

Gateway Care Services Limited

Gateway Care Services

Inspection report

Thames Innovation Centre
2 Veridion Way
Erith
Kent
DA18 4AL

Tel: 02083201234

Website: www.gatewaycareservices.com

Date of inspection visit:
28 April 2023

Date of publication:
22 June 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Gateway Care Services is a domiciliary care service that provides care and support to people living in their own houses or flats in the community. At the time of our inspection, 33 people were using the service. 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.

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

Risks to people's health and safety were not effectively assessed or guidance available to reduce possible risks and maintain people's safety. Medicines were not always managed safely. Aspects of people's care records were not person centred and did not reflect the appropriate support in accordance to people's needs. The current systems in place were not effective enough to assess and monitor the quality and safety of the services being provided to people.

The service had safeguarding procedures in place. Appropriate recruitment checks had taken place before staff started work; however, some improvement was needed to ensure references obtained for staff were robust. There were enough staff available to meet people's care and support needs. The service had procedures in place to reduce the risk of infections.

People's care and support needs were assessed before they started using the service. Staff were supported and received training. We have made a recommendation about staff performance and development. People were supported to maintain a healthy balanced diet and had access to health care professionals when they needed them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's privacy, dignity and independence was promoted. People and relatives told us staff were kind and caring.

People and relatives spoke positively about the service and said they felt safe. The service had a complaints procedure in place. No one at the service was receiving end of life care.

The service sought the views of people and their relatives. The service worked in partnership with health and social care providers to plan and deliver an effective service.

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

Rating at last inspection

The last rating for this service was good (Published 12 October 2021).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gateway Care Services on our website at www.cqc.org.uk.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to assessing risk, medicines management and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Gateway Care Services

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 team on site consisted of 2 inspectors. After the site visit, an expert by experience made telephone calls to people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Gateway Care Services 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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity took place on 28 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people using the service and 9 relatives about their experience of the care provided. We spoke with 2 care staff, the care manager, a consultant and the Director. We reviewed a range of records. These included 7 people's care records, 5 staff files in relation to recruitment and training and a variety of records relating to the management of the service, including the quality monitoring systems and audits.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed, however there was limited guidance in place for staff on how to reduce possible risks to keep people safe and prevent or mitigate further risks to people.
- One person was at risk of falls and used a number of mobility aids such as a rota stand, wheeled commode, recliner chair and a wheelchair. However, there was limited guidance, which was more task focused, for staff on how to safely mobilise and transfer the person and minimise potential risks whilst using the mobility aids.
- 2 people were at risk of falls. Falls risk assessments were in place, however these did not contain sufficient information to guide staff on how to safely support the person or what to do should the person have a fall.
- 4 people using the service needed support with their skin integrity and the application of creams. A pressure ulcer prevention tool had been completed which indicated people were at risk. However, guidance was generic on monitoring the skin and not specific to people's needs and conditions. Creams were also needed, however, there were no body maps to reflect where this should be applied.
- A risk assessment was in place for a person with diabetes. The risk assessment made reference that staff and the family were aware of when the person is hypo or hyper glycaemic and actions they should take. This is when a person's blood sugar falls above or below the normal levels. However, there was no information in the person's care records detailing what this meant, and the risks involved. This person also experienced mental health conditions, low moods when feeling anxious and can become agitated and frustrated. However, there was no risk assessment for this and information on the possible triggers and support required by staff to help the person feel at ease and to minimise any escalation of behaviours.
- Care records for one person showed a food supplement had been prescribed to them due to them losing weight. Care records had not been updated to reflect this. A risk assessment was not put in place in response to the person losing weight to assess and manage the risks associated with this and to prevent any future weight loss for the person.

We found no direct evidence that people had been harmed as a result of the concerns we found. However, risks to people's health and safety were not always assessed or guidance available to reduce possible risks and maintain people's safety. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When speaking to people and relatives, they told us staff were aware of their needs and provided them with the support they needed to keep them safe from harm. A person told us "They [staff] are very effective, they

are friendly and chatty, and they would do anything for me. They don't delay or take any risks with your health."

