Gateway Care Services Limited

Gateway Care Services

Inspection report

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Date of inspection visit: 24 & 25 September 2015
Date of publication: 13/11/2015

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?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This announced inspection took place on 24 and 25 September 2015. Time was spent inspecting at the provider's office, making visits to people in their homes and telephone calls were made to people who used the service and their relatives. .

Gateway Care Services provides personal care for people in their homes in Essex.. There were 50 people receiving personal care at the time of our inspection visit.

At our inspection on 23 July 2014, we found several breaches of legal requirements. Suitable arrangements were not in place concerning safeguarding of people, care workers had not received appropriate training, and there were no effective systems to monitor accidents, incidents and complaints and Care Quality Commission (CQC) was not notified of change of manager as required by law. We asked the provider to make improvements in these areas. Following that inspection the provider sent us an action plan telling how and when they were going to make these improvements. They kept CQC informed of the improvements that had been made.

Summary of findings

At this inspection we found that significant improvements had been made in relation to the breaches. We found that action had been taken to reduce the risk of abuse from happening and timely reporting to relevant authorities. Care workers had received appropriate training that enabled them to meet people's needs. There were arrangements in place to deal with accidents, incidents, complaints and notification to CQC as required.

A registered manager was in post. They took over as manager in January 2015 and registered with Care Quality Commission in August 2015. 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.

There were clear procedures in place to recognise and respond to abuse and care workers had been trained in how to follow these. Riskassessments were in place and reflected current risks for people who used the service and ways to try and reduce these. Care workers had received training in administering medicines. However, appropriate arrangements for the management of people's medicines were not in place.

Care workers received appropriate training to help them undertake their role and were supported through supervision and appraisal. We saw care workers had received training in the Mental Capacity Act (MCA) 2005. However, when people did not have capacity to consent, the provider had not followed the best interest decision making process in accordance with legal requirements.

Care plans were in place and were reviewed with people and or their relatives to ensure the care provided was appropriate for people.

Care workers knew people's needs and preferences well and treated people in a kind and dignified manner. People and their relatives told us they were happy and well looked after. They felt confident they could share any concerns and these would be acted upon as appropriate.

The provider took into account the views of people using the service and their relatives through questionnaires. The results were analysed and action was taken to make improvements. . Care workers said they enjoyed working at the service and received appropriate training and good support from the manager. The supervisor conducted spot checks to make sure people were receiving appropriate care and support.

People using the service, their relatives and staff we spoke with during this inspection told us there had been improvements made since the new manager arrived.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.You can see what action we took at the back of the full version of this 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?

Requires improvement

Some aspects of the service were not safe.

People were not always supported to take their medicines safely. The care workers had not followed the provider's own policy about administration of medicine to people.

People and their relatives told us they felt safe using the service and with care workers who supported them. There were appropriate safeguarding procedures in place and care workers had a clear understanding of these procedures.

Assessments were undertaken of risks to people and care plans were there to manage these risks. Appropriate action was taken in response to incidents and accidents to maintain the safety of people who used the service. Safe recruitment practices were followed.

Is the service effective?

Requires improvement

Some aspects of this service were not effective.

People were supported by care workers that had the necessary knowledge and skills to meet their needs. Registered Manager and care workers were aware of the requirements of the Mental Capacity Act 2005. However, the provider had not followed the best interest decision making process in accordance with legal requirements of Mental Capacity Act (2005).

Staff completed training relevant to the needs of the people using the service. People and their relatives were positive about care workers and told us they supported their family member properly.

People were supported to have enough to eat and drink. People had access to external health care professionals as and when required.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives told us they were treated with kindness and respect.

People and their relatives were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive.

Care plans were in place detailing people's care and support needs. Care workers were knowledgeable about people's preferences and needs in order to provide a personalised service.

Summary of findings

People who used the service and their relatives felt the care workers, office staff and manager were approachable and there were regular opportunities to feedback about the service.

Is the service well-led?

Requires improvement 

The service was not always well-led.

Some aspects of the quality monitoring were not always effective. Appropriate arrangements for the management of people's medicines were not in place and the provider had not followed best interest decision making process in accordance with legal requirements of Mental Capacity Act (2005).

