

Global North London Business School Limited

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Business School Limited

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

About the service:

Global North is a domiciliary care service providing personal care to people aged 65 and over. 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. At the time of this inspection, six people were receiving a personal care service.

People's experience of using this service:

People were protected from avoidable harm and staff knew about safeguarding and whistleblowing procedures. The provider used incidents to learn lessons. Staff were recruited safely and were given sufficient travelling time between visits. The provider had a system in place to check that staff arrived at the visits on time and spent the required amount of time with people.

Staff were supported in their role with training and supervision. People's care needs were assessed before they began to use the service. Staff supported people with their nutritional needs. 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.

The service involved people, relatives and their representatives in decisions about the care. Staff knew people's care needs and how to provide a fair and equal service. People's privacy, dignity and independence were promoted.

People's care plans contained their choices and preferences. The provider assessed their communication needs to ensure these could be met. People and relatives knew how to make complaints and were satisfied with the way the provider handled these.

We have made one recommendation about end of life care planning.

People and relatives spoke positively about the leadership in the service. The provider had a system in place to obtain feedback from people about the service provided. The provider carried out quality checks of the service to identify areas for improvement. Staff attended regular meetings to be updated on service development.

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 us in November 2017 and this was the first inspection.

Why we inspected:

This was a planned inspection based on our inspection programme.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

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Detailed findings

Background to this inspection

The 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.

Inspection team

Our inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection site visit was on 13 May 2019. We visited the office location on 13 May 2019 to see the manager and to review care records and policies and procedures.

What we did before the inspection

Before the inspection, we looked at the evidence we already held about the service including notifications the provider had sent to us. A notification is information about important events which the service is required to send us by law.

We used information the provider sent us in the Provider Information Return. This 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 to the registered manager and reviewed a range of records. This included two care records for people using the service, including risk assessments. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service including staff training, medicine management and quality assurance were reviewed.

After the inspection

We contacted the local authority with responsibility for commissioning care from the service to seek their views about the service. We spoke with one person who used the service, one relative and two care staff. The provider sent us documentation we requested.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with the staff.
- People were protected from the risks of being harmed or abused.
- Staff received training in safeguarding vulnerable adults.
- Staff knew what actions to take if they suspected a person was being harmed or abused. One staff member told us, "I would fill in the incident report sheet and make the office aware of it. If you notice something is going wrong, you have to tell your manager, the social worker or CQC."
- The registered manager was aware of the requirement to notify the local authority and CQC about safeguarding concerns.

Assessing risk, safety monitoring and management

- People had risk assessments which gave guidance to staff about how to reduce the risks of harm people may face. These included risk of slip, trips or falls, aggression and self-neglect.
- Risk assessments included an environmental risk assessment. For example, one person's risk assessment noted there was a trip hazard on the stairs and no hand rail. The action noted was the family were asked to remove the trip hazard and fix a handrail to mitigate the risk of falling down the stairs.
- The provider had a policy about managing people's finances in order to keep people safe from the risk of financial abuse. Staff were required to record financial transactions and attach receipts whenever they handled a person's money. The record was signed by both the staff member and the person using the service after each transaction.

Staffing and recruitment

- The registered manager told us management were available to cover staff absences at short notice.
- People told us office staff would inform them by telephone if the staff member was going to be late or could not come and also if a different staff member would be attending.
- Staff told us they were given sufficient travelling time between visits.
- The provider had a safe recruitment process in place. Relevant checks were carried out before someone was employed which included staff providing proof of identification, the right to work in the UK and written references.
- New staff had undergone criminal record checks to confirm they were suitable to work with people. The provider had a system to obtain regular updates to the criminal record checks to confirm the continued suitability of staff.

Using medicines safely

- Records showed staff had received appropriate training in medicine administration.
- Staff described how they supported people with their medicines. One staff member said, "What [people

using the service] need you have to give them, especially the medication. You have to make sure you give it on time."

- Medicine administration records contained the list of the individual medicines the person was prescribed.
- The co-ordinator was responsible for checking the medicine administration records when they were returned to the office each month.

Preventing and controlling infection

- The service had an infection control policy which gave clear guidance to staff about how to reduce the risks associated with the spread of infection.
- Records showed staff received training in preventing and controlling infection.
- Staff confirmed they were provided with adequate amounts of personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- The provider had a system in place to record accidents and incidents.
- Records showed there had been no accidents since the provider began operating.
- There was one incident recorded where the care staff were unable to gain access to a person's home. This showed the actions that were taken to check the person was safe.
- The registered manager told us they used incidents to learn lessons and to put measures in place to prevent them reoccurring. They gave an example of being informed about changes to staff performance. The registered manager worked jointly with the social worker to investigate the situation and to establish the facts. The registered manager told us the lesson learnt from this was not to jump to conclusion but to thoroughly investigate before reaching a judgement.

