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# GTG Care Nursing - 112a Lichfield Street

## Inspection report

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29 March 2019

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

What life is like for people using this service:

- Improvements were needed in how the provider assessed risks to people as there were inconsistencies across the records we reviewed. Although people told us that they did not have any concerns with how they were supported with their medicines, we saw that improvement was needed to ensure practice was in line with the National Institute for Health and Care Excellence guidance.
- People told us that they felt safe using the service and staff were confident that any concerns would be dealt with appropriately. The provider had a new electronic call monitoring system where staff logged in and out of their calls, which enabled care staff visits and punctuality to be monitored. Staff followed infection control guidance and had access to personal protective equipment.
- Care staff had the skills, knowledge and support required to meet people's needs.
- People received support from care staff that were of a caring nature. The majority of people who used the service told us that staff were kind and caring and treated them with dignity and respect. People had regular care staff who knew how they liked to be supported.
- People consent was sought before staff provided care and staff understood the principles of the Mental Capacity Act. The provider had a system in place for responding to complaints. People knew how to complain however were not always confident their concerns would be acted upon.
- People and their relatives were generally satisfied with the service they received however we found that the service was not consistently well led. The systems in place to assure the safety, quality and consistency of the service were not consistently effective.
- This is the third consecutive inspection whereby the provider had failed to achieve an overall 'Good' rating.

We found a breach of regulation in relation to the systems in place to monitor and improve the quality of the service. You can see what action we told the provider to take at the end of the full version of this report.

More information is in Detailed Findings below.

Rating at last inspection: Requires Improvement (report published 3 October 2017).

About the service: GTG Care Nursing is a domiciliary care agency. It provides personal care to people living in their own homes in the community. At the time of the inspection they were supporting nine people, however not everyone was receiving the regulated activity of personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

Where they do we also take into account any wider social care provided.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will ask the provider following this report being published to tell us how they will make changes to ensure they improve the rating of the service to at least Good. We will revisit the service in the future to check if improvements have been made.

For more details, please see the full report which is on the CQC 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?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### 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 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** ●

# GTG Care Nursing - 112a Lichfield Street

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This consisted of 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 service. They contacted people during the inspection to find out about their experiences of using the service.

Service and service type: GTG Care Nursing is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

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 provider 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection. We inspected this service between the 27 and 29 March 2019. This included a visit to the office location.

What we did: Before our inspection visit, the provider completed a Provider Information Return (PIR) is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We used all this information to plan our inspection.

During the inspection, we contacted five people using the service and two relatives to get their feedback. We also spoke with nine staff members. This included the registered manager, the team leader and eight care staff. We reviewed a range of records. This included four people's care records, staff records, audits and records related to the management of the service.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management;

Supporting people to stay safe from harm and abuse, systems and processes:

- Staff we spoke with could tell us about people's individual risks and described how they supported them to keep them safe.
- Risks relating to people's care and support and how this was managed had not always been correctly reflected in people's care records. For example assessment had not been completed regarding the risk of pressure damage to the skin of a person who spent most of their time in bed.
- Another person had a catheter fitted but there was no guidance in place about the care needed or when advice would need to be sought from healthcare professionals. However staff spoken with were aware of the person's specific needs.
- Where equipment was needed to help people to move, records were not sufficiently detailed about the equipment needed and how this should be done. This meant staff did not have the guidance they needed.
- Internal and external environmental risk assessments had been completed and covered areas including lighting, gaining access and gas and electrical appliances.
- The provider had safeguarding systems in place and all the staff we spoke with had a good understanding of their responsibilities to ensure people were protected from harm and abuse. Staff received safeguarding training.
- The registered manager knew their responsibility to keep people safe and could explain their systems and the actions they would take if someone was at risk.
- People told us that they felt safe using the service and when staff were in their home. Comments included, "I feel very safe, they all know how to transfer me properly and will check things like the water temperature before I get in the shower".

