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GTG Care Nursing - 112a Lichfield Street

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 26 January 2017 and 7 February 2017. At our last inspection completed in March 2016 we found the provider was not meeting the regulations in seven areas of the law. At this inspection we found some improvements had been made but the provider continued to be in breach of the law in some areas. You can read about this in the full report.

GTG care Nursing is a domiciliary care agency registered to provide personal care. At the time of our inspection the service was providing personal care support to 17 people living in their own homes. There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not protected by a safe recruitment system. Staff had not received adequate pre-employment checks which meant they may not be suitable to work with vulnerable people. Whilst staff knew how to recognise and report suspected abuse the registered manager did not have adequate knowledge to report suspected abuse. Staff knew how to manage people's risks. Improvements were needed in identifying and recording people's risks. People were supported by sufficient staff to meet their needs. People told us they received their medicines on time.

People's rights may not be upheld as staff did not have sufficient knowledge of the Mental Capacity Act (MCA) and people told us their consent to care was not always obtained by staff. The registered manager had not implemented the principles of the MCA into their practice. People were supported by staff who had received training to meet their needs. People told us they received adequate support to meet their nutritional needs. Family members supported people to access healthcare professionals when they needed it.

People were supported by staff who were kind and considerate. People were supported to make day to day decisions about their care. People's privacy and dignity was maintained by staff. Staff supported people to maintain their independence.

People were happy with the care they received and told us they were supported by staff who understood their needs and preferences and felt included in their care. Improvements were needed to ensure people's care records reflected their choices and preferences and gave sufficient guidance for staff to follow. People told us they were happy to complain if needed. We saw when people and their relative's complained we saw they did not always receive a response from the registered manager.

People were not protected by systems and quality assurance that identified where improvements were needed within the service. The quality assurance system in place was ineffective because it had failed to identify the areas highlighted in our inspection where improvements were needed. The registered manager

had sought people's opinion of the service they received. Staff felt supported by the registered manager.

We found the provider was not meeting all the regulations required by law. You can see what action we told the provider to take at the back of the full version of the report.

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.

People were not protected by a safe recruitment system in place. Staff knew how to recognise and report signs of abuse. Improvements were needed to ensure people's risks were managed by staff. People told us they received their medicines when they required them. There were sufficient staff to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People told us staff did not ask for consent before providing care. People's rights may not have been protected by effective use of the Mental Capacity Act. People were supported by staff who had received training to meet their needs. People were happy with the support they received to manage their nutritional needs. People were supported by family members to access healthcare professionals.

Requires Improvement ●

Is the service caring?

The service was caring.

People were supported by kind and considerate staff. Staff supported people to make everyday choices about their care. People's privacy and dignity was maintained by staff.

Good ●

Is the service responsive?

The service was not always responsive.

People were happy with the support they received. People felt included in planning their care. Improvements were needed in the process to record people's care. When people complained they did not always receive a response.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

People were not protected by a quality assurance system which identified where improvements were needed. People told us the service was well led. Staff felt supported by the registered manager. People were consulted about the care they received.

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Detailed findings

Background to this 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.

The inspection took place on 26 January 2017 and 7 February 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The team 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 care service.

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send us by law. We sought information and views from the local authority. We also looked at the information the provider had sent to us in their Provider Information Return (PIR). A PIR is a document we ask providers to complete to provide information about the service. We used this information to plan our inspection.

As part of the inspection we spoke with four people who used the service and six of their relatives. We spoke with the provider, the registered manager and the newly recruited manager. We spoke with three members of staff. We reviewed four people's care records and a number of people's medicine records. We looked at five staff files and other records relating to the management of the service.

Is the service safe?

Our findings

At our last inspection in March 2016 we rated the provider as 'requires Improvement' under the key question 'Is the service safe?'. We found the provider was in breach of regulations 12, 13 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made but still found the provider to not be meeting the standards required by law in some areas.