People using the service, their relatives and care workers told us there had been improvements made at the agency since the new manager arrived. A supervisor conducted spot checks to make sure people where receiving appropriate care and support.

The provider took into account the views of people using the service and their relatives through questionnaires. The results were analysed and action was taken to make improvements at the agency.

Gateway Care Services

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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection took place on 24 and 25 September 2015 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 inspection team comprised of three inspectors 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.

During the inspection we looked at nine care plans, nine care workers records, quality assurance records, accidents, incidents and complaints records and correspondence with people who used services, and policies and procedures. We spoke with the director of the company, registered manager, two members of office staff, six care workers and we visited seven people in their homes. Following the inspection we telephoned 10 people's relatives and spoke with them about their experiences of using the service for their family member.

Requires improvement

Is the service safe?

Our findings

All the people and their relatives we spoke with told us they felt safe using the service. One person said, "Care workers are very obliging, no problem." Another person said, "They [care workers] give me medicine." A relative told us, "Care workers are very good, very pleasant and experienced; care workers respond on the phone, there had been a vast improvement."

However, we found arrangements for the safe management of medicines were not robust. During our visit to people's homes we saw some care workers administered medicines to people but briefly recorded on a form to show that they had prompted people to take medicine, when they actually administered medicine to people. The service did not have a medication administration record (MAR) chart to show which medicines were prescribed for the person, when they must be given, what the dose is and any special information, such as giving the medicines with food.

The care workers were not assessed to be competent to administer medicine. Although, the provider's policy stated that the care workers should have been assessed as competent to carry out the task after appropriate training and before administering medicine the care worker should check MAR chart for instructions. The provider had not followed their own policy about administration of medicine.

We also saw an open liquid medicine bottle in one person's home on which it stated discard bottle after three months of opening but there was no date recorded on this bottle when it was opened. The manager told us completed medicines forms were returned to office but there were no checks undertaken to verify that medicines were safely administered. Care workers said they had received training on managing medicines but they had not had their competencies assessed to ensure they could safely administer medicines. This meant there was a risk that people may not receive their medicine as prescribed as care workers were not following the prescriber's direction of administration of medication.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

At our inspection on 23 July 2014, we found that suitable arrangements were not in place concerning the safeguarding of people. The provider had not reported recent safeguarding incidents to the relevant authorities in a timely manner. The provider sent us an action plan telling us how they would address these issues and when they would complete the action needed to remedy these concerns. At this inspection we checked to see if these actions had been completed.

At this inspection, we found that action had been taken to reduce the risk of abuse from happening and allegations of abuse were being reported to the local authority immediately to protect people who used the service. Care workers knew what to do if safeguarding concerns were raised. It was clear from the discussions we had with care workers that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included recording and reporting their concerns to the manager, the local authority's safeguarding team where this was necessary. The manager told us nine safeguarding alerts had been sent to the local authority from January 2014 to September 2015. Safeguarding records we saw showed that of these eight had been closed and at the time of this inspection and one safeguarding concern was being investigated. The CQC will monitor the outcome of the safeguarding investigation and actions the provider takes to keep people safe.

The service had a policy and procedure for safeguarding adults from abuse, care workers were aware and had access to this policy. The registered manager and care workers knew about the provider's whistle-blowing procedures and they had access to contact details for the local authority's safeguarding team. Records confirmed all care workers and manager had received safeguarding training and refresher training was available as and when necessary.

Potential risks to people and care workers were identified and risk management plans put in place to reduce risk. We saw risk assessments were in place and risks had been identified before people started to use the service. These included individual risks to the people who used the service such as manual handling risk assessments to ensure people were safely supported to mobilise and environmental risks or health and safety risks for care workers. Risk assessments included detail about actions to be taken to minimise the chance of harm occurring. The manager told us the risks would be monitored and

Requires improvement

Is the service safe?

reviewed annually or earlier if there were changes in people's circumstances. For example if someone started to have problems mobilising and needed specialist equipment.

The service had systems to manage and report accidents and incidents. The manager told us that healthcare professionals would also be contacted and where necessary people's care needs would be reviewed. Care workers were aware of the reporting process of any accidents or incidents that occurred and recoded the details appropriately. We saw the service had maintained records of incidents and noted two incidents in relation to people's mobility needs. These incidents were reported to the office and appropriate action was taken, to reduce the risk of future reoccurrence. For example, risk assessment had been reviewed; care plan updated and a referral were made to an occupational therapist for a walking aid.

