

# Gateway Health & Social Care (Dudley) Limited

## Gateway HSC Dudley

### Inspection report

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#### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



#### Overall summary

The inspection took place on the 30 January 2015 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and we wanted to be sure that staff would be available.

Gateway HSC Dudley is registered to provide personal care services to 38 people living in their own homes. The registered manager had recently left the service and the new manager was in the process of applying to be registered. 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.

The people we spoke with told us they felt they received a safe service. People who completed the pre inspection questionnaires told us they did not feel safe, as staff did

# Summary of findings

not always arrive on time and on some occasions staff did not arrive at all. We found that staff knew how to recognise abuse to keep people safe from harm and what action to take to keep people safe from harm.

We found that the deployment of staff was a concern. The provider told us this was an area they were already improving by employing more care staff and improving how care staff were deployed.

We found that care staff were supported by way of regular supervisions and staff meetings. The manager used these systems to ensure care staff were given clear guidance and expectations in how people were to be supported.

The care staff we spoke with told us they were able to attend a range of training course to improve their skills and knowledge. Records we saw confirmed this.

People also felt their medicines were not always administered safely. People told us that they did not always get their medicines when they expected. Records showed a number of gaps where medicines had potentially not been given.

We found that the provider did not ensure that staff had the appropriate skills and knowledge to meet the Mental Capacity Act 2005 legal requirements. We found that where people lacked capacity the appropriate assessments were not taking place.

The people and relatives we spoke with told us that care staff were caring. People who completed our pre inspection questionnaire gave a different experience of care staff. For example, care staff did not always respect their dignity by dressing them inappropriately.

We found that the provider had made improvements to how complaints were handled as a result of the concerns identified by way of the pre inspection questionnaires and the work carried to their improvement plan.

We found that the improvements required as a result of the support given from the local authority had been achieved and the suspension of the service had been lifted by the local authority. However the provider was still making improvements to how the service is delivered.

We found from the pre inspection questionnaires that the service was not well led. People we spoke with told us the service had improved and was much better managed with the appointment of the new manager.

# 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 safe.

We found that people were not receiving the service they needed due to the poor deployment of care staff.

We found that risk assessments were being carried out to ensure any potential risks to how people were supported were reduced.

People were not being administered their medicines safely. For example, medicines administration records showed unexplained gaps where people potentially did not receive their medicines.

**Requires Improvement**



### Is the service effective?

The service was not effective.

We found that care staff were not receiving the appropriate information, skills and knowledge required to ensure people's liberty was not being restricted unlawfully.

The provider was not carrying out the appropriate assessments to determine people's capacity.

**Requires Improvement**



### Is the service caring?

The service was not caring.

People told us that staff were caring. However the information gained from the pre inspection questionnaires suggested people were not being treated with dignity and respect.

**Requires Improvement**



### Is the service responsive?

The service was not responsive.

We found that the provider was responsive in achieving the improvements determined by the local authority.

People and relatives told us that that since the new manager was appointed the service had improved and care staff had improved how they supported people.

We found that complaints were now being responded to within the provider timescales.

We found that the provider was still making improvements to the service as a result of the concerns identified from the pre inspection questionnaires.

**Requires Improvement**



### Is the service well-led?

The service was not well led.

**Requires Improvement**



# Summary of findings

We found that the service was not well led from the concerns identified within the pre inspection questionnaire. The provider did not identify the concerns themselves, but have made improvements within the service, and these improvements are on going.

The provider was not carrying out any audits or checking on staff by way of ensuring staff were performing as required.

The newly appointed manager was in the process of applying to register as a manager.

# Gateway HSC Dudley

## 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 was planned to check 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.

Our inspection took place on 30 January 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. Due to how small the service is the manager is often out of the office supporting staff or providing care and we needed to be sure that someone would be in.

The inspection was conducted by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report. To plan our inspection we reviewed information we held about the service. This included notifications received from

the provider about deaths, accidents/incidents, safeguarding alerts which they are required to send us by law and questionnaires we had sent out prior to the inspection.

We sent out 35 questionnaires to people and 14 were returned, 31 to care staff and six were returned, 35 to relatives and two were returned and 5 to other professionals and one returned. As a result of the information we received a number of safeguarding alerts were raised, leading to the local authority and the police conducting investigations. The local authority also suspended the service from receiving any new commissioned services while improvements were made to the service.

During our inspection we went to the provider's main office location. While we were there we reviewed the care records of six people that used the service, reviewed the records for three members of staff and records related to the management of the service. We spoke with three members of staff, the manager and the provider who were present throughout the inspection. After the inspection visit we undertook telephone calls to three people who used the service and two relatives of two people who received services from the provider.

