

## Gateway Recruitment Agency Ltd

# Gateway Care

### Inspection report

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London  
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Date of inspection visit:  
13 August 2019

Date of publication:  
30 August 2019

### Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service caring?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Gateway Care is a domiciliary care service registered to provide personal care support to people with a learning disability, autism spectrum disorder, mental health, older people, physical disability, and younger adults. CQC only inspects where people receive 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, one person was receiving personal care support. Care was provided by the registered manager and at present they did not employ any staff.

### People's experience of using this service and what we found

At the time of inspection, the service only supported one person. We were unable to speak with this person or any relative due to their communication needs. We spoke with a health and social care professional who also provided support to the person.

The provider had not always identified risks to people who used the service or put in place guidance on how to reduce risks where these were identified. The provider sent an updated risk assessment after the inspection. We have made a recommendation about assessing the risks to people.

Care records were not always personalised. The provider sent updated care records after the inspection with more detailed information. We have made a recommendation about personalised care planning.

The provider had quality assurance systems in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's cultural and religious needs were respected when planning and delivering care. Discussions with the registered manager showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

The provider had a complaints procedure in place.

At the time of our inspection the service did not have any people receiving end of life care. The service had an end of life policy in place.

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

This service was registered with us on 14 November 2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date of registration and when the service had begun to provide care to people.

#### Follow up

We will return to visit as per our re-inspection programme which is six months for a service inspected, but not rated. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not rated.

Details are in our safe findings below.

**Inspected but not rated**

### **Is the service effective?**

The service was not rated.

Details are in our safe findings below.

**Inspected but not rated**

### **Is the service caring?**

The service was not rated.

Details are in our safe findings below.

**Inspected but not rated**

### **Is the service responsive?**

The service was not rated.

Details are in our safe findings below.

**Inspected but not rated**

### **Is the service well-led?**

The service was not rated.

Details are in our safe findings below.

**Inspected but not rated**

# Gateway Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 13 August 2019 and ended on 15 August 2019. We visited the office location on 13 August 2019.

#### What we did before the inspection

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

#### During the inspection

We spoke with the registered manager, the chief executive officer and the training officer. We were unable to speak to the person who used the service due to communication needs.

We reviewed a range of records. This included one person's care records, the registered manager's training information and policies and procedures relating to the management and running of the service.

After the inspection

We spoke with one health and social care professional.

# Is the service safe?

## Our findings

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

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

### Assessing risk, safety monitoring and management

- Risks were not consistently assessed and well managed. Records showed risks had not been assessed for the person in regard to providing personal care in a public setting and using a wheelchair. The registered manager could describe the risks involved for the person and how to mitigate them.
- After the inspection the registered manager provided an updated risk assessment on how to mitigate the risks for wheelchair use. However, the risks of providing personal care in a public setting and how to minimise these were not as robust.

We recommend the provider seeks guidance on assessing the risks to the health and safety of people.

### Using medicines safely

- The service had a medicines policy in place which covered the recording and administration of medicines.
- At the time of our inspection no one required medicines support.
- The registered manager had recently completed medicines training. Records confirmed this.

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

- A health and social care professional told us they felt the service was safe. They said, "[Person] is quite safe."
- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- The registered manager understood their safeguarding responsibilities and told us the different types of abuse. The register manager said, "I would have to [notify] CQC and the social services."

### Staffing and recruitment

- At the time of the inspection it was only the registered manager who was providing support, however, they did have a recruitment policy in place to ensure they recruited staff in a safe manner when the time arose.
- Records showed the registered manager had an up to date criminal records check.
- The registered manager told us they would ensure appropriate pre-employment checks including completing an application form, criminal records checks, references and the right to work in the United Kingdom would be acquired before staff could start working at the service.
- A health and social care professional told us staff were punctual. They said, "The staff are consistent. They are quite punctual."

### Preventing and controlling infection

- The service had infection control policies in place.
- A health and social care professional told us the service used protective equipment when they provided care. They said, "We provide gloves and aprons, and wet wipes [to Gateway Care staff]."
- The registered manager was aware of safe infection control practices.

#### Learning lessons when things go wrong

- The service had policies and procedures in place for reporting and recording of accidents and incidents.
- The service had accident and incident forms in place and the registered manager told us they would follow their procedures where required.
- The registered manager told us there had been no accidents and incidents since the service started. They said, "Any lessons to learn would help improve the service. It is important area of caring."