Recruitment checks were carried out to reduce the risks of employing unsuitable staff. This included appropriate checks for their suitability to work with vulnerable adults, including interviews, criminal record checks, and two references to ensure they were of good character, proof of identity, application form, employment history and their eligibility to work in the United Kingdom.

There were sufficient numbers of care workers to meet the needs of the people who used the service. For example, when some people needed two care workers and some others required 24 hours care, the service met their needs. People told us that their regular care workers were reliable and there were no problems in the service providing another care worker if someone was not able to come. Care workers rotas further confirmed this.

Requires improvement

Is the service effective?

Our findings

When people did not have the capacity to consent, the provider had not acted fully in accordance with legal requirements and this required improvement. Three of the nine people's care records we looked at included mental capacity assessments which were not specific to any decision about their care and treatment in line with the Mental Capacity Act (2005) (MCA) Code of Practice. Although, the three people were assessed as lacking the capacity to make decisions, the provider had not followed a best interests decision making process in relation to their specific care and treatment. This meant people may have been receiving care they could not consent to without the service having first established that it was in their best interests, as required by law. Following our feedback the registered manager told us they would schedule best interests meetings for each person who was assessed as lacking capacity where specific decisions were required. As the best interests decision meetings had not been concluded at the time of our inspection, we were unable to assess if appropriate action was taken following the completion of the meeting.

We did see some areas of good practice with consent. The provider had policies in place for acting in accordance with the Mental Capacity Act (2005). Records we looked at showed that all care workers had completed Mental Capacity Act training. Where people had the capacity to consent and before they received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Care workers demonstrated understanding of the importance of obtaining and acting in accordance with a person's consent when they provide care. We saw care plans in place to help care workers better understand someone's individual needs. The care workers we spoke with told us they would discuss a specific aspect of care with the person, explain any risks involved and if the person was able to make an informed decision, care workers would respect their wishes. Care workers also gave us examples of how they supported people to exercise choice, for example about how they spent their time, their meals and choice of clothes. People we spoke with confirmed consent had been sought by care workers before care was provided. They told us care workers always asked them what they wanted to do before they received support with their care. During our visits to people's homes we saw care workers treated people with respect and involved them in making choices and decisions about their care, for example when providing support with meals.

During our inspection on 23 July 2014, we found that care workers had not received appropriate training to meet the needs of the people using the service. The provider sent us an action plan telling us how they would address this issue and when they would complete the action needed to remedy these concerns. At this inspection we checked to see if these actions had been completed.

At this inspection, we found that care workers had received appropriate training that enabled them to meet people's needs. Records showed all care workers had received training to ensure they were competent to deliver appropriate care to people. The training covered mandatory subjects including; the duties and role of carer, safeguarding adults, health and safety, mental capacity awareness, moving and handling, first aid and administration of medicine. All care workers we spoke with told us they felt training programmes were useful and enabled them deliver care and support people needed. One relative told us, "It's very hard to build a trust but [my relative] is Ok with all of them [care workers]. [My relative] adores care workers. If [my relative's] happy, I'm happy and it all seems good at the moment." Another relative said, "One [care worker I can't fault. She is so efficient."

Care workers told us they had regular supervision, appraisal and spot checks from their manager. Records confirmed all care workers received an annual appraisal. Supervision and spot checks were carried out by their manager which they considered to be helpful and supportive. One care worker told us, "supervision and appraisal is useful and it gives me an opportunity to learn from the manager." Although, the provider's policy stated there should be a supervision agreement between the supervisor and supervisee there was no written supervision agreement with care workers to show the frequency of supervision they should have in a year. For example, we found six of the nine care workers had three supervisions and one spot check in the last 12 months and two out of nine care workers had only two supervisions and one spot check. Following our feedback the manager told us they plan to do four supervisions, four spot checks and an annual appraisal in a year. However, we were not able to assess this at the time of our inspection.

Requires improvement

Is the service effective?

