

## Gateway Care Services Limited

# Gateway Care Services

### Inspection report

Thames Innovation Centre  
2 Veridion Way  
Erith  
Kent  
DA18 4AL

Date of inspection visit:  
23 July 2021

Date of publication:  
12 October 2021

Tel: 02083201234

Website: [www.gatewaycareservices.com](http://www.gatewaycareservices.com)

### Ratings

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

# Summary of findings

## Overall summary

Gateway Care Services is a domiciliary care agency. It provides personal care and support to adults and older people living in their own homes. At the time of our inspection 35 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to 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

People received care and support which was safe and personalised to their needs. Staff understood their responsibility to protect people from the risk of abuse and to report any concerns to their line managers. Risks to people had been identified, assessed and managed and staff protected people from the risk of infectious diseases. People were supported to take their medicines safely and there were enough staff deployed to support people's needs. The service carried out appropriate pre-employment checks before staff began working and lessons were learnt from accidents and incidents to prevent repeat occurrences.

Before people started using the service, their needs were assessed to ensure they could be met. People received care and support from staff who had been supported through induction, training, supervision and appraisals. 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 were supported to maintain good health; eat healthily and access healthcare services when required.

People knew how to make a complaint if they were not satisfied with the quality of care provided. People's communication needs had been assessed and met and people were involved in making decisions about their care and support needs.

People spoke positively about the service and told us it was well led. The service had effective systems in place to assess and monitor the quality and safety of the service. People, their relatives' and staff views were sought to improve on the quality of care and support provided. The service worked in partnership with key organisations 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](http://www.cqc.org.uk)

Rating at last inspection - The last rating for this service was requires improvement (published 10 May 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. We carried out an announced comprehensive inspection of this service on 9 and 11 January and 15 February 2019, where breaches of legal requirements were found. We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service effective?**

**Good** ●

The service was effective.

Details are in our effective findings below.

### **Is the service 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.

# 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

This inspection was carried out by one inspector 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 service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 23 July 2021 and ended on 7 September 2021. We visited the office location on 23 July 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health and social care professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke on the telephone with two people who used the service and eight relatives about their experience of the care provided. We spoke with three members of staff including the care manager, a human resources manager and a care coordinator.

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

#### After the inspection

We spoke with two care workers to gather their views about the service. We also spoke with the registered manager who was not available at the time of the inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks to people were safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were kept safe from the risk of avoidable harm. Risks to people's health and welfare were identified, assessed and well managed. A relative informed us, "Staff cream [my loved one] well so I am not worried about pressure sores."
- Risks to people were assessed in areas including moving and handling, nutrition and hydration, continence and personal care and the risk of people's home environment. Risk management plans were in place and included guidance for staff on how to prevent or mitigate individual risks occurring.
- Risks were reviewed regularly and updated to ensure people's changing needs were identified and safely managed.
- Staff knew people well and followed guidelines to keep them safe. Where staff had concerns about a person they supported, they reported this to the management team and appropriate actions were taken to keep people safe.

### Staffing and recruitment

- Enough staff were deployed to ensure people's needs were met. One person told us, "There is an occasional change of staff but mostly regular. Staff arrive on time and I've had no missed calls. Late calls only happen when traffic is bad."
- Improvements had been made to the monitoring of staff attendances. Office staff monitored staff attendances to ensure care visits were delivered within the agreed timeframe.
- Staff confirmed they had enough travel time in-between care visits.
- The service followed appropriate recruitment practices and satisfactory pre-employment checks were completed before new staff began working at the service. These checks included completed application forms, employment references, right to work in the United Kingdom and a criminal records checks.

### Using medicines safely

- The management of people's medicines had improved. People and their relatives confirmed they were satisfied with the support in place and they had no concerns. A relative informed us, "Staff make sure [my loved one] takes their medicines."
- Staff responsible for supporting people with their medicines had completed medicines training and their

competency had been assessed to ensure they had the knowledge and skills to safely support people.

- Where people were supported with their medicines, staff signed medicines administration records (MARs) to evidence the support they had provided. These were consistently completed, and we found no gaps.
- MARs were regularly audited to ensure that people were receiving their medicines as prescribed by healthcare professionals.

