

Global Excellence Services Limited

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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 well-led?	Good ●

# 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 five 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

People had risk assessments in place which were known by staff and people told us they felt safe whilst being supported by staff. Systems and processes for safeguarding and whistleblowing were in place and understood by staff. We found sufficient staff on duty to meet the needs and preferences of people. People's medicines were safely managed, and they received their prescribed medicines in a timely and supportive way. Government guidance for infection control was being followed.

People's needs were assessed, and they had choice in their daily lives. Staff received an induction and training specific to the needs of people.

There were clear roles which were understood by registered manager and the staff team. There was oversight of care and support in place for people to express their views and be involved in the care they received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 and update

The last rating for this service was requires improvement (published 28 February 2020). 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.

### Why we inspected

This inspection was prompted by a review of the information we held about this service. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# 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 Health and Social Care Act 2008.

#### 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.

#### Registered Manager

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

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small so we needed to be sure someone would be in the office to assist our inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 11 February 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and two family members. We also spoke to four members of staff including the registered manager, nominated individual and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records during the inspection. This included two people's care records, risk assessments and medicine administration. We looked at two staff files, including recruitment, induction, training and supervision records. A variety of records relating to the management of the service, including audits, people's feedback, policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider regarding recruitment information and processes.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Our last inspection found risk assessments were not always in place; this inspection found risk assessments were in place for all known risks. However, further information was needed, in some cases, to provide staff with the information they needed. For example, one person's risk assessment for skin integrity notes skin could breakdown but did not say where or what action to take. The provider had already identified this and was in the process of making improvements.
- Our last inspection found care plans were not always sufficiently detailed to keep people safe. This inspection found care plans had improved and details regarding people's health conditions provided staff with the information they needed to manage risks safely.
- Staff knew and understood risks to people and how to reduce these risks. One staff member said, "We have worked with people for a number of years and we know them and the risks to them very well. We know how to reduce these to keep people safe."

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

- The provider had robust systems and processes in place; staff knew how to use these systems to keep people safe.
- People receiving the service and their relatives told us they felt safe with the care staff. One person told us, "I feel very safe." A family member said, "[Person] is very safe and [person] is very comfortable with the carers. [Person] is able to say, and would, if something wasn't right; [person] loves the care received."
- Staff told us they received regular safeguarding and whistleblowing training. One staff member told us, "We have safeguarding refresher training regularly to keep people safe."

### Staffing and recruitment

- The provider continued to recruit staff safely through the requirement of references and applications to the Disclosure and Barring Service (DBS). A DBS check enables a potential employer to assess a staff member's criminal history to ensure they are suitable for employment.
- Staff and family members told us there was a sufficient number of staff to meet people's needs and keep them safe. A family member told us, "The service is really good [person] is happy with the carers, there are always enough, and they are consistent." A staff member said, "We have enough staff, we have been a good team and very supportive of each other during the pandemic."

### Using medicines safely

- Our last inspection found gaps in the records for administration of prescribed medicines. This inspection found records were complete and accurate. A staff member told us, "We always complete the MAR (Medicine Administration Record) as soon as we have applied prescribed creams as they are the only medicines we

administer."

- Procedures to ensure people received their medicines as prescribed were robust and all staff trained in medicines understood the procedures in place.
- We saw staff had completed training to administer medicines. The registered manager told us all staff received training to administer medicines.

#### Preventing and controlling infection

- Risk assessments had been carried out to assess the risks to people and staff from COVID-19 and identify those more at risk and how to keep them safe.
- Staff wore personal protective equipment (PPE) in line with government guidelines to protect people from the risk of infection. Staff had received training in how to put on and take off PPE safely.
- Staff completed COVID-19 tests prior to each shift in line with government guidelines.