Most of the people who used the service had family support to prepare meals and did not require additional support with nutrition or hydration from care workers but when required people were supported to eat and drink appropriately. One person told us, "I have a variety of ready meals, meals and drinks are prepared by care workers, they [care workers] ask what I want before preparing my meals." Care workers had a good knowledge of people's needs and preferences. One care worker told us, "I show a few types of meals to people to choose from which they do." People's dietary needs were assessed before they started using the service and then again regularly during their period of care. For example, one person required a soft diet and their care records contained guidance for care workers to follow to ensure the person was able to eat and drink safely. Care workers had received training in food and hygiene and were aware of safe food handling practices.

Health care appointments and health care needs were coordinated by people's relatives and care workers were available to support people to access healthcare appointments if needed. People's personal information about their healthcare needs was recorded in their care records. Care records contained details of where healthcare professionals had been involved in people's care. For example, information from the GP, district nurse and occupational therapists. Care workers told us how they would notify the office if people's needs changed.

Good

Is the service caring?

Our findings

People and their relatives were positive about their care workers, the way they were supported and the respect shown to them. One relative told us, "They [care workers] are very caring, brilliant. Mum gets on so well with them, I would score 9 out of 10." A person using the service said, " [care worker] is very friendly, polite and helpful." Another person told us, "They [care worker] are polite, nice, nothing is too much trouble to them."

People's preferences were met. One person told us, "I get help with washing, dressing, meals and drinks. I am happy with my carers and wouldn't want to change anything." Care workers were able to tell us a person's preferred form of greeting and how some people requested them to use their preferred first name. These names were recorded and used by care workers. Care workers could explain people's needs and preferences and how they liked to be supported. They told us they enjoyed working with people they cared for, their comments included, "People make extra request and they [care worker] do it on top of what's in the care plan." People's care records included details about people's ethnicity, preferred faith and culture. Care workers we spoke with showed an understanding of equality and diversity. Care workers were aware of people's cultural, religious and personal care needs to ensure their needs were met.

People who used the service had been involved in decisions about their care and support. We found that they had been involved in the assessments of their needs when they first began to use the service. People and their relatives spoken with were aware of care plans and they told us they were happy with the care that was given. People's care plans described the person's likes, dislikes and daily routines. Some of the care plans included mobility needs. For example, where people's mobility needs had been assessed, appropriate records were in place to ensure their needs were met. Care workers had received training in moving and handling to support people safely, for example in using a hoist.

Care workers respected people's privacy and dignity. One relative told us, "I was there when they were about to wash [my relative] and they [care workers] asked me to leave the room." Another relative said, "The agency always makes sure that a female care worker provides personal care to my family member, I have no concerns regarding their dignity." There were policies and procedures in place to ensure people's privacy, dignity and human rights were respected. Records showed that care workers had received training in these areas and care workers we spoke with understood their responsibilities in this area. Care workers described how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, they did this by ensuring curtains and doors were closed when they provided care. Care workers spoke positively about the support they were providing and felt they had developed good working relations with people they cared for.

Good

Is the service responsive?

Our findings

People and their relatives told us they received individualised care that met their needs. One relative told us, “The care package is very good and the two [care workers] are fantastic, kind and gentle.” Another relative said, “The number of care workers visits was increased as a response to the change of needs.” One person who uses the service said, “My carers are 99% on time, friendly and very nice and I am 99.9% happy with them. If I asked them, they would do anything for me.”

People’s care records included an initial assessment, risk assessment, care plan and they had been reviewed regularly. We found these records were clear and covered aspects of their life and social history, social and health care needs including people’s personal routines. Care plans were in place to support care workers knowledge of people’s individual needs and how their care and support should be provided. These records gave care workers clear and detailed guidance about how people’s care should be delivered to ensure their health and well-being. They also gave guidance to care workers about what care they should be providing at each visit and what action care workers should take if there was an issue or problem. For example, when someone’s needs had changed, the care worker contacted the office and requested for a review of people’s care needs and as a result of the care review people’s care plans were updated to reflect the change of needs. Care workers told us they read the care plan before delivering care to people. This meant that care workers had access to important information about the person that would assist them to meet their care needs.

