Gateway Health & Social Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an announced inspection. We gave the provider two working days notice of the inspection.

Gateway Health and Social Care, is a domiciliary care service providing care to people in their own homes. At the time of our visit, staff were providing support to between 50 and 60 people. The service covered the Coventry and North Warwickshire areas.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

At the time of our visit, one local authority had stopped new referrals to the service because of concerns that a high number of care calls had not been attended to on time. Another local authority were also concerned at the higher than usual turnover of staff and the number of calls missed.

People told us staff were kind and caring. They said staff supported their dignity and privacy when providing care.

There were systems in place to protect people from harm. Recruitment practice, staff induction and training meant the service worked to promote the safety and wellbeing of people they supported.

Care plans provided basic information to support the wellbeing of people. They did not provide staff with a comprehensive account of how people wanted to be supported and what people could do for themselves.

We saw care reviews had taken place, but these had not always involved the person or their relatives.

People's mental capacity had not been fully assessed under the Mental Capacity Act 2005. We did not see any risk assessments or care plans linked to the person's capacity to give consent to care and treatment.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 always receiving their care calls on time.

Recruitment records seen demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

Requires Improvement

Is the service effective?
The service was effective.

Staff had effective support through supervision, regular team meetings and appraisals.

The service worked hard to ensure people's diverse cultural and language needs were supported when providing care.

Records did not demonstrate that people with dementia had been assessed to determine their understanding and ability to consent to care and treatment provided by the service.

Requires Improvement

Is the service caring?
The service was caring.

People told us staff were kind to them.

People or their representatives were involved in the initial care planning process.

People told us they were treated with respect and their dignity was maintained when staff provided personal care.

Good

Is the service responsive?
The service was not always responsive.

Care plans were not sufficiently detailed to enable new members of staff to have a clear understanding of how to provide person centred care to people.

People or their representatives were not always involved in care plan reviews.

Staff were given opportunities to learn from incidents that impacted on the quality of care.

Requires Improvement

Is the service well-led?
The service was not consistently well-led.

We found the service had gone through a period of instability with core office staff leaving the organisation.

Requires Improvement

Summary of findings

Care staff were clear about their roles and responsibilities. They had a good understanding of the ethos of the service.	

Gateway Health & Social Care Ltd

Detailed findings

Background to this inspection

This inspection was carried out by two inspectors. We gave the provider two working days' notice of the inspection. One inspector visited the office of Gateway Health and Social Care and spoke with four staff in the office and looked at records. They, along with another inspector, spoke by phone with seven people who used the service or their relatives, and one member of staff.

Prior to our inspection we asked the provider to send us information about their service. This is a document called the Provider Information Return (PIR) and was completed by the provider and sent back to us within the requested timescale. We also contacted staff from three contract and commissioning units. They are responsible for monitoring the quality of the care people they provide funding for receive.

The service was last inspected on 31 May 2013. At this inspection the service was found to be in breach of Regulation 20, records. This was found to have a moderate impact on people's care. At this visit we found the service compliant with this regulation.

We looked at the care records of three people, and the records of three members of staff. We looked at quality assurance records such as staff training, team meeting minutes, complaint records, accident and incident records and feedback questionnaires.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.'

Requires Improvement

Is the service safe?

Our findings

We were aware that not all people using the service had capacity. By not having a mental capacity assessment we could not determine whether people who had made decisions on behalf of their relative had the right to do so in their best interest. We could not determine whether the provider had made full use of opportunities to discuss the person's care needs with the person if they had fluctuating capacity.

We did not see mental capacity assessments had been conducted as part of the care planning process. The manager told us that whilst staff had received training in the Mental Capacity Act, they did not undertake mental capacity assessments as part of the care planning and review process. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Most of the seven people we spoke with told us staff arrived on time although there were occasions when staff were late. For example people told us, "It is the weekends they have a problem sometimes. We have different people." We looked at the questionnaires people had completed since January 2014. The majority of people who answered the questionnaires said staff were on time although some concerns about lateness were recorded.

People told us they felt safe with the staff who supported them with their care. One person who lived with the person receiving care, when asked the question, "Does your relative feel safe with the care workers," they told us, "Oh God yes".

Whilst the small sample of staff and people using the service told us staff normally attended calls on time, we were given opposing information by the local authorities who funded people's care. We were informed by one of the local authority contracts monitoring teams they had stopped referring new people to the service because they had concerns about the high level of calls which were not being attended to on time. The provider confirmed they had experienced problems. They told us staff had left the organisation. This was confirmed by another contracts monitoring teams who informed us the staff turnover had exceeded their tolerance limits.

The manager told us staffing and call management was now improving. They confirmed no-one had been put at risk as a consequence of calls being late. At the time of our visit we noted there had been an improvement to approximately 60% of calls being attended to on time. The manager was confident this would continue to improve.