We also spoke with the local authority who confirmed the improvements they requested had been carried out and as a result the suspension against the service was removed.

# Is the service safe?

## Our findings

The people who completed pre inspection questionnaires told us they did not feel safe within the service. They told us that care staff were consistently late or not arriving at all. The people we spoke with told us they received a safe service. One person said, “The service is safe, staff always arrive on time”. One relative said, “Very fond of the carers and the service is safe”. Another relative told us that the service had improved since completing their questionnaire to us and the previous manager leaving.

We found that the provider had safeguarding procedures in place so care staff knew how to recognise abuse and who to report it to, in order to reduce the risk of harm. Care staff we spoke with were able to give examples of abuse and the action they would take if they saw abuse taking place. One member of the care staff said, “I would tell my manager, the CQC or the police”. Care staff told us they were provided with safeguarding training and the records we saw confirmed this. The evidence and information we saw showed that the provider provided care staff with the appropriate information in order for them to reduce the risk of harm to keep people safe.

We found that risk assessments were being carried out. We saw evidence that where there was a potential risk to people the appropriate action was taken to reduce any potential risks. Records showed a range of risk assessments having taken place. For example, manual handling risk assessments and risk assessments which identified any risks within people’s homes. Out of the six records we looked at only one did not have all the appropriate risk assessments completed. This ensured where people may have potential risks to how they were being supported by care staff these were being identified and actions taken to reduce the risk.

People told us, through the completed pre inspection questionnaires, that care staff were not consistent and that they did not always know who was coming to their home. One person said it would be good if there was continuity. Another person said the time care staff arrived varied up to at least one hour, leaving them disadvantaged and waiting for support with their personal care needs. The people we spoke with confirmed the concern identified through the questionnaires. One relative said, “We have regular missed calls and nothing is done by the office”. The care staff we spoke with had concerns that there was not always enough

staff. One member of staff said, “We don’t have enough staff”. We raised our concerns with the manager who confirmed action had already been taken to address the concerns and care staff would be working in smaller geographical areas, by post code area. Care staff would also be doing a lot less travelling, to reduce the time they spent travelling and increase the time spent with people. This should mean people would get more consistent support and continuity of care staff.

Before our inspection visit, we raised a safeguarding alert with the local authority as people told us care staff were not turning up to assist with their medicines. During our inspection we spoke with three people who all told us that they had no concerns with their medicines management. One relative we spoke with told us they had raised concerns about medicines being missed with the previous manager but they never had a reply. Concerns about how medicines were being managed were also identified from the pre inspection questionnaires that were completed. People who completed them told us that when eye drops were used care staff did not always ensure they were in date, and they were given the wrong medicines on occasions. We found that there was inconsistency with how people’s medicines were being administered or prompted and people were at potential risk where their medicines were not being administered or prompted as they expected. We raised our concerns with the manager who confirmed they were already aware of the concerns. Action had already been taken to rectify some of the concerns along with the improvement plan they were working towards achieving with support from the local authority.

We found that the provider had a medicines procedure in place so care staff knew what was expected of them in supporting people with their medicines. We checked a number of Medicines Administration Records (MAR) which care staff were required to complete once they had prompted someone’s medicines. We found a number of gaps on a number of these records, which indicated that either the medicines had not been given or staff had not completed the record appropriately. There was no evidence as to what if any action was being taken by the provider as a result of the gaps. We spoke to care staff who told us they would always complete a MAR sheet when prompting medicines. We found that there was no guidance in the provider’s medicine procedures as to how care staff would be expected to manage ‘as and when’ medicines that were not prescribed. Care staff we spoke

## Is the service safe?

with were unclear as to what they would do. Care staff gave a range of responses as to how they would manage 'as and when' medicines. The manager and provider told us they would amend the procedure to give staff clear and concise guidance.

Care staff we spoke with told us they were not allowed to prompt medicines until they had received appropriate training. We spoke with three care staff one told us their competency was being checked regularly to ensure they had the appropriate skills and knowledge to prompt medicines. The other two care staff told us their competency had never been checked since being appointed. There were no records to show evidence of competency checks being carried out.

The care staff we spoke with told us they had completed a Disclosure and Barring Service (DBS) check before being employed. This check was carried out as part of the legal requirements to ensure care staff were able to work with people and any potential risk of harm could be reduced. Records showed that these checks were carried out and the provider also had a declaration process in place so that care staff suitability to work with people could be continually checked. Care staff confirmed this was being done. Records also confirmed that the provider had an appropriate recruitment process in place so potential care staff could be appropriately interviewed and their character checked.

