saw good team working practices at the service which ensured good care delivery for people. The registered manager knew their responsibilities and supported staff to carry out duties as necessary.

The registered manager carried out regular quality audits to improve the quality of the care and support provided for people.

# Global Homecare Ltd

## 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 checked 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 took place on 8 January 2018 and was carried out by one inspector. This was a comprehensive inspection of the service. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office. We needed to be sure that they would be in.

Before the inspection we reviewed information we held about the service on our database. This included a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually 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 for this service. We checked records related to the staff training, recruitment, health and safety and the management of the service including quality assurance audits. We also looked at the care records and staff files.

After the inspection we met with a person using the service and their relatives for their feedback about the service.

## Is the service safe?

### Our findings

The service provided safe care to people. Family members told us that staff were competent in their role and supported their relative safely.

Systems were in place to protect people from potential harm and abuse. Staff were knowledgeable about the safeguarding procedures and aware of types of abuse they had to report to the registered manager to ensure that people were protected as necessary. The registered manager told us they contacted a local authority to put a protection plan in place if they had any concerns about people's safety. There were no safeguarding concerns raised since the service was registered.

People had support to manage risks as necessary. Care records showed that risk assessments were carried out to identify and manage potential risks to people. Information was available on how likely these risks were to occur and the impact it had on people. Risk management plans were robust and provided guidelines for staff about the support people required to avoid or limit the risks, for example in relation to their mobility and personal care. Records showed that the risk assessments were updated regularly and when people's needs changed.

There were safe staff recruitment practices which ensured that staff had the necessary knowledge and skills to support people with their care needs. Records showed that staff filled in an application form and attended interview where the registered manager checked their suitability for the role. The service carried out criminal records checks before staff started working with people and reviewed these every six months to ensure that staff were recruited safely. The registered manager obtained two references to inform them about staff's performance in their previous roles.

At the time of inspection the service had not provided support for people to manage their medicines. Care plans included information on the medicines people were supported to take by their relatives. The registered manager told us they collected information about people's medicines in case they had to go to a hospital urgently and staff were required to provide assistance for them. This ensured that staff were aware of the support people required with their medicines.

Staff were knowledgeable and followed infection control policies and procedures to provide people with safe care. Staff told us about their responsibilities regarding infection control and the actions they took to provide hygienic care, for example they put on aprons and gloves before they started supporting people. Care records had guidelines for staff to follow to minimise risks of contamination which included safe disposal of waste.

The service had systems in place for monitoring incidents and accidents. Staff told us that if an incident and accident took place they would provide initial support to a person and report to the registered manager for taking actions as necessary. The service used an incident and accident form to collect data about the incidents which included information about the factors that caused an incident and actions taken to prevent the incident occurring in the future. There were no incidents and accidents reported since the

service was registered.

## Is the service effective?

### Our findings

Staff were knowledgeable about their responsibilities which ensure effective care for people. Family members said that staff were trained and had appropriate skills for their role.

Support for people was delivered in line with legislation. The service had appropriate policies and procedures in place for staff to follow which ensured that people were provided with care that met legal requirements. We viewed the service's policies and procedures in relation to safeguarding adults, Mental Capacity Act 2005, infection control and medicines. The registered manager told us they reviewed the policies and procedures every three months to ensure they met the service's requirements and reflected changes in legislation.

Staff had support to gain the necessary knowledge and skills for their role. A staff member told us the registered manager was "very supportive and will go an extra mile to provide training." Records showed that staff were trained in first aid, fire safety, moving and handling and safeguarding adults. Staff also received additional training focussed on people's care needs that the service aimed to provide in the future, for example safe administration of medicines and nutritional care. Records showed that staff received regular one-to-one support through supervision and appraisal meetings to discuss their understanding of what is expected of them and to enhance their knowledge about people's individual care needs.

Person-centred care was provided for people when they were first referred to the service. The registered manager told us they carried out initial assessments to determine people's care needs. This included talking to people and their relatives about the assistance they required and how they wanted to be supported. This information was used to produce a care plan for staff to follow which ensured that consistent and timely care was provided for people as necessary. The registered manager told us and records confirmed that care plans were updated in consultation with people.

People had access to medical appointments when they required it. Relatives booked and accompanied people to attend their health appointments when they needed to. Care records had detailed information on people's health needs, such as diagnosed conditions and description of symptoms. Staff told us they were aware of people's health conditions and followed guidelines to meet their health needs as necessary. Contact details for health professionals were included in peoples' care records for advice if needed.

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.

We checked whether the service was working within the principles of the MCA. We found that staff were aware and applied the MCA principles in practice, for example they provided people with opportunities to make their own decisions and never assumed that a person could not make a decision if it was not proven

otherwise. The registered manager was aware of their responsibilities in relation to the MCA and told us they would approach a local authority for support where people's capacity to consent to their care and treatment was doubted. However, we saw that the internal procedure on how to support people under the MCA was not clear to the registered manager. The service had not had a trained staff member to carry out a mental capacity assessment if needed. We shared our observations with the registered manager who told us they would review the systems as necessary.