We saw staff had received training in recognising abuse and safeguarding adults. The staff handbook also told staff who they should report any safeguarding concerns to within the organisation. It told staff the contact details of external organisations were 'easily available via literature, information services and the internet'. Whilst the information was available as the provider described, the provider would have made the information more accessible to staff by having it written in the handbook.

We spoke with staff about safeguarding. We gave them safeguarding scenarios. They told us they would report their concerns to management. One member of staff told us in response to a scenario where a co-worker was shouting at a person, "I would stop them from shouting, and inform the manager…if they didn't do anything, I would contact social services or the CQC." This meant staff understood their responsibilities in safeguarding people. They told us they expected management to inform the relevant safeguarding authorities, and they were aware to contact us at the CQC if they felt management were not taking their concerns seriously.

Staff told us they would alert the office staff if there were changes to people's health or social care needs. The office staff showed us an example of where this had happened. We also saw a report of an incident which had recently occurred. A care worker had gone to a person's house and had needed to call the paramedics. They stayed with them until it was safe for them to go. This meant people could be confident the service would respond appropriately to people's emergency care needs.

We looked at staff recruitment and selection procedures. We looked at three staff files and spoke with staff about their own recruitment. We saw staff had been interviewed for positions. The service had requested and received at least two references for the prospective staff member. They had also ensured staff had not started working with people until their police checks had been completed and information analysed. This meant the service did not employ people until all safety checks had been completed to support the safety of people using the service.

Good

Is the service effective?

Our findings

We saw the service worked to meet people's diverse needs. We spoke with one person who told us their first language was Punjabi and the staff who supported them were Punjabi speakers. We saw a Muslim man did not want female care workers to support him with personal care. It was confirmed that only male workers supported him with personal care.

We looked at staff training records. We saw staff had received training considered essential to meet health and safety requirements and to support good personal care practice. For example, staff received training in moving and handling people, food hygiene, infection control, handling medication, safeguarding vulnerable people, pressure ulcer care and handling medication. We noted that many staff had taken national vocational qualifications in health and social care. This meant staff had been assessed as having a good understanding of the values and behaviours associated with good care.

We saw that staff received regular supervision with their line manager. This is an opportunity for staff to receive information and for feedback to be given on their performance. It is also an opportunity for staff to express their views and consider training and personal development. Records seen did not demonstrate that staff were able to do this. We discussed this with the manager who told us that a new supervision format, which would ensure there was two way engagement in the supervision process, had been recently introduced.

Staff told us they felt they received good informal support felt able to go to managers if they had concerns. We observed good dialogue between managers and staff during the day of our visit.

Some people using the service required staff to support them in making hot drinks and to ensure they received food during the day. We looked at one care plan which detailed the food and drink staff should give to the person. This stated, "Carers and family to encourage fluid intake to prevent dehydration." It also informed staff of how to ensure the person had their choice of food. For example it said, Carer to let [person] know the list of what she has got and she will make the choice." This meant staff were supporting people to receive adequate food and hydration, and to make choices in the food they received.

Good

Is the service caring?

Our findings

We spoke with seven people who used the service. They were asked what they thought about the way staff supported them or their relation. They told us they were cared for by staff who were kind and caring. For example one person said, "I think they are great, I have got no problems with them. "Another person told us, "They are brilliant with [relation] because he can't walk very well and he has dementia. They are the best carers we've ever had…they have got a lot of patience. They work well together."

We asked people whether staff understood their or their relation's needs. They told us staff supported them well. For example, one person told us, "Oh – they know what they are doing with him."

We saw when people first used the service they or their relative were fully involved in discussions about their care needs and the support staff should provide. Signatures on the care records confirmed either the person or their relation agreed to the care plans put in place.

We saw where people had contacted the office and requested a change in care, for example, the time of their calls, the service did their best to deliver the change.

People told us they were treated with respect and their dignity was maintained during care. One relative told us they were asked by staff to leave the room when staff were ready to provide personal care. A person who used the service told us, "Staff are respectful when talking to me and I do not feel embarrassed when I have personal care."

We were not able to observe staff provide care because we did not visit people in their homes whilst care was being provided. We spoke with three care staff on the phone and in the office. Staff we spoke with conveyed a caring attitude and were aware of how to treat people with dignity and respect. They told us they felt they had sufficient time to provide care, and they told us they understood the care needs of people they supported. For example, one staff member told us, "You can't rush people. You need to make eye contact and give re-assurance. For dignity, when washing the top bit, you cover the bottom bit, and you make sure doors are shut."

Requires Improvement

Is the service responsive?

Our findings

People we spoke with told us they felt the service responded to their needs. Relatives and people spoken with gave us examples of where staff had responded to individual requests and information provided by relatives. For example when a person was running low on medication or to a problem outside normal call times. One person told us "I'm very satisfied with them. Nothing is too much trouble with them."

People we spoke with could not always recall being actively involved in reviews of their or their relation's care. Reviews are held to ensure that the care plans accurately reflect changing needs. One relative who lived with a person who used the service told us their relation had been using the service for four years. They told us they had not been involved in reviews of their relation's care needs. They told us the printed copy of the care plan in their home had not changed, but they confirmed the needs of the person had changed during the time they had been supported. Two people told us that they had not had discussions with staff about the support they needed. However, none of the people we spoke with felt their care had been compromised by this.

