

Global House Facilities (UK) Ltd

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Inspection report

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Kent
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Tel: 01322331617

Date of inspection visit:
27 May 2022
30 May 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Global House Facilities (UK) Ltd is a domiciliary care service providing personal care to people living within the local communities within their own homes. At the time of our inspection there were five people using the service.

Not everyone who used the service received 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

Risks to people were not always identified, assessed and recorded and staff did not always have access to risk management information to ensure the support they provided to people was safe and appropriate to meet their needs. The systems and processes in place for managing and administering people's medicines was not always safe.

Care plans did not always identify and or reflect individual preferences in the way people wished to be supported or contain correct information about their needs, wishes and the support they needed. Systems and processes in place for monitoring the quality and safety of the service were not always effective in identifying issues or concerns found at this inspection and for helping to drive service improvements.

We received mixed feedback from people in relation to staffing levels and staff arriving at the agreed times to assist them with their care. Care plans did not always comprehensively identify, assess and document people's physical and mental health needs and the steps staff may need to take to support people effectively. The registered manager took actions to address these issues and we will check on these at our next inspection of the service.

People were protected from the risk of abuse. There were safeguarding and whistleblowing policies and procedures in place. Staff knew how to report incidents or accidents appropriately so concerns or issues could be addressed. People were protected from the risk of infection. Staff were supplied with appropriate Personal Protective Equipment (PPE) to keep them and the people they supported safe.

People were supported to maintain a balanced diet where this was part of their plan of care. Staff sought consent from people when offering them assistance. 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. Staff received training and support relevant to their needs and the needs of the people they supported. People were supported where required to access a range of health and social care services when they needed them.

People received kind and compassionate care. Staff received equality and diversity training and were

committed to providing a service which was non-discriminatory. The provider had a complaints policy and procedure in place which people were aware of. The registered manager understood the responsibilities of their role including the duty of candour.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with CQC on 27 January 2021 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the safe management of risk and medicines, person centred care and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 House Facilities (UK) Ltd

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

This 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 homes.

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 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 27 May 2022 and ended on 31 May 2022. We visited the location's office on 27 May 2022.

What we did before the inspection

We reviewed the information we held about the service. 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 all this information to plan our inspection.

During the inspection

We visited the office and spoke with the registered manager, director of care and a care coordinator. We reviewed records, including three people's care plans and risk assessments, three staff recruitment and training records and a variety of records relating to the management of the service, including quality monitoring systems and audits.

Following our site visit we spoke with three people using the service and or their relatives to gain feedback about the service they received. We also spoke with three care staff to gain their views of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 of 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

- Risks to people were not always identified, assessed and recorded and staff did not always have access to risk management information to ensure the support they provided to people was safe and appropriate to meet their needs.
- For example, one care plan detailed that there was an identified risk to the person from falls due to poor mobility. However, there was no risk assessment in place to support and manage the person's mobility needs and no information within the care plan to guide staff in safe moving and handling techniques, the use of any equipment required to aid safe mobility and or how staff should support the person to minimise the risk of falls.
- Another person's care plan documented that the person had wound dressings and required support to manage poor skin integrity. However, there was no risk assessment in place identifying the risk of poor skin integrity and no information to help staff in supporting to manage better skin care and wound management.

We found no evidence that people had been harmed however, risk assessments were not in place or robust enough to demonstrate that risks to people were safely managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite these concerns, relatives told us they felt their loved ones were safe with the support they received from staff. Comments included, "[Relative] feels safe with them [staff]", "Very pleasant staff and good with [relative]", and, "The carers are nice".