- Staff understood where people required support to reduce the risk of avoidable harm. They told us, "When we use the hoist, there is always two of us, we always check the hoist is working. We are always speaking to the person whilst hoisting and explaining the next steps to them so they are safe."

Using medicines safely

- Medicines were not always managed safely, therefore we, could not be assured that people received their medicines as prescribed.
- For a person who required as and when required' (PRN) medicines, there was no clear guidance and/or PRN protocols in place for staff detailing the reasons why, when, and how to administer this medicine. On occasions, when the medicine had been administered, records did not detail the reasons why. There were also some unexplained gaps on their Medicines Administration records (MAR) for other medicines that were prescribed to them.
- There was unclear information in relation to another person's PRN medicines. The care plan stated '[Relative] supports me with PRN medicines when carers are not there.' There was no further information detailing what this meant, which PRN medicines were being referred to and PRN protocol and/or guidance in place to ensure this was managed safely.
- We also noted for this person, that on 7 entries on the MAR sheet for March 2023, these were recorded as 'o' meaning 'other.' The reasons recorded for this was that the person was fasting and the relative would administer the medicines later. However, there was no further information detailed, therefore we could not be assured that the medicines had been given to the person as prescribed.
- A person was prescribed a barrier cream in March 2023, however the MAR sheet and care records had not been updated to reflect this and when the cream had been applied.
- A person required a number of food supplements to be given to them, however, the MAR sheets for January, February and March 2023 contained multiple unexplained gaps, therefore we could not be assured the person received their supplements as prescribed.
- Medicines audits had been completed, however they failed to identify these issues. Medicine competency assessments for staff had been completed, however these covered generic areas and did not focus on people's individual needs and the support required.

We found no direct evidence that people had been harmed as a result of the concerns we found. However, medicines were not always safely managed. This is a further breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives spoke positively about the support they received with their medicines. A person told us, "When the tablets are running low they let me know, I know [person] is safe with them. They keep in touch."
- Staff understood how to administer medicines safely. A staff member told us, "When administering medicines, I always stay with them to make sure they have taken it and complete the MAR sheet. If there are any issues or they refuse, I would record it in the MAR sheet and report it to the office."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and relatives told us they felt safe using the service. A person told us, "I feel very safe. I know them [staff] and I know the time they will be coming. They talk to me and tell me I am safe with them, and I am in that way. They are quite helpful". A relative told us, "It is nice, they [staff] are caring, friendly and helpful, [person] likes them and trusts them. [Person] feels very safe in their hands."
- There were systems in place to protect people from the risk of abuse. There were safeguarding and

whistleblowing policies in place to report potential abuse. Staff had completed safeguarding adults training.

- The management team and staff understood their responsibilities in relation to safeguarding and told us they would report any concerns to the local authority and CQC.

Staffing and recruitment

- There was enough staff deployed to meet people's needs. A new electronic care planning system was implemented in February 2023 to review and monitor staffing levels and timekeeping. A relative told us, "Holidays, they always discuss Christmas, Easter, they ring to discuss cover and what you want. It is good that some care is available and knowing what it might be."
- Records showed actions taken by the service to improve any issues with timekeeping when needed. For example, there were issues around staff not logging on to their calls, however during a recent review, staff had now logged in for the majority of calls. Actions were also taken to ensure people received regular staff. A relative told us, "It was difficult to start with as we did not have regular care workers. Most of the time now it is the same person, and it feels better for [person] and much safer." People and relative also spoke positively about the consistency of staff they received.
- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks including Disclosure and Barring Service (DBS) checks were completed satisfactorily before care workers were employed. However, improvement was needed to ensure references obtained for staff were robust. For example, for one staff member, the professional reference contained no official stamp or the organisations' headed paper. For a second member of staff, their reference was a generic photocopy and dated 2 years before the staff member started working for the service. For a third member of staff, their references were not received until after they started work.
- We raised this with the management team who told us they would adopt a recruitment checklist to ensure all checks were completed and followed up robustly. We will follow this up at the next inspection.

Preventing and controlling infection

- People were protected from the spread of infection. The service had an infection control policy in place and staff had received infection control training.
- People and their relatives told us staff wore personal protective equipment (PPE) when providing them with personal care. A relative told us, "They [staff] always wear gloves and change them after various jobs, I trust them totally. They were consistent through COVID and kept us all safe."

