

GMT Health Care Services Ltd

GMT HEALTHCARE

Inspection report

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16 May 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: GMT Healthcare is a domiciliary care agency. It provides personal care to people living in their own homes. It was providing personal care to 16 people at the time of the inspection.

People's experience of using this service:

Improvements were required to the systems for managing people's medicines to ensure they were consistently safe. Staff knew people's risks and how to manage and reduce them to keep people safe, however documentation about risks was not always clear.

People were not always supported to consent to their care in line with law and guidance. People were not always supported to have maximum choice and control of their lives; the policies and systems in the service did not support this practice.

The registered manager needed to ensure staff had all the knowledge and skills required to support people effectively.

The registered manager and provider needed to improve the systems in place to ensure people consistently received safe and good quality care.

Systems were in place to protect people from abuse and staff understood them. People were supported by enough safely recruited staff who knew how to keep people safe.

People were supported by kind and caring staff. People and their relatives were encouraged to be involved in making decisions about their care. People were supported by staff who respected their privacy and dignity and promoted their independence.

Staff understood people's preferences and people were happy with the personalised care they received. People knew how to make a complaint if required and felt able to do so. People's end of life wishes were considered when appropriate.

People and staff told us they found the management team approachable. People and staff felt engaged with the service. The registered manager had plans in place to make improvements and had learned lessons when things had gone wrong.

Rating at last inspection: This was the first inspection of GMT Healthcare since it registered with us (CQC).

Why we inspected: This was a planned inspection as the service had not been inspected since their registration with us (CQC), however we had received information of concern prior to the inspection which helped inform the inspection process.

Enforcement: We identified two breaches of regulations. To see the action we told the provider to take, refer to the end of the full report. We have asked the provider to tell us how they plan to make improvements to become compliant with regulations.

Follow up: We will continue to monitor the service through the information we receive and we will check if improvements have been made at our next inspection.

For more details, please see the full report which is on the CQC website at 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 not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

GMT HEALTHCARE

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by a complaint about the quality of the service.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, younger disabled adults and people with physical and/or learning disabilities.

Not everyone using GMT Healthcare receives regulated activity; 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.

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. The registered manager was also the provider.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it 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.

Inspection site visit activity started on 13 May 2019 and ended on 16 May 2019. We visited the office location on 13 and 16 May 2019 to see the manager and to review care records and policies and procedures. We

spoke with people who used the service, relatives and staff on the telephone on 15 May 2019.

What we did:

We used the information we held about the service to formulate our inspection plan. This included checking for any statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return (PIR). 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. We also spoke with commissioners about GMT Healthcare.

During the inspection, we spoke with four people who used the service and four relatives. We also spoke with the registered manager and five care staff. We reviewed the care records for four people to see whether they were accurate and up to date. These included care plans, daily care records and medicine administration records. We looked at records relating to the management of the service. These included eight staff recruitment records, training records, policies and procedures and quality assurance records.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Using medicines safely

- People told us staff supported them to take their medicines safely. One person said, "I get my medicines when I need them, they are very good with that. I get pain and I have paracetamol for it, the carers offer me that, they do." A relative said, "No problems whatsoever and I do keep a close eye on that."
- However, Medicines Administration Records (MARs) showed inconsistency. Some staff were recording codes and not their signature whilst other staff were only recording their initials. This meant it was not always clear exactly what had been administered and by whom. No MARs had yet been audited so the registered manager was not aware of these issues.
- Staff were hand transcribing MARs and these had not always been checked or countersigned by a second person trained in medicines administration, in line with NICE guidance. NICE is the National Institute for Health and Care Excellence which aims to improve health and social care through evidence-based guidance. This increased the risk of medicines errors.
- Some people were prescribed 'as required' medicines. Suitable protocols were not in place to guide staff on how to safely and consistently administer these medicines.
- We found a number of inconsistencies in the way medicines were managed. For example, prescribed topical medicines such as creams and patches did not always state where and when they needed to be applied and there were some unexplained gaps in administration with no explanation. One person had two completed MARs for the same month with the same medicines detailed and it was not clear which was the correct record.
- These issues showed that improvements were needed to ensure the safe management of medicines. We shared our concerns with the registered manager who said they would act to make improvements.

Assessing risk, safety monitoring and management

- All risks were not always suitably assessed and planned for. One person was at high risk of choking and there was no suitable risk assessment in place. However, detailed guidance from a speech and language therapist was available for staff to follow and staff knew about this. The registered manager confirmed a specific choking risk assessment should be in place and told us they would complete this and make staff aware.
- Risk assessments were not always individual to meet the person's specific needs. For example, one person's bathing and showering risk assessment advised staff to use the equipment provided and follow goals and advice from the occupational therapist. This was the same as another person's risk assessment. The registered manager confirmed this person had no occupational therapy input so no goals had been set to follow. This meant the risk had not been suitably assessed and the plan to reduce risks was not clear for staff to follow. It also did not state which equipment staff needed to use and how to use it.
- Despite these issues, staff knew about people's risks and how to reduce them.

