

GT Care (Wakefield) Ltd

# GT Care (Wakefield) Limited

## Inspection report

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West Yorkshire  
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Tel: 01924374666

Date of inspection visit:

12 November 2019

13 November 2019

14 November 2019

26 November 2019

12 December 2019

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### Ratings

Overall rating for this service	Inadequate <span style="color: red;">●</span>
Is the service safe?	<b>Inadequate</b> <span style="color: red;">●</span>
Is the service effective?	<b>Requires Improvement</b> <span style="color: orange;">●</span>
Is the service caring?	<b>Requires Improvement</b> <span style="color: orange;">●</span>
Is the service responsive?	<b>Requires Improvement</b> <span style="color: orange;">●</span>
Is the service well-led?	<b>Inadequate</b> <span style="color: red;">●</span>

# 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 eight 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 did not always receive safe, well managed care. Staffing was not robustly organised to ensure people received the level of support they needed. Medicines were not safely managed.

The service did not apply 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 not always focused on them having as many opportunities as possible to gain new skills and become more independent. People did not always have choice in the routine of the day.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests.

Staff received appropriate training but were not always supported well to work with people. Some staff were deployed for continuous shifts and without breaks.

Staff were kind, patient and caring with the people they supported.

Management of the service was not robust. The registered manager had responsibility for this service and another of the provider's locations, although the provider has since informed us of their intentions to recruit another manager so the locations to be managed separately. Systems and processes with which to monitor the quality of the provision were not effective. There were low levels of staff satisfaction and communication was not effective to ensure all staff felt engaged and supported.

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 Inadequate (published February 2019). Since this rating was awarded the

service has moved premises and the provider has changed the name from Clark Hall to GT Care (Wakefield) Ltd. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection.

This service has been in Special Measures since February 2019. During this inspection the provider did not demonstrate sufficient improvements had been made. The service remains in Special Measures.

### Why we inspected

This was a planned inspection.

The inspection was prompted in part due to concerns received about staffing levels, quality of care and people's safety. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see all sections of this full report.

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 have identified breaches in relation to people's care, consent, safety, recruitment, staffing and leadership at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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.

### Special Measures:

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it., and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 safe

Details are in our safe findings below

**Inadequate** ●

### 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 not always caring

Details are in our caring findings below

**Requires Improvement** ●

### 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 well led

Details are in our well led findings below

**Inadequate** ●

# GT Care (Wakefield) Limited

## Detailed findings

### Background to this 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 two inspectors 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' 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 visits to people in their own homes was announced and agreed with them beforehand.

Inspection activity started on 12 November 2019 and ended on 12 December 2019. We visited the office location on 12, 13 and 14 November 2019. Following this, we made telephone calls to staff and relatives and visited some people in their own homes.

#### 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. We used the information the provider sent us in the provider information return. 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. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and six relatives about their experience of the care provided. We spoke with 11 members of staff, the training manager and the registered manager.

We reviewed a range of records. This included six people's care records and four people's medication records. We looked at three 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 training data and the statement of purpose. We spoke with the local authority partners and commissioning teams.

# 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 remained the same. This meant people were not safe and were at risk of avoidable harm.

### Assessing risk, safety monitoring and management

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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Risk assessments were not consistent; some areas of risk were not assessed or managed, such as when transporting people in a vehicle and records were not kept of journeys undertaken. The registered manager told us they addressed this following the first day of inspection.
- Management of risks was not always clear or detailed in individual care records, such as how staff should respond safely to behaviour which challenged the service.

### Using medicines safely

- Medicines were not managed safely. People had supplies of non-prescribed medicine which was not recorded. There was no clear guidance for staff to support people with medicines 'as and when required'. Not all staff who gave medicines had completed training or had their competency checked.
- There were gaps in the recording of medicines and errors in stock balances. The registered manager was not able to assure us people had received their medicines or how discrepancies in stock balances had been addressed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed. This was a breach of regulation 18 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18

- Staffing levels did not always meet people's needs and it was not always evident where people had received the one to one support they required. One person said, "There's not enough staff and not enough drivers to take me." Staff told us staffing levels were variable and managers frequently tried to fill shifts at very short notice.
- The management team and office staff were deployed to support people on the staff rotas as well as carrying out their administrative tasks. Some support staff worked very long hours and back to back shifts and there was limited opportunity for staff breaks. One member of staff said, "We don't get breaks, we just manage as best as we can." Another member of staff said they worked more than 70 hours each week, although said this was with their agreement.
- People were not always informed in advance of which staff were supporting them and staff had very short notice of their shifts. Turnover of staff was high. The registered manager told us they were actively recruiting to try to improve staffing levels.
- Recruitment procedures were not robust to ensure staff were suitably employed. Gaps in candidates' previous employment were not explored and references were supplied by family friends. This was not in line with the provider's statement of purpose which stated employees were subject to a 'thorough and rigorous recruitment and induction process'.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staffing was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 18 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Learning lessons when things go wrong

- People had positive behaviour support plans although incidents were not always managed in line with the provider's own information or good practice guidelines. For example, debriefing after each incident did not always happen and there was no management oversight to identify opportunities for learning.
- There were concerns at this inspection which were similar to the inspection of the service when it was at its previous location.