Using medicines safely

- The systems and processes in place for managing and administering people's medicines was not always safe.
- People who required support to manage their medicines did not have a medicines care plan, risk assessment or medicines administration records (MAR) in place to ensure the safe management and administration of medicines. This meant that staff did not have the appropriate support and guidance to help manage people's medicines safely.
- We saw that one person's medicines were administered by staff and recorded within their daily record notes. This is not in line with best practice and increased the risk of errors being made and not being identified or addressed. PRN (as required) medicine protocols were also not in place to support staff on the administration and recording of 'as required' medicines.
- Staff had received medicines training; however, medicines competency assessments had not been

completed to ensure staff were competent to manage and administer medicines safely. We drew these concerns to the registered managers attention who told us they would take appropriate actions to ensure systems were in place to manage and administer medicines safely.

Whilst we found no evidence that people had been harmed, systems were not in place to ensure that medicines were safely and appropriately administered and managed. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were enough staff to meet people's needs. However, we received mixed feedback from people in relation to staffing levels and staff arriving at the agreed times to assist them with their care. One person commented, "We are happy with the care but the gap between the timing of visits can be erratic, there has been hours between visits before." Another person told us, "We shouldn't have any more than four hours between visits but there has been times when this has been longer. We don't always have regular carers which is also an issue." Another person said, "I have a regular carer who is very kind. If they are running late, they always call me."
- We spoke with staff about staffing levels within the service. One member of staff commented, "I visit regular people and love my work. I frequently stay longer than the time allotted as people may need more support. I feel staffing levels are ok as it's a small company." Another member of staff commented, "I think there are enough staff but we could always do with more."
- We looked at staffing rotas and saw that there were enough staff to meet people's needs. However, the registered manager acknowledged that the timings of calls did vary at times, particularly if staff were absent. This required some improvement. The registered manager informed us that they are addressing these issues by recruiting more staff and in the recent purchase of an electronic call monitoring system which allows office staff to monitor care staff to ensure they arrive for care visits when required. We will check on these areas at our next inspection of the service to ensure improvements have been made.
- There were safe recruitment practices in place. Staff files contained evidence of recruitment checks carried out before staff started work. Checks included, staff identification, employment histories, references and Disclosure and Barring Service (DBS) checks. This information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. There were safeguarding and whistleblowing policies and procedures in place which staff we spoke with were familiar with. The registered manager was aware of their responsibility to report allegations of abuse and how to refer to the local authority safeguarding team and how to submit notifications to CQC where required.
- Staff received safeguarding training and were aware of the different types of abuse and the actions to take if they suspected abuse. Information relating to safeguarding was made available to staff and people using the service.

Learning lessons when things go wrong

- Staff knew how to report incidents or accidents appropriately so concerns or issues could be addressed.
- The registered manager told us there had been no incidents or accidents since the service registered with the CQC. However, we saw there were systems in place to appropriately manage any incidents or accidents including an incident and accident log which would be reviewed to check for trends or any learning to share with staff.

Preventing and controlling infection

- People were protected from the risk of infection. The registered manager confirmed, and we saw that staff were supplied with appropriate Personal Protective Equipment (PPE) to keep them and the people they supported safe.
- Staff had completed infection control training and had a good understanding of infection control practices.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Assessments of people's needs and choices were completed by senior staff to ensure people's needs could be appropriately met. However, assessments and care plans completed by staff did not always comprehensively identify, assess and document people's physical and mental health needs and the steps staff may need to take to support people effectively. For example, one person wore glasses to help them see, but their care plan stated that they had no visual problems. Another care plan documented that the person had no skin integrity issues, however, they required wound dressings. Care plans and assessments required improvement to ensure people's needs were planned and appropriately met.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite these issues, we saw that care plan's contained assessments from local authorities who commissioned the service and these documented people's needs and choices in full. People and their relatives that we spoke with confirmed that staff who supported them were fully aware of their needs and wishes and provided them with the support they required.

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

- People were supported to maintain a balanced diet where this was part of their plan of care. Care plans documented the support people required with meal planning and preparation; however, they did not always identify people's dietary preference, needs and risks and this required some improvement. We drew this to the registered manager's attention who told us they were in the process of reviewing all nutrition and hydration care plans and would ensure they were fully reflective of people's needs and wishes. We will check on this at the next inspection of the service.