Staffing and recruitment

- Staffing levels were appropriate to meet people's needs and people were supported by staff at the times they needed support.
- People told us there were enough staff to keep them safe and they had consistent care staff who turned up on time. One person said, "They are pretty much always on time but even if they are running a little late they will always phone me and say, 'I'll just be five minutes.'" Relatives commented, "At first it was hit and miss but there is a regular pattern of regular carers now. It's consistent" and "They are always on time, they are very good for that. Considering the traffic, they don't do bad at all."
- The registered manager told us how they would not accept new packages of care until suitable staffing numbers were in place to ensure people had reliable and consistent care and we saw they did this.
- Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service. However, the registered manager needed to ensure systems were well organised to evidence their compliance. The registered manager was aware of this and was in the process of recruiting a suitable person to help in the office.

Preventing and controlling infection

- People were protected from the risk of infection and cross contamination.
- People told us staff wore gloves and aprons when supporting them with personal care. We saw this personal protective equipment (PPE) was readily available to staff.
- Staff we spoke with understood their responsibilities for preventing and controlling infection though the registered manager could not evidence all staff had been trained in this area.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and relatives had confidence about safety when the service were supporting people. A relative said, "Yes [my relative] is always safe with them."
- Staff knew how to recognise the signs and symptoms of potential abuse and how to report and record their concerns.
- There were systems and processes in place to protect people from abuse though the registered manager had not yet needed to use the systems to protect people.

Learning lessons when things go wrong

- The service had only been providing a regulated activity for three months when the inspection took place. However, they showed how they had learned lessons when things had gone wrong.
- There had been a small number of missed calls due to a system failure whereby staff had not been notified which care calls they needed to complete. The registered manager reviewed the systems and had now implemented further checks to ensure that staff knew which calls they needed to complete. There had been no missed calls since then.
- The registered manager explained how initially, the service had taken on too many people and did not provide a safe and good quality service to all those people. They had arranged alternative care for some people and they were not taking any new care packages until existing people had consistency, all records were up to date and suitable systems were fully embedded. All people and relatives we spoke with described how the service had vastly improved since it first started.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- People told us they were asked for consent. One person said, "I was asked for consent at the start and [staff] never do anything without asking me."
- However, we found that the principles of the Mental Capacity Act 2005 (MCA) were not always being followed.
- The 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.
- The registered manager told us that a person lacked the mental capacity to make their own decisions about their care. However, no assessment of their mental capacity had been completed, in line with the MCA. The registered manager said that a family member made decisions on behalf of the person, however they had not requested evidence that the family member held legal decision-making powers on behalf of the person.
- We saw that a family member had signed consent on behalf of another person for staff to administer medicines to the person. There was no assessment of the person's capacity to make their own decision and there was no evidence that the family member held any legal decision-making powers.
- Some staff we spoke with were unable to demonstrate any understanding of their responsibilities in protecting people's rights under the MCA.

These issues meant that the service was not always acting in accordance with the MCA when people lacked the mental capacity to make their own decisions. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Most people and relatives thought that staff were well trained. A relative said, "Generally [staff] seem well trained. They are mixed in their experience, I would say there's a range of different experience and skills."
- Staff told us their induction equipped them with the skills needed to support people. However, a number of staff told us they had not yet completed training in required topics including the MCA. Some staff could not demonstrate any knowledge on this subject.
- The registered manager kept a log of all staff training and this showed some gaps. The registered manager told us they had a plan in place to address gaps in staff knowledge and training by making the training programme more robust.

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

- People's needs and choices were assessed before they started to receive a service to ensure their needs could be met. This included consideration of people's diverse needs such as religion and culture.
- However, assessment and support plans were not always clear about the exact support people required. For example, one person's support plan stated they needed prompts to eat a balanced diet, though the registered manager and daily records confirmed that staff did not support the person with their dietary needs. This meant there was a risk of staff not delivering the required care and support.

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

- When required, people were supported to eat and drink enough to maintain a balanced diet.
- Staff followed guidelines in place when people required specialist diets such as soft food or thickened drinks.

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

- People were supported to access healthcare services and support when required.
- A staff member described how they alerted the registered manager to a change in a person's healthcare needs. The registered manager then arranged for the person to have a review with the relevant healthcare professional.
- The registered manager described how they were working with social workers and other professionals to review a person's care package and obtain the correct support and funding when their needs changed.

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 were happy with the care they received and told us staff were kind and caring. Comments included, "I can't fault them. They really are caring, considerate and lovely" and "[Staff] are very kind, I couldn't ask for better."
- A relative said, "I couldn't pick fault at all. They are all very, very good and one [staff member] is absolutely marvellous. They come in singing, like a ray of sunshine. It really lifts you up if you are feeling a bit down, what more could I ask for?"