At our last inspection we identified safe recruitment practices were not in place. Following our last inspection the provider sent us an action plan which informed us they would be scrutinising each person's job application in a more robust manner and they would make detailed checks on references and referees. At this inspection we found the provider had not complied with this action plan and they were still in breach of the law. We spoke with a newly recruited member of staff who told us they were not able to start work before their references and legal checks were in place. We looked at four recruitment files. We were unable to evidence from two people's records that they had been interviewed for the role and therefore we could not see how the registered manager had deemed them suitable to work with vulnerable people. We saw one person who had recently moved from abroad and the registered manager had failed to ensure they had the legal right to work in the United Kingdom. We found another member of staff had been recruited without appropriate references. We saw they had previously worked in care and the registered manager had not sought references from their previous employer. The registered manager had instead used references from friends and family members. We saw this staff member had a previous criminal conviction, although they had declared this, the provider had failed to assess the risks this may present to people. We also saw on this member of staff records appropriate checks had not been completed. We saw two members of staff had been recruited using criminal checks from their previous employers. The law requires providers to check a person's criminal history prior to them starting work with vulnerable people. The provider was unable to demonstrate checks had been carried out with the Disclosure and Barring checks (DBS). The recruitment system operated by the provider was not effective in ensuring staff were suitable to work with vulnerable people which meant we could not be assured people were safe from the risk of harm.

This is a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper person's employed.

At our last inspection we identified the regulation with regards to protecting people from abuse and improper treatment was not being met. We found staff did not have the knowledge to understand or recognise signs of abuse and where suspected abuse had occurred it had not been reported to the local safeguarding authority. At this inspection we found improvements had been made and the provider was now meeting the requirements of the law, however further improvements were still required to ensure people were protected from the risk of harm. People and their relatives told us they felt safe. One person said, "Yes I feel very safe with them, they look after me well". A relative told us, "Yes [Name of family member] is safe with them I'm sure." Staff told us since our last inspection they had received a lot training with regards to recognising signs of abuse and what to do if they suspected any abuse had taken place. One member of staff said, "We have had more training, all carers are more open eyed now. More aware". They

went on to say, "I am trusted by their family to look after them. I have got a duty to get it right". Staff told us they would report any suspected abuse to the registered manager. We spoke to the registered manager about their understanding of when to report suspected abuse. They told us despite recent training they still required further training to ensure they understood what to report. They gave us examples of what they would report which were not in line with current guidelines which meant their knowledge was not sufficient to assure us all allegations of suspected abuse would be reported to the local authority. This meant we could not be certain when people were at risk of abuse these concerns would be escalated in line with local safeguarding procedures.

At our last inspection we identified the regulation with regards to ensuring people received safe care and treatment was not being met. We found staff did not have the knowledge how to move people safely and risk assessments did not provide staff with adequate guidance to complete this task safely. We found people were not protected by systems when they sustained injuries as the registered manager was not aware of the accidents. At this inspection we found improvements had been made and they were now meeting the requirements of the law, however further improvements were needed to ensure people were in receipt of safe care. We looked at how the registered manager identified and managed risks to people's health and wellbeing. People and their relatives told us they felt safe when staff used equipment to transfer them. One person said, "I am a wheelchair user and I have never had any problems with the carers helping me". A relative commented, " [Name of person] uses a rotunda; they are absolutely fine with it". Staff were able to explain to us how they managed people's risks. For example, they told us how they moved one person from the commode safely, what equipment they required and how to use it to ensure the person was safe during the transfer. We looked at how the provider recorded risks to people's health and safety. Where risks had been identified and risk assessments were in place, we found they did not give guidance to staff in how to manage the risks. We spoke with the registered manager about this who acknowledged more information should be documented and would work towards ensuring this is completed following our inspection. The registered manager told us they now had an accident book to record when people sustained any injuries. They told us since our last inspection no accidents had occurred. Whilst staff told us how they managed people's risks we found records did not always demonstrate how to keep people safe when risks had been identified.

At our last inspection most people had concerns about the time of their calls and we identified staff rotas had scheduled multiple care visits for the same member of staff at the same time. At this inspection people told us timings had improved and staff were more punctual in arriving to provide the care they needed. One person said, "They used to arrive late quite a lot but have got better recently". Another person said, "Yes they are on time and have never missed a call". Staff told us a new rota system had been introduced since our last inspection which works better. We looked at the rota which demonstrated since our last inspection improvements had been made This meant people were supported by sufficient staff to meet their needs.