Using medicines safely

- We saw that where staff assisted some people to take their medicine, the records of this were not in line with The National Institute for Health and Care Excellence guidance (NICE).
- We looked at some Medicine Administration Records (MARs) to check if people received their medicines as prescribed. MARs had not always been properly completed.
- Care staff told us they had received training in medicines administration. NICE recommends that annual staff competency assessment in medicine administration should be carried out. Competency checks had not been completed annually.
- A member of staff reported a concern to the registered manager during our inspection regarding a risk to a person from the current storage arrangements of their medicines. Action was taken during the inspection to reduce the risk.

#### Staffing and recruitment

- All the staff we spoke with told us they had enough time to spend with people to ensure they were safe and got the care they required.
- The provider had an electronic call monitoring system where staff logged in and out of their calls, which enabled care staff visits and punctuality to be monitored.
- One relative told us that staff were not always on time and did not stay the full time expected but this was not reflective of the other positive comments we received. People told us that their care staff usually turned up for their visits. One person told us, they are usually on time up to about ten minutes. They never rush me and always stay as long as they should".
- The provider followed safe recruitment procedures to ensure staff were suitable to work with people who used the service.

#### Preventing and controlling infection

- The provider had effective infection prevention and control systems and practices in place. Care staff received infection control training.
- People told us that staff wore gloves and aprons when helping with personal care.

#### Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence.
- Staff we spoke with were aware of how to report any issues or concerns and we saw the registered manager had a system in place to record these.



# Is the service effective?

## Our findings

Effective – this means 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

- The provider carried out assessments to ensure they could meet people's support needs.
- Staff knew people's individual circumstances, routines and general support needs.

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.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions or such authorisations were being met. We found there was no one within the service who lacked capacity and would therefore need an order from the Court of Protection.
- Care staff received training in the MCA.
- Staff told us they gained verbal consent before undertaking any support and people we spoke with confirmed this.

Staff skills, knowledge and experience

- People confirmed that staff had the correct skills to support them with their personal care needs.
- Staff were knowledgeable about their role and told us they received sufficient training. One care staff told us, "I have done lots of courses including my NVQ level 3."
- There was a training matrix in place so that management were clear on who had attended training and which training was due. Training was being provided for care staff that was appropriate to their role.
- Staff told us they received regular supervision and spoke positively about the support they received.

Supporting people to eat and drink enough with choice in a balanced diet; Healthcare needs

- People's dietary needs and the level of support they needed was recorded in their care plans, including the support that relatives provided.
- Care staff could explain how people were supported with their meals and how they ensured people had enough to eat and drink. Staff recorded the support they provided with people's food and drinks including any concerns.
- We found where people needed access to health care support that care staff could explain the actions they would take in an emergency. For example, liaising with nurses, contacting a doctor and calling an ambulance in an emergency.

- Care staff told us when they called for an ambulance they would wait with the person until the ambulance or a relative had arrived.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

The service involved and treated people with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported

- The majority of people spoke positively about the kind and caring nature of staff that supported them.
- People had regular care staff which helped to develop positive relationships. One relative told us, "My (relative) normally has the same carers and they know him really well." One person told us "They are kind and caring and my main carer has similar interests to me, so we get on well."
- One person gave an example of staff being caring. They told us, "The company are very nice they even kept asking about how I was last year when I was in hospital". One relative did not think that care staff had formed a relationship with the person but this was not reflective of other comments we received.
- Care staff spoke kindly about the people they supported and told us about the importance of building a relationship and working closely with them.
- Staff were positive about the people they cared for and what the role meant to them.