Systems and processes to safeguard people from the risk of abuse

- Staff kept people safe from the risk of abuse and neglect. A relative informed us, "I have been there when staff are there, [my loved one] is safe, I always check the care records and we are both satisfied."
- Staff received training in safeguarding adults and were clear about their responsibilities to report any concerns of abuse. They also knew of the provider's whistleblowing policy and said they would escalate any concerns of poor practice to the office, local authority or CQC.
- The registered manager responded to safeguarding concerns and reported any allegations of abuse to the local safeguarding team. There had been one safeguarding allegation in the year 2021 and the provider acted to ensure people remained safe.

Preventing and controlling infection

- People were protected from the risk of infection. People and some relatives confirmed staff wore personal protective equipment including masks, aprons and gloves. However, two relatives said the staff did not always wear PPE. We raised this concern with the service, and they told us all staff had access to PPE and reminded to wear their PPE. Records showed during unannounced spot checks, the service also checked that staff wore PPE during care visits; and no concerns had been identified.
- The provider had up to date infection prevention and control policies and procedures in place and staff had access to this information.
- Staff had completed training in infection prevention and control and told us they had access to PPE and wore these when carrying out their duties.
- The provider was proactive in ensuring staff took part in weekly COVID-19 testing to minimise the risk of the spread of infections.

Learning lessons when things go wrong

- Lessons were learnt from accidents and incidents to improve the quality of the service. The provider had accident and incident policies and procedures in place and staff followed the provider's policy.
- An accident and incident log was maintained which included the date, the description of an accident or incident, any actions taken and the outcomes.
- Lessons learnt from accidents and incidents were communicated to staff through meetings and supervision sessions to ensure staff were aware and took appropriate actions to prevent repeat occurrences.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were supported through induction, training, supervision and appraisals. A relative told us, "Staff use a hoist and they have been trained to do that safely."
- New staff completed an induction programme in line with the Care Certificate where required. This is a nationally recognised programme for health and social care workers.
- All staff had completed or updated their mandatory training courses in areas including safeguarding, manual handling, food hygiene, medicines management and first aid.
- Staff also completed training in areas specific to people's needs including dementia and stoma care to ensure they had the knowledge and skills to meet individual needs.
- Staff supervision and annual appraisals were being carried out in line with the provider's requirements and staff confirmed they felt supported in their role.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff understood the need to work within the principles of MCA and sought people's consent before supporting them. A relative told us, "Staff do ask [my loved one] what she wants to do first."
- Care files included signed consent forms to demonstrate people had agreed to the level of care and support in place for them.
- The manager informed us people using the service could make day-to-day decisions about their care and support needs. However, where people were unable to make specific decisions for themselves, the service had documented their lasting power of attorney to ensure their nominated person acted on their behalf and make decisions in their best interest when required.

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

- The care manager carried out assessments of people's needs to ensure the service was suitable and could meet their needs. A relative told us, "Assessment from the social worker and a member of office staff."
- These assessments contained information about people's physical, mental and social care needs; their likes, dislike and any preferences they may have. Information gathered at these assessments along with referral information from the local authority that commissioned the service were used to help develop people's care and risk management plans.
- Where required other health and social care professionals, such as district nurses were involved in these assessments and supported staff in meeting people's needs.

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

- People were supported to eat and drink enough for their health and wellbeing. People and their relatives confirmed they were happy with the level of support in place with nutrition.
- Care records included information about people's nutritional needs; likes, dislikes and the level of support required to eat and drink.
- Some people were independent with their meal preparations or received support from their relatives. However, where people required support from the service, staff provided this. A relative told us, "[My loved one] has a delivery and staff will sometimes help her heat it up."
- Staff knew the level of support people required with their eating and drinking and informed us they would report any concerns to the office. Records showed staff sought additional support from emergency services when a person had repeatedly refused food or drink.

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

- Staff supported people to access healthcare services including GPs where required.
- People and their relatives were responsible for coordinating their own healthcare appointments. However, where additional support was required, staff provided this. A relative informed us, "[My loved one] had fallen and the care worker waited with them until the ambulance came"
- Staff knew people well and monitored their wellbeing for any changes or signs of being unwell. Where required staff contacted emergency services or other healthcare professionals to ensure people received care and treatment that met their needs.
- Care records included relevant information about people's health care needs. Where required this information was shared with relevant health and social care professionals, emergency services and hospital teams to ensure people experienced a consistent, joined up approach in the support they received.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- Since our last inspection, the service had improved on how complaints were handled.
- The provider had a complaints policy and procedure in place which provided guidance on actions the service would take when a complaint was received, including the timescales for responding.
- People and their relatives knew how to make a complaint and told us their complaints were acted upon. A relative told us, "One carer was not quite up to scratch, I made a complaint and the [service] did take notice. Most of the time the care is excellent."
- A complaint log showed the service had not received any complaints in 2021. However, in 2020 the service received some verbal complaints or concerns, and these were addressed to people's satisfaction.