# Is the service effective?

## Our findings

We found from the completed pre inspection questionnaires, people's views were inconsistent. Some people felt the care staff were unreliable, had no people skills and did not seem very knowledgeable about care. For example we were told a member of staff wore their outside coat while supporting someone with personal care. Other people said care staff were unable to use slide sheets and one member of staff, when lifting someone from their bed, having been told that they should not do this, said, "it can be our secret". Whereas others felt the care staff were good and had no concerns. People we spoke with all told us that the care staff were 'professional'. One person said, "They are very good, no complaints they look after me well". One relative said, "Most of the staff are very good, very caring".

The care staff we spoke with told us that staff meetings and supervisions did take place on a regular basis. However, annual appraisals did not take place consistently. Records showed from a recent staff meeting that where staff were not performing to the correct standard this was being addressed and staff were given the appropriate advice and support from the manager. Records also showed that care staff had access to regular training as part of them being able to meet people's support needs. For example, dementia awareness, moving and handling and food hygiene. Staff we spoke with were also able to give examples of where they were able to get specialist training in some important areas of care. One member of staff said, "We get training in skin bundles". This gave care staff the knowledge and skills they needed to be able to manage people who had poor skin integrity.

We found that out of the three care staff we spoke with about the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS), two had some understanding of the MCA and limited knowledge of DoLS and the third person had no understanding at all. All three care staff told

us they had not had any training in either area. Training records showed that training was not taking place so care staff had the appropriate skills, knowledge and understanding in the MCA or DoLS.

We found that the provider had a MCA procedure in place with a capacity assessment form available to be used where there were concerns about people's level of capacity. We found where there were concerns about people's capacity the assessment form was not being used. However, the care staff we spoke with were able to explain how people's consent was sought. They told us that relatives would support them or they would act in people's best interest based on the information they knew or had about people. We found that staff had an understanding and people were able to give consent, but staff would benefit from training to improve their understanding.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to 'The Court of Protection' for authority to deprive someone of their liberty. There was no evidence of people being restricted from the records we looked at. The staff and manager we spoke with did not share concerns about the people being restricted or their liberty being deprived.

We found that not many people needed to be supported with their meals by care staff. Where this was taking place people told us they were happy with the service provided by care staff. Care staff were required to warm up meals in a microwave or prepare a sandwich.

People told us that if they needed a doctor or emergency services care staff did and would contact these services for them. Staff we spoke with understood the need to seek emergency help where people needed this and on occasions care staff would accompany people to hospital where this was needed.



# Is the service caring?

## Our findings

One person said, “Staff very caring, kind and friendly”. A relative we spoke with said, “Girls are absolutely brilliant, very caring”. Another person said, “Do not get regular staff. Would prefer regular staff, it’s safer to know who is coming”. A relative said, “Staff are friendly and get on well with [relative’s name]”. One relative who sent their questionnaire back could not praise care staff enough for their friendship and support. People all told us that staff spoke to them how they wanted, but would prefer to have regular care staff so they could build up much better friendships.

People told us they were involved in the care they received from care staff and staff listened to them. One person said, “I can tell the staff what I want and they listen. One relative said, “Staff do listen now since the new manager started”.

We found that people were provided with a service user guide as part of them making a decision to use the provider’s services or not. People told us they had all the appropriate contact details for the office and out of hours in case of an emergency. We saw from the service users guide that all the important information people would need was available and the document was also available in

other formats should people require this. We found that before the new manager started in the service people felt they were not consistently listened to, but situations have changed since the appointment of the new manager.

The pre inspection questionnaires we sent out to people highlighted that care staff left someone’s front door unlocked, put one person’s trousers on back to front and dressed someone in dirty clothes. This showed that people’s dignity was not being respected by staff and people were not being supported appropriately and left comfortably. We raised these concerns with the local authority as safeguarding alerts which are being investigated.

People we spoke with told us that they were able to do as much as they could for themselves and staff only supported them where they could not manage. One person said, “Staff do respect my independence, dignity and privacy”. Staff we spoke with were able to explain and give examples of how people’s privacy, dignity and independence was promoted. One relative said, “Staff definitely respects [relative’s name] privacy, dignity and independence”.

# Is the service responsive?

## Our findings

The people we spoke with told us they had been involved in the assessment process and a decision being reached with the service as to their support needs. One person said, “I was involved in my assessment and I was given a copy of my care plan”. One relative said, “[relative’s name] was involved in the assessment process and given a copy of her care plan”. Records showed that an assessment was carried out and a care plan process was being used to determine how people’s assessed needs would be met.

We found that people’s preferences were being recorded appropriately. We saw that a gender preference form was being used on one person’s care records to show that their wishes were being considered as part of how care staff were being deployed to support them. We did not see this form being used on any other care records we looked at. This was discussed with the provider and manager who confirmed this would be rectified.