Whilst most people told us they managed their medicine themselves, one relative told us, " [Name of person] needs supervision, but they don't witness them taking them. I do think that needs tightening up". Staff told us how they ensured people got their medicine in a safe way and what they had to do when people refused their medicine. We looked at the system the provider had in place to ensure people got their medicines on time. We looked at three people's medicine administration records (MARS) and found there were gaps where staff should sign to say people have been given their medicine. We checked people's daily records and identified staff had documented on some occasions people had received their medicine. However, we saw this was not consistent and records did not always demonstrate people had received their medicines which meant we could not be certain people received their medicines as prescribed. The registered manager was unable to confirm if people had received the medicines where staff had not signed their MARS

and acknowledged procedures needed to be improved. The provider had failed to ensure there was a robust system in place which identified when people did not receive their medicines.

Is the service effective?

Our findings

At our last inspection in March 2016 we rated the provider as 'requires Improvement' under the key question 'Is the service effective?'. We found the provider was in breach of Regulation 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found some improvements had been made but they were still not meeting the requirements of the law in some areas.

At our last inspection we found the provider was not meeting the requirements of the law with regards to consent. We found the provider had not considered people's capacity to make decisions about their care in line with the Mental Capacity Act (MCA). Following our last inspection the provider sent us an action plan which informed us staff would receive mandatory training and further support to embed the principles of the MCA in their practice. At this inspection we found the provider was still not meeting the requirements of the law and staff had not received the training the provider had agreed in their action plan. People told us staff did not usually ask their permission before providing any care. One person said, "No, not really, they just get on with it". Another said, "No, but they chat all the time". Staff told us they understood they had to ask for consent before providing any care and they knew if people refused care they were unable to provide it without their consent. One member of staff told us, "I can't force them [to accept care]". The Mental Capacity Act (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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff told us they had not received any training regarding the MCA and did not therefore understand the principles of the MCA. The registered manager had a limited understanding of how it affected people's care. Despite the registered manager telling us everyone they provided care to was able to consent to it a member of staff told us one person did not have capacity to make their own decisions and that they sometimes made decisions on behalf of the person. For example, they told us they encouraged this person to get out of bed in a morning because they thought it was right they should. Whilst the staff member understood they could not continue against this person's will they were making the decision for the person. We looked at this person's care plan and there was nothing recorded about the person's capacity or if they were able to decide themselves. In another example we saw one person's care records showed the person's family member consented to their care. The registered manager was unable to confirm if they had the legal right to consent to their care. The registered manager had not considered this person's capacity which meant they had not implemented the principles of the MCA in their practice.

This is a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for Consent.

At our last inspection we found the provider was not meeting the requirements of the law with regards to staffing as the provider had failed to ensure staff had the required skills or knowledge to support people. We found staff did not have the correct skills to support people effectively. At this inspection we found some improvements had been made which meant they now met the requirements of the law however further improvements were still required. We received mixed views on whether staff were trained to support people.

One person said, "I think they are very well trained". Another person said, "Yes they seem to know what to do". A relative told us, "It's debateable, some are better than others". Staff told us they had received training since our last inspection. One member of staff told us, "I can't think of any more training I would need. If I did need training I would ask for more". Another member of staff told us they had received good induction over five days which has enabled them to be confident in their role and they had received training from the district nurse in how to support one person with their personal care which had helped them. We looked at training records provided by the registered manager which highlighted there were areas where some staff required further training, some of which were planned. The registered manager acknowledged there were areas where staff still required training, for example, medicine management and this had been booked for the following week...

People and their relatives told us they were happy with the support they got to manage their nutritional needs. One person told us, "Yes they help me with some meals, no problem at all". Most people told us either they or family members supported them with their meals. Staff we spoke with were aware of people's needs with regards to their nutritional intake and how they supported people with regards to their diet to help them remain healthy. For example, one member of staff told us how one person had to have their food pureed and to what consistency. This meant people were supported to meet their nutritional needs when staff were required to assist them.

People were supported by family members to access other health professionals. However staff told us they contacted other professionals when necessary. For example, we saw staff had contacted person's doctor when they person required additional support. We saw staff worked with the district nurse when necessary to ensure people remained healthy. This meant people were supported to access other health professionals when required.

Is the service caring?

Our findings

At our last inspection in March 2016 we rated the provider as 'requires Improvement' under the key question 'Is the service caring?' At this inspection we found the required improvements had been made.

At our last inspection people told us they weren't always informed when staff were running late. Although most people we spoke to agreed this had improved since our last inspection. Staff told us a new system had been introduced since our last inspection which meant they had to let the office know if they were late then the office would contact the person. The registered manager told us they had a new system in place which linked to staffs smart phones so staff were able to call ahead to let people know if they were running late.