- People and their relatives confirmed that staff were knowledgeable about the support they required with eating and drinking and they received the support they needed to maintain a balanced diet.

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.

- Staff were aware of the importance of seeking consent from the people they supported. One member of staff commented, "I always ask the person before supporting them to make sure they're happy for me to help them. I'd never force anyone to do anything they didn't want to."
- Staff had received MCA training and understood how it applied to their roles.
- The registered manager told us the people they supported were able to express their views and wishes on the support they received at the time of our inspection. However, if they had any concerns about someone's capacity they would work within the principles of the MCA.

Staff support: induction, training, skills and experience

- Staff received training and support relevant to their needs and the needs of the people they supported. One member of staff commented, "I had a good induction and the training is good, both online training and face to face. We have staff meetings and I have regular supervision and support when needed from the managers."
- Staff received an induction into the service and completed training in line with the Care Certificate when they started. 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

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

- People were supported where required to access a range of health and social care services when they needed them. People told us they were able to manage their own health care appointments but would ask for support if needed.
- We saw the provider worked with health care professionals to provide effective and timely care and to support people upon discharge from hospital.

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

- People received kind and compassionate care. People and their relatives told us that staff were knowledgeable about their needs and responded to them in a caring manner. One person told us, "My carer is so lovely, they are more like my friend. I feel safe with her, she is very knowledgeable and very kind."
- Staff received equality and diversity training and were committed to providing a service which was non-discriminatory. The registered manager told us they aimed to ensure people's care and support was provided in a way which respected and supported individuals diverse needs and wishes.

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

- People and their relatives were consulted about the care and support they received. One person told us, "They [staff] frequently contact me to make sure everything is going well. They [staff] know exactly how I want things to be done." A relative commented, "Communication with the office is good, they [staff] do listen."
- Staff were knowledgeable about the needs and wishes of the people they supported. Staff told us they encouraged and supported people when required to make decisions about their care. For example, by offering people different choices of food and drinks and or clothing.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity, respected their privacy and promoted their independence whenever possible. One person told us, "[Carer] is very good, she helped me regain a lot of my independence and only helps me with the things I need help with."
- Staff told us how they ensured people's privacy and dignity was maintained. One member of staff said, "I always make sure I close doors and curtains where needed to maintain people's privacy and dignity. I also help people to keep covered as much as possible when I'm helping them with personal care so they don't feel too exposed."

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 'requires improvement'. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were involved in planning and reviewing their care. However, care plans did not always identify and or reflect individual preferences in the way people wished to be supported or contain correct information about their needs, wishes and the support they needed.
- One relative told us their loved one's care plan documented the frequency of their visits and the use of equipment. However, they told us that, staff didn't always follow the care plan that the local authority put in place, or use the equipment or visit at the times it is documented. However, they did comment, "The carers are very good at what they do."
- Another relative told us they didn't have a full copy of their care plan at their home just the carers daily records. They said, "We only have a copy of the care plan from the local authority." We drew these concerns to the registered managers attention. They told us they would look into these concerns and take appropriate actions to address them. We will check on this at the next inspection of the service.
- People told us that staff knew them well and their preferences. Despite staff knowledge, care plans lacked detailed information on people's life histories, social networks, diverse needs, likes and dislikes and details about their support preferences and this required improvement.

This was a further breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- At the time of our inspection, the registered manager told us that no one using the service required end of life care and support. They told us that if end of life care and support was required they would work with appropriate health and social care professionals to ensure people received good end of life care. They told us they were in the process of reviewing all care plans to include information about how people wished to be supported at the end of their lives. We will check on this at the next inspection of the service.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and documented within their care plans.
- The registered manager told us that if required information such as the service guide was required in an

accessible format for people, for example, large print or in a different language this would be made available to them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to take part in activities that were meaningful to them and which reduced the risk of isolation where this was part of their plan of care.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place which informed people on how to make a complaint and what they could expect in response. People told us they knew how to make a complaint and felt confident that any issues they raised would be addressed. One person said, "I haven't had anything to complain about, but if I did I know they [staff] would listen and sort it out."
- The registered manager told us there had been no formal complaints made since the service registered with the CQC.