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

- Care and support was planned and delivered to meet individual needs. People had choice and control of their day to day lives and their decisions respected. A relative said, "They are doing what we asked them to do so we are happy."
- Each person had a care and support plan in place which included information about their personal care, nutrition, mobility, medicine, communication and the way in which they would like to be supported.
- Care staff had guidance in place on how to support each person's needs. The care records also included a summary of what tasks needed to be completed at each care visit.
- At each visit care staff recorded the support they had provided, and daily care notes we reviewed showed care and support was delivered in line with the care and support planned for.
- Care plans were kept under regular review to ensure people's changing needs were met. A relative told us, "There have been changes, [my loved one] started with one care worker but now they doubled-up"

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.

- People were supported to communicate effectively. Care and support plans included information about people's preferred mode of communication.
- Care records contained information about how people communicated and how information should be presented to help them so they could make an informed decision.

- Where people had difficulty communicating verbally or hearing, there was guidance in place for staff on how to support them. For example, one person's care record stated, "My hearing is slightly impaired, one has to speak loudly before I could hear properly."
- The care manager informed us currently people and their relatives understood information in the standard format; however, where preferred information would be provided in other formats to meet individual needs.

#### End of life care and support

- People's end of life wishes were explored during initial assessments and updated where required.
- Care plans included advanced statements about people's end of life wishes where this had been discussed and agreed with the person. This contained information such as where people would like to be cared for, their religious practices and any daily preferences.
- The care manager informed us where required, they liaised with appropriate health and social care professionals to ensure people's end of life wishes were respected.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure effective systems were in place to monitor the quality and safety of the service. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and there was no longer a breach of regulations.

- There was appropriate management oversight and the service was well-led. One person told us, "The office is well managed I can call them, and they do call me."
- There was an organisational structure in place and staff understood their individual roles and responsibilities.
- The service carried out audits in areas including care plans, staff files, daily care notes, MARs and staff attendances. They also monitored staff performances through unannounced spot checks. Where issues were identified, for example with staff punctuality or attitude, additional supervisions were in place to support the member of staff and to improve on the quality of care.
- Where things went wrong, lessons were learnt. For example, where a health and social care professional made a complaint about a staff member being emotionally attached to a person's treatment, appropriate action was taken which included a warning letter, supervision sessions and training to prevent repeat occurrences.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team demonstrated a commitment to provide high quality care that met individual needs. A relative told us, "I haven't had a lot of experience with different care companies, but I am satisfied with the care given."
- The service had implemented effective systems to monitor staff attendances and to ensure care visits were taking place as planned. Electronic call monitoring (ECM) records showed that travel time had been included between visits and staff stayed for the planned duration of time.
- The management team informed us they knew of their responsibility under the duty of candour to be open, honest and take responsibility when things go wrong.

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

- People and their relatives views were sought to improve the quality of the service. Results from a customer satisfaction survey carried out in 2019/2020 was positive and showed 100 percent of people who responded felt listened to, their concerns addressed, and they were treated with dignity and respect. A further 96 percent said their care workers were on time and met their needs.
- Where issues were identified, the service acted to improve the quality of care. For example, where eight percent of people said they had difficulty contacting the service, the provider changed how their contact details were displayed and made it more visible and in a simpler format to enable people and their relatives to easily contact them when required.
- A staff survey had also been carried out and the results had been analysed and were positive. Where issues were identified, for example about health and safety, staff were provided with new training and reminded to inform the office of any health and safety concerns.
- In 2021, the service held only one staff meeting which covered areas such as infection prevention and control. Prior to the COVID 19 pandemic these meetings were held monthly. Currently, only office staff were having regular meetings. The care manager informed us alternate ways including regular supervisions were used to communicate with staff and gather their views about the service.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority, hospital teams and other health and social care professionals, to provide joined-up care. We saw compliments from health and social care professionals to the service about the quality of care and support being delivered.