

## Gateway Recruitment Agency Ltd

# Gateway Care

### Inspection report

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28 February 2020

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### Ratings

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

# 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. 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 spoke with this person however they had limited communication and we spoke with a health and social care professional who also provided support to the person to better understand their experiences of the service.

The provider had identified risks to people who used the service and put in place guidance on how to reduce risks where these were identified.

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

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.

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 policy.

The provider had a complaints procedure in place and had effective quality assurance systems to monitor the service.

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

We were unable to give a rating at the last inspection as there was insufficient information to enable us to make a judgment (published 30 August 2019).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

The details are in our responsive findings below.

### Is the service responsive?

Good ●

The service was responsive.

The details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

The details are in our responsive findings below.

# 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 registered manager would be in the office to support the inspection. Inspection activity started on 28 February 2020 and ended on 28 February 2020. We visited the office location on 28 February 2020.

#### 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, and the chief executive officer. We also went to the visit the person who used the service in their home spoke with and a health and social care professional.

We reviewed a range of records. This included one person's care records, and quality assurance documents.

# 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 not rated. At this inspection this key question has now improved to good.

### Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and reviewed. These were for risks such as falls, supporting person in the community, environment, wheelchair use, and personal care.
- Staff knew about the person's individual risks in detail. The registered manager had supported the person for a considerable amount of time. The registered manager said, "I make sure I check the wheelchair he is using. The belt is well adjusted, [and] foot plates in place."

### 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 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 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 report to [local authority] and CQC."

### 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, "We are lucky to have [registered manager] who is consistent. She is always punctual."

### Preventing and controlling infection

- The service had infection control policies in place.
- A health and social care professional told us the registered manager used protective equipment when they provided care.
- 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 last inspection.



# 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 not rated. At this inspection this key question has now improved to good.

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.
- A health and social care professional told us, "[Registered manager] does give [person] a choice whenever she comes."

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 the person's likes and dislikes with food.

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.
- The registered manager was 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. 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.

- 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 a good understanding of MCA.
- The provider's care records did not record whether 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 and ensure consent to care was recorded appropriately.
- A health and social care professional told us permission was sought before care was provided. They said, "Absolutely gets consent. We are always there when [registered manager] is asking [person] where he would like to visit. They sit down together and have a chat and then they make a decision where he wants to go."

# 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 not rated. At this inspection this key question has now improved to good.

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

- We asked the person who used the service about their support. They said, "I like [registered manager]."
- 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 spoke in a caring way about the person they cared for. They said, "I help [person] achieve what he wants. It is a positive relationship on a professional level. It has to be compassionate and dignified care."
- A health and social care professional spoke positively about the care provided. They said, "Absolutely caring. [Registered manager] is always concerned about [person]. She knows what she is doing."
- The registered manager told us they did not discriminate against lesbian, gay, bisexual and transgender (LGBT) people. They said, "I would support [LGBT people] with their needs. I cannot discriminate against them. It is their choice."
- 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.

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 gave us examples such as the registered manager involving the person in what support they needed for the day.

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. They said, "Whenever she changes [person] in the toilet she will always make sure the door is locked."
- 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.

At the last inspection this key question was not rated. At this inspection this key question has now improved to good.

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

- The person was supported with their personal needs and as per their wishes. People's care plans informed staff about the support people needed to meet their needs. There was clear information about how to support people with daily routines in line with their preferences.
- The care plan had recently been reviewed, and the person was encouraged to contribute to the review with the support of a health and social care professional to help ensure their needs were accurately reflected.
- After each care visit the registered manager completed daily notes to record the support provided and capture any changes in people's needs. Records confirmed this.
- The service was flexible and responded to people's needs. A health and social care professional said, "[Registered manager] tries to give him more choices. They go to the museum and the shopping centre. She takes him to so many places."

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 the person'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.

At the last inspection this key question was not rated. At this inspection this key question has now improved to good.

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 committed about growing 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.
- A health and social care professional was positive about the service. They said, "[Registered manger] very good with communication. She seems like someone who knows more than a support worker job. She is very good at her job."

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 the 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

- Since the last inspection the service had started to get feedback from the person who used the service about the care provided. The service had sent out a survey in August 2019 and February 2020. The survey covered punctuality, understanding your needs, staff skills, privacy and confidentiality. Overall the feedback was positive. One comment included, "Every time the [registered manager] listens to my needs."
- The provider had quality assurance systems available to use. These included a quality monitoring checklist for spot checks and service user feedback form.
- The registered manager told us her plans for the service. They said they had plan to increase the scope of the service to support more people.

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.