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.

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

- People and relatives told us they were happy with the care provided. A relative said, "In terms of the care, I think [Global] are doing a perfect job.
- People's needs were assessed before they began to use the service to ensure the provider could meet their support needs.
- Assessments included why support was needed and the areas of care the person was independent with.

Staff support: induction, training, skills and experience

- New staff received an induction which included face to face training and e-learning and up to three days shadowing more experienced staff.
- Staff were in the process of completing the Care Certificate which is a set of standards of care that staff are recommended to receive before they begin working with people unsupervised.
- All staff were up to date with their required training including health and safety, food hygiene and dementia. The training matrix showed the dates when staff would become due to take refresher courses. Staff told us they found training useful.
- Staff responsible for administering medicines had their competency tested before they were allowed to administer medicines unsupervised.
- Records confirmed staff were supported with regular supervision. Topics discussed included any concerns, personal development, timekeeping and attendance and feedback from people using the service. Staff told us they found supervision useful.
- The registered manager told us they planned to give staff an annual appraisal but these had not yet taken place because no staff had been in post for a year.

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

- People told us staff supported them with their nutrition and they were happy with this.
- Care plans showed that staff supported people with food shopping and meal preparation. This showed people's nutritional and hydration needs were met by staff.

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

- People's healthcare needs were assessed to ensure staff could meet their needs.
- However, on the day of inspection we noted people did not have health specific information on their care records. After the inspection, the registered manager sent us comprehensive information for supporting people with diabetes and epilepsy which were now included in people's care files as appropriate.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of this inspection, the service was not working with anybody who needed their liberty restricted.
- People's signed a form to agree to receiving care and for information to be shared with relevant professionals.
- People told us staff asked for their consent before delivering care.
- Staff demonstrated they were knowledgeable about the Mental Capacity Act and the need to obtain consent before delivering care. One staff member told us, "The mental capacity act has to do with the ability or inability to make decisions. You have to communicate with the person and gain their consent. You have to comply with whatever the person wants."

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.

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 and relatives told us staff were caring. A relative told us, "Oh yes, most definitely caring. They are doing a great job."
- Staff described how they got to know people and how they met their care needs. One staff member told us, "I have to introduce myself. I have to read the care plan."
- The service had an equality and diversity policy. This gave clear guidance to staff on providing an equitable service. The registered manager told us, "To discriminate is against the law. It's not right for anyone to discriminate. Everyone has the same right of equality." A staff member told us, "You have to follow equal rights and no stereotyping."
- We asked the registered manager how they would support a person who identified as lesbian, gay, bisexual or transgender (LGBT). They told us, "I would not discriminate based on their sexual orientation. I would support them based on their wishes and their needs. Everybody has to be treated with respect."
- Staff told us they would not discriminate and would treat everybody equally. One staff member said, "I don't have any problem working with LGBT. It's about equal rights."

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

- The provider had systems in place to involve people, relatives and their representatives in making decisions about care. The registered manager told us, "I engage people by putting their needs first and booking appointments for [people who used the service]. I make sure every question I am asking the person responds. I ask if they want the family there."
- Staff understood when to involve family. One staff member told us, "Information should be confidential. If you feel there is information to be shared, it is only with the next of kin and if the person says I can."
- Staff told us how they supported people to make choices and state their preferences. One staff member told us, "If the [person] is vocal, they can tell me their choice. If they are not vocal, can use sign language and pictures so they can choose."

