

Resource Gate Ltd

Resource Gate Care

Inspection report

Trend House
Dallow Road
Luton
Bedfordshire
LU1 1LY

Tel: 01582269193

Website: www.resourcegate.co.uk

Date of inspection visit:

06 June 2022

21 June 2022

Date of publication:

01 July 2022

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

Resource Gate Care is a domiciliary care agency providing personal care to people living in their own homes or flats. The domiciliary care agency is registered to provide care to people over and under the age of 65, people living with dementia, people living with a physical disability and people living with a learning disability or autism.

Not everyone who used the service received personal care. 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 the service was supporting a total of eight people, of which two people were being supported with the regulated activity of personal care.

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

People told us they felt safe and were positive about the care they received. People told us, "The staff are very kind and caring." Risk assessments were in place which provided guidance to staff to mitigate risk.

A recruitment process was in place to ensure staff were suitable for their role. An induction and training process was in place to prepare all staff for their role. People felt the staff had the relevant skills and knowledge to support them appropriately.

People were supported by a consistent staff team and felt the staffing levels were adequate. One person told us, "I have never been without care when I need it."

The provider had a system in place to support the safe management of medicine. Staff had received training in the administration of medicine and had had their knowledge and skill assessed to ensure it remained safe.

A quality and assurance process was in place to identify where improvements were required to make change and support development of 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.

People told us they found the registered manager and staff to be approachable. One person told us, "The registered manager and staff listen to me and make me feel valued."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 7 April 2021 and this is the first inspection.

Why we inspected

This was a planned inspection as a newly registered service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Resource Gate Care

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Inspection activity started on 6 June 2022 and ended on 21 June 2022.

We spoke with one person using the service about their experience of care provided. We spoke with five members of staff including the registered manager and care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A person told us, "The [staff] make me feel safe. Having somebody here in case I become ill or if something happens makes me feel safe."
- Staff had received training on how to safeguard people from harm. One staff member told us, "This is about protecting people from abuse including neglect, physical, emotional and mental abuse. If I had any concerns, I would inform the registered manager. We have posters in the office with the contact numbers of other people to report to including the local authority and the Care Quality Commission (CQC)."
- The provider had policies and procedures in place to protect people from harm. The provider conducted safeguarding awareness sessions to enhance staff understanding of the importance of reporting concerns of harm and abuse.

Assessing risk, safety monitoring and management

- Risk's to people had been assessed, and information had been recorded to direct staff in supporting people safely. Reviews of risk assessments were conducted regularly and information was updated where required.
- The registered manager conducted regular checks of staff practice to ensure they were working safely.

Staffing and recruitment

- People were supported by a consistent staff team who were familiar with their needs. One person said, "My previous carer was with me for all care visits. They have just left but they were amazing. The [registered manager] is working hard to ensure I get somebody I work well with."
- A recruitment process was in place to ensure staff were suitable to work with vulnerable people. This process included obtaining references and a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff had received training in medicine management and had been assessed as competent to give people their medicines.
- The provider had a policy in place regarding the safe management of medicines. Regular audits of medicine administration records were conducted by the registered manager to ensure the safe management of medicine. A process was in place to investigate any medicine errors.

Preventing and controlling infection

- The provider had an infection control policy in place which had been regularly reviewed and updated. Staff were knowledgeable of the infection control policy and actions to take to reduce transmission of infection.
- Staff told us they had received infection control training which included the safe putting on, taking off and wearing of personal protective equipment (PPE).

Learning lessons when things go wrong

- A process was in place to report, record and monitor incidents and accidents, complaints and feedback from people.
- Staff meetings provided an opportunity to discuss changes and improvement in the service.

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 inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager met with people and completed an initial assessment prior to them starting with the service. During this assessment information regarding a person's health and social care needs, personal history, preferences, likes and dislikes was captured and used to inform the care plans and risk assessments. People told us they had been involved in the assessment process and felt they had been listened to.

Staff support: induction, training, skills and experience

- People told us they felt staff were trained in their role. One person said, "The way the [staff] act, makes me think they have received the training they need to support me."
- Staff completed an induction which prepared them for their role. This included shadowing of experienced staff, training and familiarising themselves with the provider's policies and procedures. Staff told us they felt comfortable approaching the registered manager for additional training or shadowing opportunities if they felt this necessary.
- The registered manager shared with us staff training which had been scheduled for the completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Care plans contained information regarding the level of support people required with their meals, dietary requirements, likes and dislikes.
- Where required, staff had recorded the fluid output for people and taken appropriate action where this was low. For example, encouraging additional fluid and informing the registered manager who sought further health professional advice.

