

GT Care (Wakefield) Ltd

# GT Care (Wakefield) Limited

## Inspection report

5 Homestead Drive  
Wakefield  
West Yorkshire  
WF2 9PE

Tel: 01924374666

Date of inspection visit:  
30 June 2020  
29 July 2020

Date of publication:  
17 November 2020

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# 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 providing five 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

Medicines were managed safely. Some improvement was required for PRN 'as and when' required medicine documentation. Staff were recruited safely. People received support from staff they were familiar with. Care plans and risks assessments detailed what care and support people needed to reduce risk to them. People said they felt safe. A relative told us they thought their relatives were kept safe. People were protected from the risk of infections.

Audits to monitor medicine administration records and documentation did not identify the concerns we found on inspection. People and a relative told us staff were kind and caring. People and their families were involved with the planning of their care said they felt listened to.

The service applied 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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 inadequate (published 12 March 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

This service has been in Special Measures since 12 March 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures. However, we found there

was still a continuing breach of regulation 17.

#### Why we inspected

This was a planned inspection based on the previous rating.

We carried out an unannounced comprehensive inspection of this service on 12 March 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing, person-centred care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain some of those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this 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).

#### 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a continuing continued breach in relation to good governance at this inspection.

For requirement actions of enforcement which we are able to publish at the time of the report being published: 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 for 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 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 not always safe.

Details are in our safe 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** ●

# 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 an inspector and an assistant 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.

This service provides care and support to people living in 'supported living' setting, 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

We gave a short period notice of the inspection. This was because we needed to discuss the safety of people, staff and inspectors with reference to COVID-19.

Inspection activity started on 30 June 2020 and ended on 27 July 2020. We inspected the office location and supported living Manygates accommodation on the first date of inspection and followed up information by email and telephone calls.

#### What we did before the inspection

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

#### During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, team leaders, support workers and administrator. We spoke with one professional who regularly visited the service.

We reviewed a range of records. This included four people's care records and two medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at quality assurance records and care plan records.



# 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 inadequate. At this inspection this key question has now improved to 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.

At our last inspection the provider had failed to ensure robust systems and processes to manage medicines safely. This was a continued breach of regulation 12 (Safe care and treatment) 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 the using medicines safely element of regulation 12.

### Using medicines safely

- Medicines were safely managed. People had individual medication administration records (MARs) to ensure they received their medication as prescribed. We looked at a selection of MARs and saw these were complete with no gaps.
- Staff had completed medicines training and had their competency assessed.
- Where people were prescribed medicines to take 'as and when required' (PRN) information was available to guide staff on when to administer them. However, symptoms of pain to enable staff to recognise when a person might be experiencing pain were not always recorded. A body map to show where staff needed to apply a cream was missing for one person. We fed this back to the registered manager to take remedial action.

At our last inspection the provider had failed to ensure sufficient numbers of suitably qualified, competent, skills and experienced staff were deployed. This was a continued breach of regulation 18 (Safe care and treatment) 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 18.

### Staffing and recruitment

- Staff were recruited safely. Pre employment checks were carried out to protect people from the employment of unsuitable staff. However, we found one reference had been accepted from a family member and this is not appropriate due to potential bias. This practice was also identified at our previous inspection. We fed back to the registered manager to take remedial action.
- People were supported by staff who were familiar to them. Staff said they covered extra shifts for colleagues if needed. One member of staff told us, "We have been short staffed recently and I try to help out as much as possible."
- Staffing levels were based on people's assessed needs. Staff told us they received their rotas one to two

weeks in advance. However, staff were not formally allocated break times in their shift. One member of staff told us, "We need to take breaks as and when. They are not set up." Another member of staff said, "We have not been given a set time to break, sometimes if [Person] goes to bed in the afternoon we can get a break. We grab one when we can get it."

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) 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 the risks relating to people element of regulation 12.

#### Assessing risk, safety monitoring and management

- Risks to people's health and well-being were assessed. These explored areas such as medication, communication and hygiene. However, one person's risk assessment was not signed by the person.
- People had personalised positive behaviour support plans. Incidents were recorded and staff were offered a debrief after an incident. However, there was a lack of continuity with the recording of the description of holds used during restraints. Restraint information had been collated but there was no clear evidence any learning or steps taken had resulted in the reduction in the number of restraints being carried out. This is reported on further in the well-led domain of this report.
- People told us they felt safe. A relative said, "I have no concerns. I feel like [Person] is in a safe place here."

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

- Appropriate safeguarding systems were in place. Staff could demonstrate their understanding of the training they had received and knew what their role was in safeguarding the people they support. Staff were clear about the processes they would follow and who they would report any concerns to.
- Safeguarding concerns were managed and reported in accordance with requirements.

#### Preventing and controlling infection

- People were protected from the risk of infections. Staff received training in infection control and understood their responsibilities.
- Personal protective equipment (PPE) was available for staff. Staff told us there were enough supplies of gloves and aprons.

#### Learning lessons when things go wrong

- The provider and registered manager continued to work through an action plan to address our concerns found at the previous inspection.



# 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 inadequate. At this inspection this key question has now improved to 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.

At our last inspection the provider had failed to operate effective systems and processes to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager did not always have effective oversight and governance of the service's safety and quality to ensure all regulatory requirements were met. For example, the concerns we identified at this inspection relating to medicine documentation, steps taken to reduce the use of restraint and an employment reference.
- Audits were not robustly completed. Medicine audits were completed monthly, however, we found identified actions on two medicine audits in June were not updated whether these had been rectified. An 'In pursuit of excellent' audit dated June 2020 reviewing the June medicine audits had recorded 'no discrepancies found' and this was not an accurate reflection of the actions identified in the medicine audits.
- A weekly documentation audit identified the same concern over a four-week period for three people. There was no evidence any actions were taken to rectify the concern.
- People's risk assessments were not always signed by people or staff to say these had been read.

We found no evidence that people had been harmed however systems were not robust enough to demonstrate good governance. This placed people at risk of harm. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- After the inspection the registered manager told us the audits documentation had been amended and improvements had been made to improve the recording of restraint incidents and actions taken.

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

- People and a relative told us they were satisfied with the service they received. Comments included, "All the staff are helpful and kind" and "The food is nice, I've got clean clothes."
- Staff were generally positive about the registered manager and the service. One staff member said, "If I

have a problem or an issue [registered manager] will sort it out. However, another staff member told us, "Sometimes [registered manager] does not want to know."

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

- People and relatives had not received a service survey since the last inspection. Regular reflective meetings to discuss concerns and review care took place with people and their families where appropriate. A relative told us, "Now that the changes have happened, I'm very happy."
- Systems were in place to ensure communication between staff members including daily staff meetings, staff emails and phone calls. Senior management and staff team meetings were regularly held.
- Staff had not been formally asked for their feedback since the last inspection. The registered manager told us an updated survey was due to be circulated to staff shortly.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood the requirements and their responsibilities under the duty of candour.

Continuous learning and improving care

- The registered manager acknowledged systems to demonstrate compliance with the regulations was still required and improvements were required in some areas. There was a continuous breach of regulation from the last inspection which had not sufficiently been addressed.

Working in partnership with others

- The service involved health care professionals and family members where appropriate in meetings about some people. Records noted the involvement of family members, social workers, GPs and pharmacists.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not robust enough to demonstrate good governance.

**The enforcement action we took:**

Imposed conditions on the providers registration