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

- Safeguarding procedures were clear and staff understood how to identify and report concerns if they thought a person may be at risk of harm.
- The provider understood their responsibility to refer matters of concern to the local safeguarding team.

#### Preventing and controlling infection

- Staff understood how to prevent the spread of infection and there was a good supply of personal protective equipment available for staff to use.
- People said if they were unwell they were encouraged to stay at home.

# 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 remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs and choices were not always assessed or delivered in line with good practice guidance. People in one of the supported living services had repetitive activity plans and limited choices as to how they spent their time. For example, people needed to be up early to be ready for transport according to their timetable. Support plans for different individuals were written in the same wording.

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

- There was limited evidence of how people's nutritional needs were met. Food and fluid records were kept but these were not consistently completed or reviewed. Some people's records showed a lack of nutritional balance and unhealthy choices, such as fizzy cola drinks, chips and chocolate. One person was trying to lose weight but there was no clear goal or plans in place and little discussion evident in their care record about other healthier choices.
- People in the supported living service were supported to make packed lunches because they all went out every day. There was little evidence of meals planning and support, although some evidence of shopping with people for their choice of food.

Staff support: induction, training, skills and experience

- The training manager had a clear schedule of training and induction, which some staff said was very effective for them to carry out their roles. Where staff supported one person with complex needs they had additional training to understand how to support them.
- Newly appointed staff we spoke with said training did not always happen according to plan as courses were sometimes cancelled and they had not completed some important training or shadowed experienced staff before working with people. One member of staff told us what they had not covered in training they asked people's relatives about, such as medication.
  - Staff had one or two days notice for their rotas and this meant they did not always know who they were supporting or have time to read care plans.
  - The registered manager sent us information about staff progress reviews and observations. However, not all staff could recall having supportive discussions with their line manager and there was no evidence of spot checks of practice.

This was further evidence of a breach of regulation 18.

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

- There was a lack of consent evident in people's care records, and decision making was not always specific. One person told us decisions were made for them, without them being asked or involved, such as what time to get up and how they spent their time.
- People's mental capacity was considered but not always recorded robustly, or regarded appropriately. Staff spoke about people making choices but there was little evidence of best interest decisions for some people. For example, one person was deemed to lack capacity to fully understand the consequences of making food choices, yet was allowed to choose chocolate and fizzy pop, with no discussion about this.
- One person's care record showed they had been given medicine in a drink, even though it was recorded they had said they did not want their medicine. There was no assessment of capacity for this person or record of appropriate best interest decision making in order to give medicine this way. The registered manager assured us this was no longer practice following the inspection.

We found no evidence that people had been harmed however, the provider was not always working within the principles of the MCA as people's rights were not always respected. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider made referrals where needed to other professionals. For example, one person had an infected finger and staff supported them to the walk in clinic. Meetings with people's social workers and health professionals took place.
- Staff supported some aspects of people's wellbeing at times. For example, one person wanted to go to the gym and they told us they could do this when there were enough staff available. Another person was supported to attend a weekly healthy eating group.
- Activities to promote healthy lifestyles were scheduled weekly, although there was not always opportunity for people to spontaneously do these if they wished.

# 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 remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- There was limited evidence how people's views had been sought and how they had been involved in decisions about their care and support.
- One person said they were not asked their views about how they spent their time and said the provider made most decisions through speaking with their relatives rather than with them. Care records did not show how decisions, such as where to live, or what to do each day had been made, or who had been involved in discussions.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had a caring and empathetic approach and related well when speaking with people who used the service. Staff enjoyed their work with the people they supported. Relatives told us staff cared for the people they worked with. One relative commented, "The carers care and that's the main thing." Another relative told us staff had established a 'lovely relationship' with their family member.
- The registered manager knew each person well and understood their needs. Staff had training in equality, diversity and human rights.
- Some people had consistent staff to support them and these staff were knowledgeable about their care needs. However, some people did not always know in advance which staff were supporting them and staff rotas often changed at little notice. Some relatives told us, "We are not always told in advance who is coming and sometimes we have never met the staff who arrive." This meant there were inconsistencies in people's support as staff had not always had time to understand people's specific needs.

Respecting and promoting people's privacy, dignity and independence

- People's independence was encouraged in some aspects of their care, although not all people had independence in the routine of the day as this was determined for them. People said staff respected their dignity and staff gave examples of how they ensured people's dignity was promoted.
- Relatives of people in the supported living services were able to visit any time. Some relatives had close involvement in their family members' support and felt encouraged to take them out or to the family home, such as for tea or at weekends.
- People's care notes did not always contain person-centred language.