People’s concerns were responded to and addressed. People and their relatives told us they knew how to complain and would do so if necessary. They said that the provider advised them to ring the office if they had any concerns. One person said, “The issue with not good care workers was sorted quickly, I have no other problems.” One relative told us, “The carers we have are really open to concerns, I can tell them anything or leave them a note. I have no moans or groans.” Another relative said, “The agency seem to know what they are doing, communication is good.” A third relative said, “No complaint as far as Gateway is concerned.” The service had a complaints policy and procedures for reporting any concerns raised by people or their relatives. Complaints records showed concerns raised by relatives had been responded to appropriately. For example, when people requested for a change of care worker, or visiting times and the organisation acted on their requests. The manager told us the focus was on addressing concerns as they occurred before they escalated to requiring a formal complaint.

Requires improvement

Is the service well-led?

Our findings

At our inspection on 23 July 2014, we found that the agency did not have effective systems in place to monitor and learn from events such as accidents, incidents and complaints. The provider sent us an action plan telling us how they would address this issue and when they would complete the action needed to remedy these concerns. At this inspection we checked to see if these actions had been completed.

At this inspection, we found that the provider had an effective system to regularly assess and monitor the quality of service people received. Complaints records showed concerns raised by people and their relatives had been responded to appropriately. For example, one relative told us, "The service had improved immeasurably, care workers have their own car, and they come on time." Another relative said, "Once when a care worker was running late due to an emergency, we were informed." A third relative said, "I have no complaints about Gateway now." The manager told us the focus was on addressing concerns as they occurred before they escalated to requiring a formal complaint. The service had systems to manage and report accidents and incidents. Care workers were aware of the reporting process of any accidents or incidents that occurred. There were forms to record details of any accidents or incidents. We saw there were records of incidents and these were reported to the office and appropriate action was taken, to prevent reoccurrence of these incidents. The learning from these incidents had been shared with care workers during their supervision meetings.

The manager held care workers meetings which included discussions on the type and quality of care provided by the agency including aspects of health and safety, communication and care workers training. Supervisors undertook care monitoring visits to people's home and held care workers meeting. If any concerns were identified during monitoring visits and care workers meetings this was discussed with individual care worker and actioned promptly. Care workers told us their line manager advised them of any changes they need to make or any additional training they need to take, to meet the needs of the people. For example, in relation to moving and handling and hoisting.

The quality assurance monitoring systems had not identified the issues we found in relation to management of medicine and best interest decision making process. Although their internal monitoring system had not picked up the issues the registered manager was fully aware of the need to check these issues in the future. Following the feedback from the inspection, the registered manager reported the actions they would take to improve their quality assurance systems and act upon any problems identified. We will look at these issues during our next inspection.

At our inspection on 23 July 2014, we found that the agency did not inform Care Quality Commission (CQC) when there was a change of manager. The provider sent us an action plan telling us how they would address this issue and when they would complete the action needed to remedy these concerns. At this inspection we checked to see if these actions had been completed.

At this inspection, we found that the provider had notified CQC as required in relation to change of manager and safeguarding referrals.

There was a registered manager in post. They took over as manager in January 2015 and registered with Care Quality Commission in August 2015. They had a detailed knowledge about all the people who used services and ensured care workers were kept updated about any changes to people's care needs. We saw the registered manager interacted with office staff and care workers in a positive and supportive manner. All office staff and care workers gave us positive feedback about the manager. For example, one staff member said, "The new manager is fantastic and resolves issues quickly." Another care worker said, "I found her the best manager you can have." A third care worker said, "The manager is attentive and visits us to meet and do supervisions, I am happy with the company now." Another care worker said I get support as and when required.

We found that people and their relatives had been asked for their views about the service in a satisfaction survey carried out in March 2015. Results of the satisfaction survey showed that the majority of them were satisfied with all aspects of the service and care workers. For example, in relation to request changes to the support they receive dignity and respect being maintained. As a result of these findings an action plan was developed to address the issues. We saw actions had been taken. For example, the

Requires improvement

Is the service well-led?

agency had introduced changes with frequency of spot checks every three months and phone monitoring every eight weeks from only when necessary before. We saw 24/7 on call officer contact details had been given to all people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3). **Safe care and treatment** People were not always supported to take their medicines safely.