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

- People and relatives told us they were supported to express their views and be involved in decisions and choices about their care.
- Staff described how they offered people choices, making adaptations to suit people's communications needs when required.
- Care plans were written in a way that promoted choice and control and encouraged staff to offer choices. For example, 'show the person two options and let them choose.'

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected. A relative said, "GMT are a breath of fresh air. Having carers can feel intrusive to me and [my relative] but these don't come over intrusive at all. They respect your privacy and are really good."
- People told us staff respected their dignity and encouraged their independence. One person said, "What I really like is, they let me do as much as I want to do. I need to do it myself to get my independence back you see. They never push you but they encourage you."

Is the service responsive?

Our findings

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

Good: People's needs were met.

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

- People and relatives told us they were involved in developing their plans of care. One person said, "My care plan was prepared by the manager then I read it through and signed it off as correct."
- People had been asked about their preferences and these were catered for. A relative said, "[My relative] prefers female carers and always gets those."
- People had consistent care staff who had got to know them well. One person said, "The four [staff] that come have got to know me. I don't have to keep repeating myself. It's the little things they take note of. For example, I asked them not to put my clothes on the floor and they have never once done it. They listen to what you say and take notice."
- A relative said, "They [staff] are really starting to get to know [my relative] now, how they like their cup of tea and that sort of thing."

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint if they needed to and said they would feel able to do so if needed. A relative said, "I've got a number here that I can ring if I'm not happy with anything."
- There was a suitable complaints policy and procedure in place and people were signposted to other agencies that could help if they were unsatisfied with their complaint outcome.

End of life care and support

- No-one was receiving end of life care at the time of the inspection.
- People's wishes for their end of life care had been considered where appropriate.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Governance systems were not operated effectively to monitor the quality and safety of services provided. No audits of MARs had yet been completed so the provider had not identified the issues we did during the inspection. The registered manager said, "I'm going to start auditing MAR charts this week. I have already realised I need to change them. I need to get staff to sign their initials and get a signature list. I was in a rush when we started so as part of the audit I will make the changes."
- No audits of care plans had been completed and the registered manager was unaware of the issues with consent and compliance with the MCA that we identified.
- There was an auditing policy in place which stated the service would agree an appropriately planned programme of audits. This was not yet in place and the registered manager and provider told us they had plans to implement and embed this before the service grew.
- Most people's daily notes had not been collected from their homes and checked since their service started. This meant they had not been audited and any learning shared.
- The registered manager had recognised prior to the inspection that improvements were needed to the systems in place to ensure good quality care. They were in the process of recruiting a care coordinator to support with these tasks so that effective quality assurance systems could be operated. However, because these systems were not yet in place, the registered manager had not identified some of the issues we did.

These issues meant that good governance systems were not established or operated effectively to ensure a safe and good quality service. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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 knew who the registered manager was and felt they were approachable. One person said, "[The Registered Manager] comes out to do some calls. She is very approachable, there would be no problem in going to her if you needed to." A relative said, "The registered manager is hands on. She is very approachable. The company is relatively small, so she knows all the people and what is going on. She delivers some of the care herself, so she sees what goes on."
- The registered manager had made some improvements to the systems in place since the service started to provide a regulated activity in February 2019. People and relatives had noticed an improvement in the quality of the service they received. A relative said, "They have actually done pretty well, and I wouldn't change them. The first few weeks were unsettled, during the transition but now it's good."

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

- People told us they were informally asked for their feedback and felt able to share this. One person said, "[The Registered Manager] said to me, 'always discuss anything you feel is not right, you must tell me, and we will make it right' and I know she would."
- Quality surveys had been sent out to people and relatives and so far, two had been completed. These both gave positive feedback. The registered manager had a plan to address any areas of feedback that suggested improvements were required.
- Staff felt engaged, involved and supported. Staff comments included, "There is a better atmosphere here than other places I've worked. You can talk to [management] and ask questions, it's very open", "[Management] support staff well, they are always on hand if you need help or to talk anything over. I've had one to one time, a spot check and feedback on my performance" and "We've had a staff meeting and we have group messages, the company are new, and I can't see anything wrong at all."

Continuous learning and improving care

- The provider and registered manager had plans in place for continuous learning and improving care. They were in the process of sourcing a new training provider to make staff training more robust and they had plans to introduce newsletters and information in other accessible formats to engage with people more.

Working in partnership with others

- The service worked in partnership with health professionals to ensure people had their care needs met effectively.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The service was not always acting in accordance with the Mental Capacity Act (2005) when people lacked the mental capacity to make their own decisions. People were signing consent of behalf of others without the legal authority to do so.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Good governance systems were not established or operated effectively to ensure a safe and good quality service.</p>