# 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.

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

Staff support: induction, training, skills and experience

- The service had training provisions in place to provide new staff with an induction and ongoing training.
- The service had systems in place to perform supervisions and appraisals.

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

- The registered manager carried out a pre-admission assessment before the service began. This included the person who used the service and other health and social care professionals. Records confirmed this.

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

- The service did not support the person in the preparation of food however, records confirmed the service asked questions about dietary needs and included information about people's favourite food and drink.

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

- The service worked with other agencies and professionals to ensure people received effective care.
- Staff were able to recognise when people's health had deteriorated and ensured appropriate medical advice was sought.

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. We checked whether the service was working within the principles of the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- The provider had completed a mental capacity assessment for the person who used the service. The registered manager told us, and records confirmed the person they cared for had capacity to make decisions.

- The provider had policies which covered the principles of MCA.
- The registered manager had an understanding of MCA.
- The provider did not record the person had consented to care. The registered manager told us the person was unable to physically sign the care plan. The registered manager told us they would update the care records to reflect this.
- A health and social care professional told us permission was sought before care was provided.

## 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.

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

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

- The registered manager spoke in a caring way about the person they cared for. They said, "[Person] would see me as a carer who is compassionate, that meets [person's] needs, treats [person with] respect and takes [them] out. I treat [person] like my [relative]. I want to make [person] smile. My caring is from the heart."
- A health and social professional spoke positively about the care provided. They said, "[Person] is always happy. [Person] is happy with the service. [Person] is always looking forward to [staff member]."
- The registered manager told us they did not discriminate against lesbian, gay, bisexual and transgender (LGBT) people. They said, "I would treat [LGBT people] with respect. I would respect their values and beliefs. I would try to understand their lifestyle."
- People's care records reflected their needs in relation to their protected characteristics including religion, culture, language, and gender. This enabled staff to provide person-centred care.
- The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.
- Records showed the registered manager had completed equality and diversity training.

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

- A health and social care professional told us the person was involved in making decisions about care. They said, "[Registered manager] came here. I gave [registered manager] an induction because I have been working with person for 10 years. We took them out to some locations."

Respecting and promoting people's privacy, dignity and independence

- A health and social professional told us the person who received care had their dignity respected.
- The registered manager had a good understanding of the importance of respecting people's privacy, providing dignity in care and encouraging people's independence.

## Is the service responsive?

### Our findings

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

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

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

- The person who used the service had a care plan in place. However, the care plan lacked detail and was not always person-centred. The registered manager who provided care to the person could describe in detail about the person, their likes and dislikes and the care that was required.
- After the inspection the registered manager provided an updated care plan that was person-centred and provided information on how to meet the person's needs.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to personalised care planning.

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.

- The service recorded people's individual communication needs and instructions for staff on how to communicate effectively with them in their care records.
- The registered manager was knowledgeable about the person's preferred communication methods. Care records reflected the person's communication needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, however at the time of inspection, no complaints had been received.

End of life care and support

- The provider had an end of life care policy and systems in place to support people with end of life care and palliative care needs. However, currently no one was being supported with end of life care and palliative care needs.

## 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.

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

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

- The management team consisted of the registered manager and the chief executive officer. They were passionate about developing the service.
- Although no other staff were currently employed, plans were in place to support staff with one to one supervisions and team meetings in the future.
- The registered manager personally delivered care and worked with the person to understand their needs. The registered manager told us they verbally sort the person's suggestions feedback and suggestions. However, no quality assurance system was used for people, or those involved in their care, to provide feedback on their experience of using the service.
- The provider had quality assurance systems available to use. These included a quality monitoring checklist for spot checks and service user feedback form. The provider was in the process of developing an annual survey template for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager demonstrated an understanding of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- The provider had policies and procedures in place relevant to the service, and to ensure the safety and quality of the service.
- The registered manager had completed a qualification in health and social care leadership management.
- The provider understood the legal requirements of their role including submitting certain notifications to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Views of the person who used the service were not formally gathered. However, the registered manager told us they planned to do this in the future.
- At the time of the inspection the service was supporting one person. The registered manager described in detail the support provided to the person, and knew them, their preferences and needs well. They had built up a strong relationship with the person.
- The registered manager told us her plans for the service. They said they were in contact with the local

authority and advertising their services to the public via their website and leaflets.

Working in partnership with others

- The registered manager worked in partnership with another care support provider to provide care to the person who used the service.