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

- People told us the staff supported them to access additional healthcare services and support where required. One person told us, "The [registered manager] supported me with requesting transport to attend hospital appointments. Without this assistance I struggled to attend my appointments."

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 MCA 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

- People told us the staff sought permission before assisting them with their care and support needs. One person said, "The care staff all ask for consent before providing care and support."
- People had signed their care plans, consenting to their care and support.
- Staff spoken with understood the importance of seeking consent and supporting people to make decisions. One staff member said, "It is important to respect choices and support people to make a decision using information from the care plan to help with this."

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 inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People provided positive comments about the caring attitude of the staff. One person said, "The [staff] are very kind and caring. The [staff] allow me to do what I can." And, "I feel the [staff] and I work in partnership together."
- Staff were aware of actions to take to maintain a person's dignity when providing care and support. One staff member told us, "It is important to explain a task and gain consent before providing support. I also close open curtains, close open doors and watch a person's body language to check they are comfortable with the care being provided."

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

- People were involved in their care and felt the staff listened and respected their decisions. One person told us, "The staff always include me in my care. I feel able to advise the staff what I wish to do, and they respect my decisions."
- The registered manager told us they maintained contact with people and completed regular reviews of people's care needs. We saw people had been involved in the review of their care and the records had been updated to reflect changes where required.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People confirmed they had been involved in the planning of their care. One person told us, "I was very involved in the creation of my care plan. I worked in partnership with the [registered manager] at the initial assessment and we discussed my needs when writing the care plan."
- Staff were familiar with people and the individual preferences to care and support. One person told us, "[Staff] have given me the strength to do what I want to do, not just what I have to do."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People being supported at the time of the inspection were able to verbally communicate. The registered manager had systems in place to access alternate forms of communication when required including accessing translators, interpreters and formatting records to a larger font.
- Care records contained information to support effective communication. For example, where somebody was partially deaf, staff were requested to speak slowly and in a loud voice.

Improving care quality in response to complaints or concerns

- A complaints and compliments policy was in place which was made available for all people, their relatives and staff.
- People told us they were knowledgeable of how to raise a complaint and felt confident they would be listened to. One person told us, "I have previously complained to the {registered manager} when a carer made me feel anxious and uncomfortable. The [registered manager] took prompt action in addressing my concern."

End of life care and support

- End of life care and preferences was discussed with people at an initial assessment and responses recorded within the care record.
- At the time of the inspection, the service was not supporting anybody in receipt of end of life care.

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 inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a service which focussed on the provision of person-centred care. This was discussed with staff during the induction process and reinforced during staff meetings.
- People provided positive comments about the service. One person told us, "The care is great and has changed my life for the better."
- Staff understood the meaning of person-centred care and how to apply this in their role. One staff member told us, "This means to put the person at the centre of all we do. Speak to people, make them feel important, listen to what they say."

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider understood their responsibility in reporting notifiable events to the CQC and other organisations. In addition, they understood the importance of providing outcomes of investigations to people and using these events to make changes and improvement to the service.
- The provider had a system in place to monitor the quality and standard of the service and care.
- Staff told us they felt supported by the registered manager and were comfortable in approaching the registered manager with any concerns they had. One staff member told us, "The [registered manager] is very supportive. They listen to people and staff and always try to help."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they were happy with the service they received. People were asked for their feedback regularly through survey's, review meetings and informally when the registered manager provided care and support. One person said, "The [registered manager] regular telephones for feedback on my care. I have also completed surveys."
- Staff told us feedback from surveys and observations conducted by the registered manager was discussed during staff meetings. These meetings provided opportunity for staff to discuss how to work differently as a team to improve the quality of the service.

Continuous learning and improving care

- Staff meetings provided additional opportunities for focussed learning and discussion sessions to take

place.

- The registered manager welcomed all feedback and used this positively to make improvements within the service and quality of care.

Working in partnership with others

- The registered manager worked with other health and social care professionals to ensure the appropriate care was in place. One person told us, "The [registered manager] has helped me gain support from other organisations. They really have changed my life."