# 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 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.

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

- Care was not person centred. People's care and support was scheduled with generic support plans and routines which had no evidence of being individually assessed with each person. There was little evidence of people's goals and aspirations in care and support plans. Daily notes did not illustrate how care was based upon individual needs and there was no evidence that they were reviewed.
- Staffing arrangements were not clear for supporting people and we were not assured individual needs were met. There was a lack of direction about which staff were meant to be supporting which individuals. One member of staff said, "It's chaotic at times" and we heard one member of staff ask, "What am I supposed to be doing." One member of staff said lack of staffing impacted upon people's care because they had to wait for drivers to be available. This meant some people were travelling in the dark, which they did not like.
- Individual reviews of people's care and reflective meetings took place for some people, but this was not consistent for all people. People who received care as part of the new supported living service, had not had an individual review to see if their care needs were being met.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate person centred care. This meant people were at risk of receiving care which was not reflective of their needs and preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was little evidence of genuine consultation with individuals to show how activities reflected their personal interests.
- One person attended a work-based opportunity, helping at the provider's local shop and another person was supported with gardening work. Some people had holidays at the provider's caravan. There was little evidence to show how these opportunities had been decided and agreed with people. However, one person's interest in horse riding was reflected in their care and support plan and they had a private arrangement to facilitate their hobby.
- People in supported living services were encouraged to maintain links with their family members and staff supported them to do this through visits and telephone calls. People's care and support plans highlighted who was important to people.

### 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 complaints procedure and support plans. The provider had developed cue cards with emotion pictures to help people express how they were feeling.

### Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to establish a system for receiving and acting on complaints. This was a breach of regulation 16 (Receiving and acting on complaints) 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 16.

- Complaints were recorded with written responses. There were no recorded complaints from people who used the service. The registered manager said people and relatives were encouraged to raise any concerns in reflective meetings and they resolved minor issues without formally recording these.
- The complaints procedure was available to people in an easy to read format with photographs of who they could address their concerns to. One person said they knew how to complain but they did not feel they would be listened to. Relatives we spoke with gave mixed views about the complaints process; some relatives felt their concerns would be acted upon whilst others said they were not confident complaints would be addressed.

# 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 remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

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 breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The registered manager was responsible for managing this service and the provider's residential home. Audits were not robust and the registered manager did not have sufficient oversight of the quality of the service delivery. Records, such as those for recruitment and care were not robust enough. Following the inspection the provider informed us of their intention to recruit another manager for the services to be managed separately.
- There was a lack of direction for staff and they had little notice for when they were deployed or who they were expected to support. Checks of staff practice were carried out for some staff but these were not consistent for all staff. Staff consistently reported weaknesses in communication from the management team. One member of staff said, "Meetings are random" and another said, "Rotas are not staffed in time and we don't know until the last minute who is working where."
- The provider was supported at times by a management consultant who helped establish some systems and processes for the running of the service in line with regulatory requirements. However there was no systematic approach to monitoring the quality of the provision and matters from the previous inspection had not been sufficiently addressed.
- There was some delegation of responsibilities to team leaders, although this was not robustly managed. Some information was electronically held, such as the training matrix and the registered manager had limited access to this information. The registered manager said the service was in the process of restructuring management roles and responsibilities.

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

- The provider had a 'striving for excellence' vision which was emphasised to staff in written documentation, although the culture in the service was not open and transparent. Staff turnover was high and there was a low level of staff satisfaction. Staff reported feeling unsupported and overworked, rotas were only given at very short notice and staff were working back to back shifts with no management scrutiny of the quality of care. One member of staff told us, "There is a high turnover of staff and we are working long hours. Managers don't listen." Some staff who were assigned to the same people felt more settled, but still reported a lack of support.
- Staff were not all confident to approach the management team to discuss aspects of their work. We received mixed views from staff and relatives about how the service was run. Some relatives spoke very highly of the management team, whilst others had much less confidence.
- The service was not delivered around people's individual needs or outcomes.
- The registered manager was aware of their responsibilities under the duty of candour.

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

- Staff consistently reported not being consulted or informed in how the service was run. The provider was in the process of developing a staff survey to obtain staff views. Relatives gave mixed views about the quality of the service. Some relatives reported an improving service and spoke highly about the provider, whilst others expressed concern about the way the service was run. One relative said, "There has been a massive shift since the last inspection. Things are so much better for [my family member]" whilst in contrast another relative said, "There is no leadership in this service and communication is terrible."

Continuous learning and improving care

- There were continued breaches from the last inspection which had not been sufficiently addressed. There was an improvement action plan in place introduced with the independent consultant, but this did not match with practice seen at inspection.

Working in partnership with others

- The provider involved other professionals and family members where appropriate in reflective meetings about some people. However these were not always consistently carried out for all people.

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