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

- We saw records that showed people using the service were involved in making decisions about their care and support.
- Staff gave us examples of daily choices people made; for example, choosing whether to have a wash or shower, what clothes to wear or what they would like to eat or drink.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity and encouraged them to be as independent as they could be. One person told us, "They all let me do as much as I can for myself which is exactly how I like it".
- Staff we spoke with described ways they promoted people's dignity. For example, curtains were closed and towels used to discreetly maintain people's dignity during personal care.
- Staff gave examples of how they supported people to be independent. For example, encouraging people to mobilise as well as supporting people to wash parts of their body for themselves.
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). We saw that people's confidential private information was respected and kept secure.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

The service was not always responsive to people's needs.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and we were informed by the registered manager that a copy was given to people when they started using the service.
- We received some mixed views from people about the complaints process. One relative told us, "I have complained in the past about things, but nothing seems to get done. When you ring the office you usually get (staff name) and she will say something like 'that's not good enough and leave it with me' but then they don't get back to you. They don't even actually apologise either". One person told us, "I wouldn't know how to contact the company, or who to speak to".
- Positive comments included, "I wouldn't hesitate to ring the office if I had any concerns. They listen and deal with things".
- Some complaints had been received but there were limited records available of the detail of the complaint and outcome, to include the response to the complainant. We were informed that due to issues with a change of computer software these records were not available.

Personalised care

- People's likes, dislikes and preferences on how they were supported, were known to staff although people's care plans were task focused and contained little guidance about this.
- One person could recall being involved in their care plan. They told us, "I feel fully involved in my care. I have a care plan which covers all my needs and was written after an assessment when I first started with them. I don't recall it being updated but it still covers all my needs".
- We saw examples of people's care being reviewed in response to changes to their needs. For example, one person had recently started receiving support from the service that did not include personal care. However on one occasion the person had requested such support from staff. The registered manager told us that a reassessment of the person's needs was scheduled to be completed.
- Staff told us they had received training around equality, diversity and human rights and it was expected that they would not discriminate against anyone. People's diverse needs were respected.
- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us that where needed, information was always verbally explained to people. Information would also be made available in large print if required.

End of life care and support

- The registered manager told us there were not providing end of life care to anyone. They were aware of their duties to support people if the need for end of life planning arose and told us they would liaise with healthcare professionals.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership did not consistently assure high quality care.

Leadership and management; Continuous learning and improving care

- This is the third consecutive inspection whereby the provider had failed to achieve an overall 'Good' rating
- The governance systems in place to monitor the quality and safety of care provided had not been effective. The provider's system for checks did not include audits of people's care plans and risk assessments which we needed to bring to their attention. This meant that there were ineffective systems to identify potential areas of risk or poor care.
- The system of checks on care records had not identified the concerns we found in relation to the inconsistent completion of Medicine Administration Records. This failed to ensure staff would provide safe care in line with current good practice.
- There was a lack of management oversight on staff practice. For example, spot checks on staff performance were completed but there was no evidence that these included a check by a trained person on staff manual handling or medication practices to assess competence. Following our inspection the registered manager sent information that indicated this was being introduced.
- The provider could not demonstrate systems were in place to respond appropriately to complaints to help effectively assess, monitor and improve the service.
- Some records were not available during our inspection, to evidence monitoring of call times to include duration and any late calls. The registered manager told us the service had in the last few weeks changed to a different computer software system and had not realised this would result in being unable to access records on their previous system.

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

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager was aware of their registration requirements regarding statutory notifications.
- The provider was meeting the requirement to display their most recent CQC rating.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The majority of people using the service spoke positively about how the service was managed and the support they received.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the

care and treatment they received. The registered manager could tell us their understanding of this regulation.

Engaging and involving people using the service, the public and staff

- The provider sought people's and their relatives' views about the service on the level of care they received and what improvements could be made. Surveys were sent out to people who used the service. The surveys we viewed were mostly positive in content. These had been analysed by the provider and acted on.

Working in partnership with others

- The registered manager and staff told us how they worked closely with health professionals such as District Nurses. Staff told us how they worked with relatives to update them as to the person's wellbeing.

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 17 HSCA RA Regulations 2014 Good governance<br><br>There were insufficient systems in place to monitor and improve the quality and safety of the service. |