People were happy with the care they received and told us that the staff were kind and caring in their approach. One person said, "My carers are marvellous, lovely ladies". Another person told us, "They are all really good people". Relatives were also happy with the support their family member received. One relative commented, "They work hard and [name of person] loves to see them. Their face lights up when they arrive". Staff gave us examples of how they provided support to people in a caring way. For example, one member of staff told us how they provided support to one person when using equipment to give assurance to the person.

People told us they were given day to day choices about their care. Staff told us they supported people to make choices about their care such as if they want to get up or what they want to eat or drink and told us they respected people's choices, for example, if they wished to remain in bed. One member of staff said, "We always give them a choice even though we know what they prefer. We ask if they want tea or coffee, a shower or a wash". We saw relatives were encouraged to be part of their family members care if people wanted it. We saw staff had acted upon relative's comments and relatives were involved in making suggestions and communicated with staff in the office to offer support and advice about their family members care needs. People also told us staff helped them to remain independent. One person said, "They help me dress if I need it. I like to wash myself and do as much as I can on my own". Another person told us, "they help me shower but I do as much as I can". Staff told us how they encourage people to remain independent and gave us examples how they do this. For example, one member of staff told us "We have to promote people's independence as much as possible. I encourage [name of person] to feed themselves depending on how they are feeling, but I am there if they need help". This meant people had choices about how their care is delivered and were supported to remain as independent as possible.

People shared with us how staff supported their privacy and dignity. One person told us, "They respect my privacy but supervise me when I am showering". Another person told us, "Oh yes they are very respectful". Relatives told us they thought staff respected their family member's privacy and dignity. One relative commented, "Yes they are very good when helping [name of person] was and dress. Staff gave us examples of how they respected people's privacy and dignity. One member of staff said, "We shut the curtains and door and ask if there's anyone else present to leave. We cover their body and make sure they are comfortable". People were treated with respect by staff and their dignity was maintained.

Is the service responsive?

Our findings

At our last inspection in March 2016 we rated the provider as 'requires Improvement' under the key question 'Is the service responsive?'. At this inspection we found some improvements had been made but further improvements were still needed.

At our last inspection we found the provider was not meeting the requirements of the law with regards to providing person centred care which was responsive to people's needs. People and their relatives had mixed views whether the care provided at that time met their needs. We found people's care plans did not accurately reflect their needs and preferences and the provider had not ensured people's care plans were reviewed and information was available to the care team. At this inspection we found some improvements had been made which meant they now met the requirements of the law however further improvements were still required.

People and their relatives told us they were happy with the care they received from staff at GTG Care. One person told us, "Yes it meets my needs. They support me very well". Another person said, "It definitely meets my needs. I feel very lucky to have them". Relatives all confirmed they were happy with the care their family member received. One relative commented, "It was terrible, but after CQC had been it has improved". People and their relatives told us they were involved in their assessment of their care and were aware they had a care plan. One person told us, "Yes I have a care plan. I think I was involved". A relative confirmed they and another professional had been involved with their family member's care plan. Staff knew people's preferences and individual choices and understood how to provide care which is responsive to people's needs. One member of staff explained to us how they provided care which was focussed on the person. They told us they called the person the name which they preferred and gave us examples of how they supported the person to maintain their cultural identity. We looked at people's care plans to see if they contained up to date information about people and if there was guidance in place for staff to follow. We found care plans did not contain any information or guidance for staff to follow. They did not contain information such as what support people required with regards to their medicines or what support people required when staff had to support them to transfer. For example, we saw one person required two different hoists to transfer. We saw the number of staff required was documented but no guidance for staff. We spoke to the registered manager about people's care plans and they told us they were introducing a new care record for all people and they understood they needed to contain more information about people's preferences and guidance for staff. Although staff could explain to us how to care for people and how they respected their choices and understood their likes and dislikes and personal preferences their care plans did not reflect these and improvements were needed to ensure care plans reflected people's choices and personal preferences.