Learning lessons when things go wrong

- Systems were in place to respond and monitor accidents and incidents if and when they occurred.
- Records showed any lessons learnt were used to improve the quality of service and relayed to staff to embed good practice through additional supervisions and refresher training when needed.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Assessments were carried out before people started using the service to ensure their needs could be met. People and relatives were involved in the assessments to enable them to make an informed choice about their care.
- During the assessments, expected outcomes for people's care were identified and were used to develop people's care plans.

Staff support: induction, training, skills and experience

- Staff had the relevant skills and knowledge to support people with their individual needs. People and their relatives told us staff had the skills to carry out their roles effectively. A relative told us, "The carers are efficient and well trained".
- Staff had completed an induction programme based on the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for people working in care. Records showed staff had completed training the provider considered mandatory in areas such as safeguarding, infection control and moving and handling.
- Staff received some formal supervision and appraisals to monitor and review staff performance and development, however records showed these were not done on a regular and consistent basis. Policies in place did not provide any guidance on how regularly supervisions should be held. A staff member told us, "Management should communicate better with staff, there is limited communication and rarely we have supervisions."

We recommend the service review their systems to ensure effective support and regular review of staff performance and development.

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

- People were supported to eat, and drink based on their individual preferences and needs. Where people required support with eating and drinking, this was recorded in their care records. A relative told us, "They do cook [person] food daily and they help to feed them."

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

- People were supported to access healthcare services when required. The provider worked in partnership with other services, and health and social care professionals such as the district nurses and GP to deliver

effective and timely care. A person told us, "Any problems they [staff] just call the GP. they don't wait, they do it immediately, nothing gets past them". A relative told us, "Anything different they contact me straight away and if they can't speak to me straight away they go back and check and then update me."

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.

- The service worked within the requirements of the Mental Capacity Act.
- Records showed the service obtained consent from people about their care and support. If a person lacked capacity to make specific decisions, the best interests decision making process was followed.
- For one person, a mental capacity assessment and a best interest form had been completed. However, the form did not detail any involvement from any other relevant family member or health care professionals to ensure decisions were made in the person's best interest. We raised this with the management team who advised us, the person did have a number of healthcare professionals involved with their care and sent us details of these after the inspection. The Director advised us they would review this best interest decision and ensure healthcare professional's involvement was reflected. We will follow this up at the next inspection.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People and relatives spoke positively about the care they received. A person told us, "They [staff] are very good. They give me breakfast and come here three times a day. There is lots of banter and if they can put up with me, they can put up with anybody. The two carers I have got are very good." A relative told us, "When they [staff] come in, the first thing they do is say hello and how are you today."
- People and relatives also told us staff were kind and caring and positive relationships had developed between them. A person told us, "They are caring carers. They are so nice, and I will swear it's what has kept me alive. I do appreciate it. It is the carers themselves who keep me up to date with what is going on in the world. For my birthday, I had cards and texts, and the main carer gave me a bunch of tulips and a doughnut. They are not just doing a job." A relative told us, "They have such a good sense of humour, and they know [person] well and how to get them smiling."
- People's equality and diversity needs were detailed in their care plans. However, the information was very limited. Please refer to the Responsive section of the report. A relative did tell us how staff supported a person with their diversity needs, they told us, "[Person] likes to go to the local chapel and the pastor calls to take them every 2 weeks. The carer always offers to come early and make sure [person] is ready when the pastor arrives for them."
- Staff had a good understanding of equality and diversity. A staff member told us, "We treat people equally, there is no difference whoever they are. We want people to be happy and when they are happy, it is very satisfying for us."

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

- People and their relatives where appropriate, were consulted and involved in making decisions and choices about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and independence promoted.
- Staff were able to tell us how they maintained people's privacy and dignity, and ensure people were comfortable when providing people with personal care. They told us they made sure doors were closed and kept people covered to preserve their dignity. They also said they encouraged people to do what they could for themselves.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant people's needs were not always met.