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was promoted. People confirmed staff respected their privacy.
- Staff told us how they promoted people's privacy and dignity. One staff member told us, "If I am going into their room I have to knock on the door and they will tell me to come in."
- Staff described how they promoted people's independence. One staff member told us, "You allow [people who used the service] to do things if they can; you don't have to do it for them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans contained information about people's preferences and individual needs. For example, one person's care plan stated, "I require only minimal support to dress."
- Care plans contained the outcomes people wished to achieve. For example, one person's outcome stated, "To continue to live healthy in the community."
- Care plans were reviewed regularly. We noted one person's care review indicated their needs had changed and they required an increase in their care arrangements. The registered manager explained the person was no longer getting family support and as a result the funding authority had agreed to the package increasing from five days to seven days a week.
- At each visit, staff recorded how they found the person and what tasks were completed in the service daily logbook. The logbooks were returned to the office when completed so they could be quality checked.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were recorded and highlighted in care plans.
- The registered manager gave examples of how they would ensure people had access to information, "At the moment we don't have anybody [with] accessible information needs but in future if we did have [for people with a sight impairment] we could make the information available in braille or we could read out loud to the person." The registered manager said they would observe staff to ensure they were communicating with people according to their communication needs, for example, not shouting at people with a hearing impairment. They said, "We could use sign language or pictures or can write it down."
- The provider had a policy about working with people who had communication difficulties which included reference to the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- The provider had a complaints, suggestions and compliments policy which gave clear guidance to staff about how to handle complaints.
- People and relatives told us they knew how to make a complaint. One person confirmed they had previously made a complaint which was dealt with to their satisfaction. A relative explained their family member was always making complaints due to their medical condition and these were always handled

sensitively.

- We reviewed the record of complaints and saw there were six made over the previous six months. For example, one person had raised a concern that staff were recording too much information in the logbook. The action taken by the registered manager was they explained to the person why it was important to make detailed notes and the person was happy following this discussion.

End of life care and support

- The provider had an end of life policy which gave clear guidance to staff on how to provide care sensitively when a person reached the end of their life.
- The registered manager told us they would liaise with relevant professionals if a person became terminally ill to ensure their end of life care wishes could be met.
- At the time of this inspection, there was nobody at the end of their life or diagnosed with a terminal illness.
- However, we noted care plans did not always capture people's preferences or choices in relation to end of life care. This meant people's wishes could not be followed in the event of a sudden death.

We recommend the provider seek advice and guidance from a reputable source about meeting people's end of life care wishes.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People gave positive feedback about the registered manager. One person told us, "The [registered] manager does listen to me." A relative said, "[Registered manager] is doing a perfect job. [They] do their job properly."
- Staff told us they were supported to carry out their role. One staff member told us "[Registered manager] is very nice and [Office manager] is very nice." Another staff member said, "Everything is fine. Management are very okay."
- The provider complied with the duty of candour. This is a set of specific legal requirements that providers must follow when things go wrong with care and treatment. We had been notified about any notifiable events.

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

- The registered manager explained how they ensured staff were clear about their role and were able to put their views forward, "Their [staff] voice can be heard at the staff meeting. I email the meeting minutes to the staff so staff who cannot attend will see them and can respond. They can phone me at any time."
- Staff confirmed the service kept them updated through communication. One staff member explained the service used a care planner application on their mobile phones and any changes to people's care needs was communicated this way. Another staff member said, "They [office staff] communicate with us every day."

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

- Staff confirmed there was equal treatment of employees. One staff member told us, "Everybody's treated equally. There's no discrimination."
- The provider sought feedback from people using the service through monitoring visits and a feedback survey.
- Records showed that people had signed and indicated they were happy with everything during monitoring visits. Similarly, people had indicated during the feedback survey in 2018 that staff treated them with dignity, respect, kindness and compassion and respected their preferences.
- The provider held regular staff meetings every three months to update staff on policy and service changes. Topics discussed at the two most recent meetings included, training, supervision, communication, call monitoring and confidentiality.
- Staff told us they found the meetings useful. One staff member said, "Yes, very useful. We learn new things

and how to improve our service." Another staff member told us, "Staff meetings are very useful because they will let you know things you should know."

Continuous learning and improving care

- The service had quality assurance systems in place to identify areas for improvement.
- The provider used a call monitoring telephone application which could track where staff were. Staff were required to log onto this application when they arrived at a person's home and when they left. The registered manager told us this helped them to ensure there were no missed calls to people.
- Monthly spot check visits were carried out to monitor the performance of staff. The registered manager told us spot checks were done more frequently for new staff.
- We noted during a spot check carried out on 4 April 2019 an issue was identified when a staff member was administering medicine to a person. An action taken was the issue was discussed and the incident reporting procedure was explained to all staff.
- Records showed medicine administration charts were collected from people's homes monthly so they could be checked and these were also audited during monthly spot check visits.

Working in partnership with others

- The registered manager gave examples of working with other agencies. They told us they attended a providers forum in the area of the commissioning local authority. The registered manager also said they worked with the jobcentre to get people into jobs and with a university by referring their staff who wanted to gain further education.