We looked at three people's care plans. We saw they gave basic details about the care staff needed to provide but they were not detailed or person centred. For example, they said, 'assist [person] to shower', but did not detail what type of assistance the person needed and what they could do on their own. We spoke with the manager about this. They told us they recognised this as something they needed to develop and showed us a recent care plan where they had provided much more detail. They said they would be reviewing all care plans with a view to them all being person centred from now on.

The local authority informed us of concerns about the low numbers of calls being attended to at the expected time. The manager acknowledged this and told us they had been working to improve this. They told us since the placement stop the electronic monitoring system used by the local authority had shown more calls were being attended to on time.

There was a daily care record which staff completed to confirm they had completed the care required in the care plan. The record did not always follow on from the previous day so it was difficult to track the care provided over a period of time. Staff were also at times using the 24 hour clock wrongly. For example they might write 05.00 hours and mean 5pm. This meant staff could not quickly get an accurate record of the care that had been provided because of discrepancies with times and dates. The manager told us they would ensure staff kept a running record, and used the 24 hour clock correctly.

We saw since January 2014, the agency had received 58 responses to feedback questionnaires from people using the service. We looked through the responses. We saw the majority of people were positive about the care they received. They said staff had treated them well and with respect and had worn their uniforms.

We saw the service responded to informal complaints. One person told us they had been using the service for a few years. They said, "If there has been anything wrong we would talk to them, but we've seldom had to do it…I don't think there is anything they could improve on."

The service had received three formal complaints since January 2014, these had been addressed in line with the organisation's complaints procedure. We were told each person who used the service had a copy of the complaints procedure. This detailed the timescales within which people could expect the complaint to be investigated.

Staff we spoke with were aware of their responsibility to report any concerns expressed to them about the quality of care to their manager or to senior office staff. This meant people could be assured any concerns would be brought to the attention of staff responsible for investigating concerns.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in May 2013 the service did not meet the standard in our regulations for mainting a good standard of records. This was because records could not be found and some did not have enough detail to support people with their care. There was also no evidence that people were involved in care planning. The action plan received by the CQC gave minimal information about how this would be addressed. On this visit the provider was able to find all the records we asked for and there was an improvement in daily record recording.

Prior to and subsequent to the inspection of the service, we contacted staff at the three contract and commissioning units which provide funding for people to receive care from Gateway Health and Social Care. These units monitor the quality of service provision for people they provide care funding to.

A number of concerns from across the three units were raised. One unit had put a temporary stop on new referrals because the service was not meeting its targets for calls being attended to on time. Another unit had identified concerns about the turnover in staff and the number of time critical calls were missed. One of the contract units had raised concerns about some staff not working to health and safety good practice requirements.

We discussed these concerns with the manager. They acknowledged the service had been through a 'challenging time' over the last few months and that key staff had left the service. They informed us the service had 'greatly improved ' and that they were now responding to 89% of calls on time. The monitoring unit agreed that the number of calls attended on time had improved, but that it was 67% not 89%. We contacted the manager. They confirmed they had made a mistake with the figure and acknowledged they continued to need to improve. We were concerned the manager did not have accurate information in relation to calls, as this was important to monitor closely to ensure the safety of people who used the service.

We saw the concerns about care practice had been investigated and raised with staff. Team meeting minutes demonstrated that staff had been reminded of their roles and responsibilities. This meant the manager had acted appropriately to ensure staff worked to expected standards of health and safety.

We looked at the information on the Provider Information Return (PIR). The document asked the provider to tell us about their service. There was no information on the PIR of the challenges the organisation has faced in the last few months. This was discussed with the manager who agreed in future to inform of the challenges facing the organisation as well as providing us with information about what they were doing well. The PIR did not give us the information of all the service's commissioning services. The manager told us this was an oversight.

We spoke with staff about the management of the service. The staff we spoke with told us they felt supported by management. One staff member told us, "I'm really happy with management, they're really helpful…we have staff meetings and the manager tells us what is going on." Another member of staff told us, "The work environment is good, management care about staff…we have staff meetings, if there are any issues they are dealt with."

We saw by looking at staff records that unannounced checks on staff (spot checks) were carried out to ensure staff were meeting people's needs. Staff we spoke with confirmed they had spot checks carried out on them. Two of the people we spoke with confirmed spot checks had been carried out by senior staff when staff had been at their home. One person told us, "Yes, she has every so often". Another told us, "Yes, they have been out. One of the girls came out from the office and checked while the girls are here." This meant the provider took steps to ensure care provided to people was of an acceptable standard.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The provider did not have suitable arrangements in place for obtaining the consent of people who used the service. The provider did not have assessments in place to be able to determine the capacity of people to make decisions for themselves, or whether a best interest decision was required on behalf of the person.