#### Learning lessons when things go wrong

- The provider had not received any complaints and no incidents or accidents had occurred. Family members we spoke with confirmed there had not been any accidents or complaints made. A family member said, "The management and carers are great, they listen, and they are always helpful. They always keep us informed, so we have never had complaints."
- The provider had robust processes in place to manage and respond to complaints and monitor accidents and incidents. The registered manager and nominated individual understood 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Systems were in place to assess people's needs and choices.
- We saw people's needs and choices were assessed by the registered manager prior to receiving the service and were clearly communicated to staff in people's care plans. A person told us, "My carers know me very well, I choose what I like." A family member said, "The carers know [person] inside out and how [person] likes their needs to be met. But they still offer [person] choices and to lead their care."
- People's preferences and choices were promoted by staff including those linked to protected characteristics as identified in the Equality Act 2010. For example, people were supported in line with their wishes based on their culture and religion.

Staff support: induction, training, skills and experience

- We found all staff had completed up-to-date training, we saw a training schedule was in place to ensure staff had access to refresher training.
- Staff told us they received an induction period when they commenced their employment to support them in their role and completed the Care Certificate. A staff member told us, "When I first started my induction included the Care Certificate and I shadowed another worker in the client's houses. We also have refresher training regularly."

The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Staff worked alongside other professionals when required to ensure people receive person-centred care which was consistent to their needs. For example, staff supported people during the pandemic to manage the change in GP appointments.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Relatives spoke positively about the support given. A relative told us, "[Carers] go the extra mile and they do a great job."

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 MCA 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.

- No people were subject to court of protection deprivation of liberty safeguards (DoLS).
- Care records showed that staff spoke to people to gain consent and their choices were documented in their daily notes.
- Staff had received training and had a good understanding of the MCA, and 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 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 our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

Our last inspection found insufficient systems were in place to monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Our last inspection found the providers audits failed to identify conflicting information and specific information about people's conditions was not included in their care plans. This inspection found the providers audits were effective in providing oversight of the service. The provider was in the process of further developing existing audits and implemented new ones.
- The providers audit systems had identified further information was required in people's risk assessments and was in the process of updating peoples risk assessments to make the risks and mitigation clearer.
- The registered manager completed monthly spot checks to ensure staff were working in line with people's care plans. Where improvement was identified the registered manager actioned this in a timely way.

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

- People we spoke with were positive about the service they received. One person said, "The carers are very good they look after me very well. [Registered manager] is lovely; I have no problems."
- The registered manager promoted a positive culture where they supported and empowered the staff team to be able to deliver person-centred care. A staff member told us, "I am very happy in my job, I do love this job where I am able to help others."
- Staff felt able to raise concerns with the manager without fear of what might happen as a result. One staff member said, "The manager is fair, and we always get along. They treat you like a human being and respect you. I am listened to and any concerns are taken seriously."

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 duty of candour places a legal responsibility on organisations to act in an open and honest way when

things go wrong. The registered manager and nominated individual were open and transparent, being fully receptive to feedback throughout the inspection process.

- The registered manager and nominated individual told us they understood their responsibility to apologise to people when things go wrong.
- The rating from our last inspection was displayed and the registered manager understood their responsibility and when to submit statutory notifications to CQC.

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

- Staff felt able to raise concerns with the manager without fear of what might happen as a result. One staff member said, "I know that if something wasn't right or I had concerns I could report my concerns to the manager or raise a safeguarding. I know I would be supported to whistle blow if I needed to."
- Regular staff meetings and supervisions were held where staff were updated on developments and received feedback. Staff were encouraged to be involved in the development of service delivery as much as possible. A staff member told us, "We have regular staff meetings and supervisions to update us on changes and developments and we can talk about our needs and share our experiences. The managers are very supportive, and we are able to ask any questions."
- The provider sent surveys to families in order to gain their feedback and involve them in the development and delivery of the service. The responses to these surveys was overwhelmingly positive and supportive of the service delivery in relation to the needs of people.

Continuous learning and improving care

- The registered manager and nominated individual told us how important it is to maintain up-to-date knowledge of legislation and regulations especially during the COVID-19 pandemic. They used several sources including the government and CQC websites to achieve this.
- The registered manager was continuing to work towards their level five diploma in Leadership and management. This had been impacted upon by the COVID-19 pandemic though has now resumed.
- The provider had a clear training programme in place to maintain and refresh staff skills and knowledge.
- The registered manager continued to develop and improve their oversight systems to facilitate the effective running of the service.

Working in partnership with others

- The provider worked in partnership with professionals such as GP's involved in people's care.