People we spoke with did not all feel they were involved in reviews. One person said, “I have not had a review”. One relative said, “They came to review [relative’s name] last month”, another relative said, “We have never had a review”. Records showed that reviews were happening inconsistently. One file we looked at had nothing about reviews, another had a review form but it did not involve the person. There was no evidence of them being spoken to, visited at home or paperwork signed by the person.

Another file had a review that was document correctly and signed. This meant that people were not involved in the reviewing process to ensure any changes to their needs were appropriately discussed and actioned. The manager was unable to give an explanation but told us that reviews would involve people appropriately in the future.

We found from our pre inspection questionnaires that concerns were being raised about complaints not being acted on. As a result Dudley local authority was informed. They have taken action with the provider. One relative said, “The service has improved since I raised my concerns”.

People and relatives we spoke with had inconsistent views as to whether they were given information on how to complain. They all told us they knew how to complain. One person said, “I raised a concern about being sent a male worker and it was dealt with”. People told us that care staff supported them in the main how they wanted. Care staff we spoke with were able to describe how they would handle any complaints they were made aware of. Records showed the provider had a complaints process in place. We saw this was also referred to in the service user guide.

We were told by the manager that they were currently making visits to people who they support with services. The purpose was to give them the opportunity share any concerns, so action could be taken to rectify any concerns. This was as a result of the concerns raised with us through the pre inspection questionnaires.

# Is the service well-led?

## Our findings

We found from the completed pre inspection questionnaires that there were concerns about the quality of the service, people's safety and how the service was being led. We found from what people and their relatives told us that improvements had been made to how the service was now being led. The local authority who we spoke with after our inspection visit told us they were happy with the improvements made by the provider. We found that the service was now being well led as a result of the actions taken by the provider and the appointment of a new manager.

The manager had been appointed 4 weeks prior to our inspection. They were currently in the process of applying to be the registered manager of the service. Prior to the appointment of the new manager staff told us that they were not supported consistently, but since the appointment of the new manager situations have improved.

People and relatives we spoke with felt the service they were now receiving was improving. One relative said, "Since the new manager was appointed the service has improved". People told us in the pre inspection questionnaires that care staff appearance and presentation did not give confidence in the service. The manager and provider confirmed action was taken immediately when these concerns were raised with them some months previously.

We found that an accident and incident process was in place. Staff we spoke with knew about the process and were able to explain how this was used and in what circumstances they would report an accident. Records showed that accidents and incidents were being recorded and trends monitored as part of reducing accidents and improving the service to people.

People and relatives we spoke with told us that the manager or senior staff had never visited their home to check on how staff were working. Staff we spoke with confirmed this. We found there was no evidence of checks or audits being carried out by the manager or the provider. The newly appointed manager told us audits were now being carried out, but these were not being appropriately recorded. The provider told us they did not do the appropriate checks or audits, but had recognised the need

for this as a result of the concerns raised. The provider also showed us a new care staff monitoring system being introduced to help verify what time staff arrived to support people, how long they were there for and the time they left including any travelling. This would mean that the provider would be in a better position to know when staff arrived to someone's home and how long they were there for.

We found that the provider did not return their completed Provider Information Return (PIR) as we had requested. We were informed by the registered manager that the form was not received. We have confirmed that the email details we have are still correct and there is an expectation that the PIR is completed in future.

We found that there had been a long period of time where the provider had not made any statutory notifiable events to us; however the provider and manager was aware of the legal requirement to notify use of any deaths, accidents, or situations where people were put at harm. We found no evidence of notifiable events that were not notified to us.

We found that a whistleblowing policy was available to staff where the need was required. Staff we spoke with were aware of the policy and in what situation they would use it. This meant that where people were at risk staff were aware of ways to report concerns.

We found that the provider had a quality assurance system in place to gather people's views on the service they received. The provider told us the current questionnaire was being sent out monthly, but this would reduce to a yearly process. People we spoke with told us they did get a questionnaire. One relative told us they did get a questionnaire and the other said they have never had a questionnaire. We informed the manager and provider of this information for them to act on. Records showed that a questionnaire was in place. However, the information being gathered needed to be improved as the questions were very basic. The questions would not give the provider the information they would need to determine whether the service was meeting people's needs and offering the standards of care they expected.

The provider told us that quality assurance visits by the provider was not taking place prior to the concerns being identified. The provider assured us that these visits would be carried out regularly in the future as part of monitoring the performance of the manager and the quality of the service to people.

## Is the service well-led?

The provider and the manager told us that they had been working with the local authority to improve the service. An improvement action plan was in place. Our observations were that all the actions identified had been implemented, and other progress was on going.