People and their relatives told us they knew how to complain. One person said, "I have never had a reason to complain but I would if need be". Another person told us they had 'no complaints'. Relatives told us they would complain and some told us they already had. One relative commented, "We complained in the past but nothing recently". Another relative said, "We would have no problems complaining". Staff told us they had to note people's concerns in people's care records but could not explain what happened after that to

ensure they were addressed. We saw where concerns had been noted there was nothing further to demonstrate they had been followed up by the registered manager. The registered manager was not able to offer us an explanation as to why these concerns had not been followed up and why people had not received an answer. For example, we saw staff had noted a complaint in one person's care record and the registered manager could not confirm if this complaint had been addressed. Although there was a process in place for people to complain it was ineffective because when people did complain they were not always listened to or responded to.

Is the service well-led?

Our findings

At our last inspection in March 2016 we rated the provider as 'inadequate' under the key question 'Is the service well led?' We found they were not meeting the regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The provider was also in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous two inspections we found the provider was not meeting the regulations regarding assessing and monitoring the quality of the service. The provider submitted an action plan following the inspection in January 2014 and we found at our last inspection the required improvements had not been made. Following the previous inspection the provider also submitted an action plan which informed us what action they were taking to meet the requirements of the law. At this inspection we found the required improvements had not been made and they were still not meeting the requirements of the law. The action plan told us they would be implementing a quality assurance system which identified the areas where improvements needed to be made. We found this had not been achieved. Although people and their relatives told us they were happy with the service they received we saw people were not protected by a quality assurance system which identified where improvements were needed. The registered manager told us they had not got systems in place to monitor the quality of care people received. There were no audits being completed by the registered manager. They told us they were currently recruiting a new manager and understood they had not implemented the improvements they had previously told us in their action plan. We saw people were still not protected by a safe recruitment system. We saw medicine audits had been completed by staff but they were ineffective as they had not identified the areas we highlighted in our inspection. We saw the registered manager had failed to ensure all staff had the appropriate training to deliver effective care and they had not considered people's capacity to make decisions about their care in line with the MCA. We saw there was a new system in place which meant the registered manager could use this system as a monitoring tool but did not have the knowledge to use it. We saw complaints had not been answered and the registered manager could not offer us an explanation as to why. We saw people's care plans did not contain sufficient information and risk assessments were not always in place for staff to monitor risks to people's health and safety. At our last inspection the registered manager told us they were implementing new policies and procedures. Whilst these had now been introduced we saw staff were unable to locate some of the policies when requested. Whilst people were happy with the care they received and acknowledged improvements had been made since our last inspection the system operated by the registered manager had failed to identify areas in people's care where improvements were still needed. Despite sending us an action plan to rectify previous breaches in the law, the provider had failed to implement these changes and people were still at risk of receiving unsafe, ineffective care and care which did not meet their individual needs.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

At our last inspection we identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as the registered manager had failed to notify us of significant incidences which had occurred. At this inspection we did not identify any incidences which the registered manager had failed to

notify us of which meant they were now meeting the requirements of the law. However, further improvements were still required. We spoke to the registered manager about their responsibilities in notifying us of incidences and whilst they were aware they had to they could not give us examples of when they were required to. The registered manager told us they would read the guidance on our website to refresh their memory.

People and their relatives told us they thought the service was well managed. One person commented, "Yes I think it is [well managed] they support me well". A relative commented, "The manager is very helpful and the service has improved recently". We received mixed views from staff about whether the service was well managed. One member of staff told us they didn't think got recognition for the job they do. Another member of staff told us, "Yes I feel supported. I feel there's advice given". We saw the registered manager sought feedback from people and their relatives by sending out questionnaires. We saw most of the comments on the most recent questionnaires were positive and people were happy with the care they received. One person commented on their questionnaire, "I am happy with how I am treated with respect and looked after". Staff told us they received regular support through supervisions and had team meetings where they felt they could speak openly about any concerns they have had. They explained they are encouraged to give suggestions on how to improve their role. Staff felt the registered manager was approachable.

We spoke with the registered manager about the shortfalls in the service. They told us they had been trying to recruit a new manager to take over from them as the registered manager. They told us had recruited a new person who was due to start following our inspection. We also saw the provider had ensured information about the service's inspection rating was displayed as required by the law.

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 11 HSCA RA Regulations 2014 Need for consent The registered manager had not considered people's capacity in line with the Mental Capacity Act
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not in place to monitor the care people received.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Systems were not in place to ensure newly recruited staff were safe to work with vulnerable people.