## Is the service caring?

### Our findings

People told us that staff were caring. Relatives said the staff team were compassionate to the care needs of their family member.

People told us they were treated with respect and kindness. A person told us they always looked forward to seeing the staff member and that they enjoyed the staff's company. Staff never seemed rushed and spent time with them drinking tea and having a conversation. The same person told us the staff member was "kind and always asked how my day was." A staff member told us, "I treat my clients the way I want to be treated. I speak to people the way they understand me. I treat people with respect and provide personal care respecting their culture."

The service attended to people's care needs as necessary. The registered manager said the service supported people from different backgrounds and ensured their cultural needs were met. We saw that people had their religious needs identified and the care provided supported their beliefs. Family members told us they requested a staff member that could speak their first language and the registered manager had provided this to their relative. This encouraged the person to develop a relationship with the staff member. We saw a regular staff member being assigned to support the person which ensured continuity and consistency of their care.

Data was available on people's preferences and personal history. Care records held information about people's life history, including where a person was born and how big their family was. Staff were aware of people's individual needs, including their likes and dislikes.

Staff understood their responsibilities and followed procedures for sharing information safely. The service ensured that information was treated confidentially. The registered manager told us they sought people's consent to share information about them and this information was only provided to other parties on a need to know basis. People's care records were kept in a locked cabinet and accessed by authorised staff members. Passwords were used to ensure the security of people's information on-line.

## Is the service responsive?

### Our findings

People told us that staff responded to their care needs as necessary. People and their relatives were aware of their care plans and felt involved in them.

People were involved in planning their care and had access to the information about them. The registered manager told us they planned to translate people's care records into their first language which meant they were able to read their support plan without any assistance. Family members told us they had access to their relative's care records and copies were held in the person's home as necessary.

People's care plans were reviewed yearly or when there was a change in their care needs. The registered manager told us they currently planned to review a care package for a person. The care plan review was planned at the person's home which ensured they were able to take part in discussions about their care. The registered manager also aimed to involve a social worker and GP in this meeting to ensure they had assessed the person's health and social care needs as required.

People's care records were appropriately maintained. Information about people were suitably recorded and stored. The registered manager provided us with people's support plans and staff's files which were well organised and information was found quickly when required. We observed some visually displayed guidance at the office for staff to use as necessary. These included health and safety law and procedures for reporting a potential safeguarding.

People and their relatives were supported to raise their concerns as necessary. Relatives said they approached the manager directly if they had any concerns. The registered manager told us they had regular one-to-one meetings with people to talk about their concerns. The registered manager also called people every three months to discuss if they were getting the right care. At the time of inspection people and their relatives were happy with the services provided and they could not think of anything they wanted to change. People were also provided with opportunities to compliment the service. We saw a compliments form completed that noted the caring and kind attitude of the staff team.

## Is the service well-led?

### Our findings

A person told us the registered manager was "very nice." A relative said the registered manager was "very contactable and easily accessible via phone." Another relative said they were regularly in contact with the registered manager and if any issues they "understand each other well."

The staff team had a shared understanding of challenges developing the service and continuing providing good care for people. The service started working with a small number of people and aimed to build a larger service, supporting people from different cultural backgrounds. The registered manager told us they looked forward "to expand the service and to continue providing safe services for clients." Understanding of the key challenges and achievements were shared with the staff team during the meetings. Discussions included actions taken to grow the business. A staff member told us the service's provided to people were "very good and the manager does everything to get clients, I know that the service will look after the clients well."

The service had a registered manager in post that provided good leadership for the staff team. The registered manager was aware of their responsibilities, including the different forms of statutory notifications they had to submit to CQC as required by law. There were good communication systems at the service. Staff told us they regularly communicated with the registered manager which ensured that information was shared as required. Staff said they felt free to call the registered manager at any time for guidance or if the matter was urgent and they needed support. A staff member told us the registered manager was "very approachable if I have anything to discuss."

Systems were in place to gather people's views on the services provided for them. The registered manager met with people every six months to discuss their experiences and agree on actions to improve where required. 'Service user face to face questionnaire' was used to make a record of the discussions taking place which ensured that information was not missed and acted upon as necessary. Records showed that people were satisfied with the care they received and noted that staff arrived on time for their shifts as required.

Quality assurance systems were in place to monitor the services being provided for people. These included audits of people's care records and health and safety. Records showed the registered manager carried out unannounced visits to people's homes to check that staff were undertaking their duties as required. They observed staff's performance and checked their competence when providing care to people. We found the service taking a proactive approach in developing auditing systems for when they got more people using the service. The registered manager had forms in place for monitoring incidents and accidents, complaints and disciplinary procedures.