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 high-quality, person-centred care.

Continuous learning and improving care

- The service was not well managed. Systems and processes in place for monitoring the quality and safety of the service were not always effective in identifying issues or concerns found at this inspection and for helping to drive service improvements.
- Provider audit systems were in place, however not all audits and checks had been implemented therefore there were failings in identifying that people's care records and care plans did not always assess and reflect individual preferences or contain correct information about people's needs and wishes. There was no oversight systems in place as risks to people had not always been identified, assessed and recorded and staff did not always have guidance available to ensure the support they provided was safe and appropriate to meet their needs. There were no systems implemented and embedded to ensure the safe management of medicines as people who required support to manage their medicines did not have a medicines care plan, risk assessment or medicines administration records (MAR) in place to ensure the safe management and administration of medicines.
- We received mixed feedback from people in relation to staffing levels and staff arriving at the agreed times to assist them with their care. These issues had not been identified and addressed appropriately despite systems in place such as staff observations and reviews of care being in place. The registered manager told us they were addressing these issues and had recently purchased an electronic call monitoring system which would allow office staff to monitor care staff to ensure they arrive for care visits when required.
- Audits and checks on assessments and care plans completed by the service were not implemented at the time of the inspection. Therefore, there were failings in identifying that people's physical and mental health needs and the steps staff may need to take to support people safely were not always assessed and documented appropriately.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People spoke positively about the care they received from staff. Comments included, "We are happy with the care, they [staff] are very nice", "The carer is really lovely and goes above and beyond", and, "The carers are great, there's never a problem, it's just the management of the service that has some problems."
- Staff were knowledgeable and understood the difference and impact they had on the quality of people's lives. Staff told us they were happy in their roles and proud of the work they did supporting people. One

member of staff said, "It's about the passion and the people."

- Staff told us they worked well as a team to meet people's needs and spoke highly of the support they received from the registered manager. One member of staff said, "Management is very supportive and always contacts us and responds if there are any problems. The manager is always available if I need them."

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

- The service had a registered manager in post. They understood their registered manager responsibilities under current health and social care legislation. They knew the different types of events they were required to notify CQC about and were aware of the requirement to display their CQC rating, once awarded.
- Staff were knowledgeable and understood their responsibilities. Staff were in regular communication with the office and registered manager and attended staff meetings where various topics were discussed in relation to the running of the service.
- The registered manager understood the duty of candour. They confirmed they would be open in sharing details of any incidents or accidents which occurred with people, where appropriate.

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

- People told us there was good regular communication from the registered manager and office staff to check and ensure they were happy with the service they were receiving. One person told us, "I speak regularly with the office, I know who to contact if I have any issues."
- There were systems in place to ensure satisfaction surveys were sent to people periodically to seek feedback on the service they received. The registered manager told us they were due to send them out soon and would take action to address any feedback received. We will check on this at our next inspection of the service.

Working in partnership with others

- The registered manager told us they worked effectively with health and social care professionals when needed to ensure people's needs were met. They responded promptly to any requests by clinical commissioning groups and worked with them to provide periods of care to people usually leaving hospitals. The registered manager told us they worked in partnership to develop plans of care for people on a short or long term basis.

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 9 HSCA RA Regulations 2014 Person-centred care People's care and treatment was not always planned and recorded in a way which accurately reflected their needs and preferences.
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always identified, assessed and documented appropriately to ensure people's safety. Medicines were not always safely managed and administered.
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes in place for monitoring the quality and safety of the service were not always effective in identifying issues or concerns and for helping to drive service improvements.