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

- Care plans were mainly task focused and the language used was often a list of instructions. For example, for one person, the care plan stated, "I wish my carers to assist me with a strip wash every morning", however there was no further detail on how this should be done.
- There was contradictory information about people's care needs. In one person's care plan it stated because of their condition 'my skin doesn't look very good. I wish my carers to assist me with creaming their legs.' However, in another section of their care plan it stated, 'my skin looks good, I don't need any cream.'
- For 2 people, care records refer to catheter care, however, this was incorrect, and people did not require any support with this.
- The care plan for one person referred to an ointment being used; however, the care plan did not contain any further information about the ointment and when this has been used.
- There was limited information in relation to people's communication needs. For one person, English was not their first language and would often require a relative to communicate and translate for them. However, there was no further information detailing how staff should communicate with them.
- There was limited information on people's equality and diversity needs in their care plans. Information was limited to statements such as 'I am Catholic' and 'I do believe but do not attend church.' In one person's care plan, it stated they were a devout Muslim, they prayed, and their faith was very important to them. Care records showed the person observed 'Ramadan' fasts', however there was no information for staff on whether the person needed support to practice their faith and how this should be provided for them.

End of life care and support

- No one at the service currently received end of life care. However, care plans were not consistent in reflecting people's end of life care and wishes. In 4 people's care plans, there was no information regarding their end of life care and wishes. In 3 people's care plans there was a section completed on 'future care and reflecting on End of Life, however no end of life care and wishes were documented instead the current care needs of the person was listed.

We found no direct evidence that people had been harmed as a result of the concerns we found. However, aspects of people's care were not person centred and did not reflect how people should be supported safely in accordance to their specific needs and preferences. This is a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans did include some details of people's preferences, their likes and dislikes, things that were important to them and in their lives.
- We discussed the care plans with the management team during the inspection who advised they would update the care plans to ensure support for people was reflected in accordance to their specific needs. We will follow this up at the next inspection.
- People and relatives spoke positively about the support they received from the service. A person told us, "They [staff] always fill in the book so anyone can see what they have done each day and they do lots of other things. They always check up on me and they have a chat with me. They look after me very well. Anything at all I just give them a ring and I am really grateful. A relative told us, "I appreciated their care when [person] had COVID for the second time and also had pneumonia. [Gateway Care services] agreed to care for all their needs and manage [person] at home."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place for receiving, handling and responding to comments and complaints. Records showed complaints had been investigated and responded to by the management team. A person told us, "I know how to make a complaint and if I had one, I would put it forward, I have all the details."

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

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

- The provider failed to ensure their quality monitoring systems were effective at identifying shortfalls in relation to some aspects of people's care.
- During our inspection, we found improvements were needed around the management of medicines, care records, assessment of risk, recruitment checks and staff supervisions. This meant there was a risk people's care could be impacted.

We found no direct evidence that people had been harmed as a result of the concerns we found. However, the current systems in place were not robust enough to assess and monitor the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed the issues identified during the inspection with the Director and care manager. They told us they would review records and ensure the concerns raised were addressed and systems were more robust. A new electronic care planning system was implemented in February 2023 and the service is also working with an external consultant to help drive the improvements. The management team were receptive and open to feedback provided to them and co-operated fully with the inspection process.

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

- There was a registered manager in post. However, were currently away from managing the service. However, the service was being managed by the Director and care manager.
- The Director and care manager understood their responsibility under the duty of candour. We noted communications to people and their relatives' showed apologies were provided and reassurances that action was being taken to minimise the risk of any reoccurrence of such events, and any issues were resolved.
- A relative told us, "There were all different carers when we started until we got the right ones. They are our friends now thanks to the management" and "The office respond straight away to any phone calls/queries etc."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The service took people's and relatives views into account through telephone reviews and surveys and feedback from these was used to improve the service. Records showed overall feedback about the service was positive and included comments such as 'Support is appropriate for my current condition. We are happy with the carers we have, and we are overall happy with the service provided by Gateway.' A relative told us, "I get surveys, phone calls with questions on how the service could be improved and it is ongoing."
- Staff meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had.

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care such as the district nurses and GPs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care records did not reflect the appropriate support in accordance to people's needs.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health and safety were not always assessed or guidance available to reduce possible risks and maintain people's safety.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The current systems in place were not robust enough to assess and monitor the service.