

GT Care (Wakefield) Ltd

# GT Care (Wakefield) Limited

## Inspection report

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West Yorkshire  
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Tel: 01924374666

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24 June 2021

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13 August 2021

27 August 2021

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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

GT Care (Wakefield) Ltd is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to adults with learning disabilities. Not everyone who used the service received personal care. CQC only inspects the service being received by people provided with '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 the inspection the service was supporting four people with personal care.

GT Care (Wakefield) Ltd also has a day centre. This part of their service is not regulated by CQC.

### People's experience of using this service and what we found

People felt safely supported and had secure relationships with staff, with consistent staff deployment to meet people's individual needs. Recruitment practices focused on ensuring people with shared values worked with GT Care.

Individual risk assessments were documented clearly in support plans and there was full consideration for people's safety in activities such as swimming.

Infection prevention and control measures were in place and known by staff, people who used the service and relatives. Clear information and reassurance for people and staff about COVID-19 had been continuously provided.

Safety related training was prioritised, such as positive behaviour support. Staff were confident in their abilities to keep people safe. Restraint reduction was given high priority and this was monitored closely.

Medicines were managed safely, with clear recording.

The service applied the full range of the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People's support was focused on them having as many opportunities as possible to gain new skills and become more independent. 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. People were supported with healthy lifestyles and encouraged to make healthy choices in relation to food and nutrition.

Staff understood the unique and individual needs of the young people they supported and were passionate and committed to ensuring the best outcomes for everyone.

Records of people's care and support were written in a person-centred way. Consideration was given to how

people could be best supported to achieve their independent goals and ambitions, in ways which were meaningful to them.

The organisation was committed to driving improvement. The management team had worked hard to ensure improvements to the service were implemented and embedded. Step up roles empowered staff to be fully involved and take ownership for their contribution to the work of GT Care. Positive feedback was given about the registered manager and how they were highly supportive. Staff felt listened to, involved and valued and were clear about their roles and responsibilities. Recognition and reward incentives supported staff morale well.

There was a clearly set out governance model. Quality checks were carried out, and there was closer oversight of the service. The key values and vision of the service were known by staff and embedded in the service.

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 (report published June 2020). The provider had made positive changes to drive improvement to good; we therefore completed a comprehensive inspection to reflect these improvements.

Why we inspected

This was a planned inspection to follow up on the issues raised at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for GT Care (Wakefield) Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# GT Care (Wakefield) 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

This inspection to the office location was unannounced. The visit to people in their own homes was announced for 8 July 2021 and agreed with them beforehand.

Inspection activity took place between 24 June 2021 and 27 August 2021. We visited the office location on 24 June 2021. Following this, we made telephone calls to relatives, visited some people in their own homes and reviewed documentation.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff, the management consultant and the registered manager.

We reviewed a range of records. This included two people's care records and two people's medication records. We looked at computerised staff files in relation to recruitment and staff supervision. We reviewed records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at records requested to be reviewed off site, relating to the running of the service. We spoke with the local authority partners.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risk assessments were robust and staff fully understood risks to individuals and clearly explained how these were mitigated.
- Management of risks such as how staff should respond safely to behaviour which challenged the service were closely monitored.

### Using medicines safely

- Medicines were managed safely and people were supported appropriately. There was clear guidance for staff to support people with medicines 'as and when required'. Staff had completed training and had their competency checked to ensure people were safely supported
- There were audits in place to ensure safe and consistent practice.
- People told us they had their medicine when they needed it and they trusted the staff to support them.

### Staffing and recruitment

- Staffing levels were matched to the needs of each individual and there were dedicated teams who worked with people consistently. There was a values-based recruitment process and the provider aimed to recruit staff with a genuine passion for providing high quality care.
- The service had made improvements to ensure staff had better notice of their rota and so people knew which staff would be supporting them.
- People told us they liked and trusted the staff who supported them and said there were enough staff to meet their needs. Relatives told us staffing levels were consistent and reliable.
- Recruitment procedures were robust to ensure staff were suitably employed. Computerised records supported the administrator to see when all pre-employment checks were complete, before a new member of staff started work.

### Learning lessons when things go wrong

- People had positive behaviour support plans which staff fully understood. Where incidents of behaviour which challenged the service had occurred, staff reviewed the individual situation and identified opportunities to learn from these.
- The management team reflected on feedback from previous inspections and reviewed their processes to make improvements to the service.

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

- Safeguarding procedures were clear; staff understood and were encouraged to identify and report

concerns if they thought a person may be at risk of harm.

- The provider understood their responsibility to report safeguarding concerns appropriately.

#### Preventing and controlling infection

- Infection prevention and control measures were in place; staff understood how to prevent the spread of infection and they wore personal protective equipment as necessary.
- People said staff helped them to feel safe in the COVID-19 pandemic.
- The management team ensured all up to date guidance was made available to people and staff regarding the COVID-19 pandemic. Updates were regularly given in the 'GT news' about government restrictions, vaccinations and testing.



# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to 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

- People's needs and choices were assessed and delivered in line with good practice guidance. People in one of the supported living services told us they spent their time in ways they chose to, such as gardening and swimming, and they enjoyed their independence.
- People's needs and choices were initially assessed and regularly reviewed through reflective meetings in which they had good opportunities to express their needs and preferences. Staff listened to people's views and used these to enhance the quality of care and opportunities available to support their rights.
- Where assessments highlighted the need for specialist skills to support individual care, this was provided.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's nutritional needs were discussed with them and met well. Where people needed support with their weight management, staff encouraged and assisted them to make healthy lifestyle choices. People told us they enjoyed walking and swimming and staff made sure there were opportunities for this to be part of their preferred routine.
- People planned, shopped for and prepared their meals according to their own preferences. Where people had particular dietary needs, every effort was made to ensure people received the right support to source and prepare their meals.
- Relatives said people were supported with regular exercise, although one relative felt more one to one staffing would give people more opportunities to walk further.
- Regular health checks and engagement meetings with people's social workers and health professionals were an integral part of people's care and support. People had been supported to make choices about the COVID-19 vaccinations through being provided with good levels of information. Health and well-being audits were regularly completed to ensure people were supported appropriately.

Staff support: induction, training, skills and experience

- The management team told us new recruits had a thorough induction throughout a probationary period with regular feedback and support.
- Regular training and supportive discussions enabled staff to feel valued and empowered. Step-up to team leader roles were developed to recognise staff skills and their contribution to the running of the service.
- Staff were clear about their roles and responsibilities and confident any further training needs would be supported.

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.

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

- People were consulted and supported to make choices for themselves. Staff understood people's rights and they worked within the principles of the MCA to ensure these were upheld.
- People's mental capacity was regarded and recorded, with evidence of best interest decision making where necessary.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to 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

- Staff were dedicated and passionate to provide support in line with the needs of each young person, recognising their diverse needs and aspirations.
- Staff understood each person was unique with individual goals and ambitions and they offered support in person-centred ways.
- People's need to maintain and develop relationships with others was supported by staff through individual reviews of each person's care and support. Staff sought ways in which to support people's needs and preferences which were tailored to their individual needs.

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

- People's views had been sought and they had been fully consulted and involved in decisions about their care and support.
- Some people had gone on a holiday together; they had been fully involved in the choices of destinations and decided on a place to go. Whilst on their holiday, people spent time doing different activities with each other according to what they wanted to do. One person told us they had enjoyed going for a drink of beer to a place of their choice and showed us a photograph.

Respecting and promoting people's privacy, dignity and independence

- Opportunities were maximised to promote people's independence.
- Staff supported people well with their tenancies and enabled them to practise skills of independent living, such as housekeeping, shopping and organising social activities. People independently did their own laundry and prepared their own meals of choice.
- People's privacy and dignity was respected; staff were mindful of working in people's own homes. Where people shared a home together, they showed us their individual personal rooms and said their privacy was maintained, such as when making phone calls or spending time in their own room.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery

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

- People's care and support was personalised according to their preferences. Staff spoke confidently with a very good knowledge of people's abilities, goals and aspirations and these were reflected well in their care and support plans.
- Staffing arrangements had been reviewed and revised to ensure individual needs were met. People's support was met through staff being dedicated to their package of care, and there were consistent relationships with staff who knew people well. This meant staff were more attuned to people's feelings and able to apply positive behaviour support techniques more effectively. The management team reported a reduction in the use of restraint where previously this had been a cause for concern.
- Individual reviews of people's care and reflective meetings were an integral part of people's care and support.

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

- Activities reflected people's personal interests.
- People maintained close links with their family and those who were important to them. Relatives told us they felt involved and able to make contact with people whenever they chose to.

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.

- People had access to easy read documentation, such as a pictorial information and photographs to support their understanding. Cue cards with emotion pictures helped people to express their feelings.
- Staff understood people's behaviours communicated how they may be feeling. They worked in person-centred ways to understand and pre-empt any triggers for behaviour which challenged the service.

Improving care quality in response to complaints or concerns

- The complaints procedure was available to people in clear and easy to read format and this was understood by people and relatives.
- People and relatives were confident any complaints or concerns would be addressed. One relative said, "If I had a concern I would speak to the team leader who would listen to me. They seem to have their finger on

the pulse."

- The management team maintained a log of compliments and was proactive in recording and sharing these with the staff team.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

At our last inspection systems were not robust enough to demonstrate good governance and there was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

- At the last inspection the registered manager was responsible for managing this service and also had oversight of the provider's residential home. This had been reviewed and revised so the registered manager only retained responsibility for running GT Care. This meant there was more consistent and effective leadership of the service.
- There was clear direction for staff and much improved communication from the management team. On-call service was available to staff to offer guidance and support.
- The registered manager had continued support from a management consultant who helped ensure systems and processes for the running of the service were embedded.
- There was a well set out governance model and defined roles and responsibilities. Quality checks were consistently carried out and there was close oversight of the service. There was a clear shared commitment to driving improvement.

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

- Since the last inspection, there had been considerable work done by the management team to improve the culture within the service. This had been achieved through involving staff and recognising their individual and collective contributions to the running of the service.
- There was an improved level of staff satisfaction, with staff feeling valued more than ever before. Reward and recognition schemes and incentives were in place to highlight staff performance and achievements.
- Staff were confident to approach the management team to discuss any matters and there was good emphasis on networking and teamwork.
- Improvements had been made to ensure the service was delivered around people's individual needs and outcomes. Consistent teams of core staff had been established to work with people and enhance the quality

of their care and support.

- The registered manager understood their responsibilities in relation to the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives told us they had monthly calls to discuss the needs of their loved ones and they could approach the management team at any time. Relatives said they had been asked to complete a survey and give feedback. Relatives and other professionals were involved in reflective meetings where appropriate.
- Staff reported feeling far more engaged and involved and said morale had improved since the last inspection.
- The management team welcomed feedback from other professionals, people, relatives and staff to improve the quality of the service. They had responded positively to issues raised during the previous inspection and were keen to work alongside other organisations to share good practice examples and ideas.