

Gatekeepers Care Solutions Ltd

Gatekeepers Care Solutions

Inspection report

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28 April 2023

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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

Gatekeepers Care Solutions is a domiciliary care service providing personal care to people living in their own homes in the community. The service provides support to adults living with a physical disability or a sensory impairment including people who may be living with dementia.

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 our inspection there were 4 people receiving personal care at the service.

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

People and their relatives were positive about the support they received from the registered manager and the staff team. One person told us, "I have used care services in the past, but they have not been like this. It is so refreshing for me to have such good support from [staff] who genuinely care and want what is best for me."

People were safe using the service. Staff were trained in safeguarding and knew how to report any concerns relating to people's support. Risks to people were assessed and mitigated as far as possible. There were enough staff to support people safely. The registered manager had processes in place to support people with their medicines. Staff were trained in infection control and knew how to use Personal Protective Equipment effectively.

People's needs were assessed before they started using the service. Staff had training and competency checks to help ensure they had the skills needed to support people. People were supported to eat and drink if this support was necessary. Staff worked with health professionals to support people to lead healthy lives. 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 were positive about their support and described staff as kind and compassionate. Staff knew people well as individuals. People were supported to make choices about their support. Staff supported people to be independent and supported them with privacy and dignity. People were supported in line with their preferences likes and dislikes. Staff supported people to engage in social pastimes that were of interest to them. There was a complaints procedure in place at the service and people felt comfortable raising any concerns.

The registered manager had instilled a positive culture at the service. The registered manager carried out audits to monitor the quality of the service and take action to make improvements if necessary. People and

staff were encouraged to feedback about the service. The registered manager linked with other organisations to keep up to date with best practice. The registered manager was keen to continually improve the service. People and the staff team were positive about how the service was being managed.

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 22 June 2021, and this is the first inspection.

Why we inspected

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

Follow up

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 safe.

Details are in our safe findings below.

Good ●

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Gatekeepers Care Solutions

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

This inspection was completed 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be able to support with the inspection process.

Inspection activity started on 19 April 2023 and ended on 28 April 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a 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

We spoke with two person who used the service and three relatives about their experience of the care provided to them/ their loved one. We spoke with four members of staff including care workers and the registered manager.

We reviewed a range of records. This included two people's care records. We looked at two 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

- People and their relatives felt they/ their family member were safe being supported by the staff team. One person said, "I feel very safe with the staff who support me, and I have not felt this from [other services]. I trust the staff completely." A relative told us, "I feel totally confident leaving [family member] in the care of the staff."
- Staff had training in safeguarding and knew what signs might indicate potential abuse. Staff were confident to report concerns both at the service and to external bodies such as CQC or the local authority safeguarding team.

Assessing risk, safety monitoring and management

- The registered manager had assessed risks to people and put plans in place to mitigate these risks. However, some of these lacked details to help guide staff to reduce risks. The registered manager acted immediately and updated these risk assessments, so they contained sufficient detail.
- Staff knew the risks people faced well and were able to tell us how they helped people stay safe. They also told us they alerted the registered manager if they felt the risks to people had changed so risk assessments could be updated. One relative said, "The staff support [family member] to use [piece of equipment] and they seem very confident with this. There have never been any concerns."

Staffing and recruitment

- People told us staff always arrived on time for their care visits and always stayed the duration of the visit. One person said, "[Staff] always arrive on time and they are very punctual." A relative told us, "Never been an issue with staff coming and going. They are always here if you need them and would stay later if we needed the support."
- Staff confirmed they had enough time to get to care visits and stay for the whole duration of the visit. The registered manager had systems in place to monitor this.
- The provider had checks in place to help ensure staff members were recruited safely in line with current legislation.

Using medicines safely

- There were no people at the service being supported with medicines at the time of this inspection. However, staff had training in medicines administration and the registered manager had systems in place to check staff competency in doing this. This meant staff would be able to support people with their medicines in the future.

Preventing and controlling infection

- Staff followed good infection control measures such as wearing PPE. One person said, "As well as the support they give me [staff] always have a good clean around my house. They always wear gloves and aprons [if needed]."

Learning lessons when things go wrong

- The registered manager had systems in place to discuss incidents and accident and share these with the staff team so lessons could be learned. These included meetings with the staff team and recorded notes for staff to be aware of.

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

- People's needs were assessed before they started using the service and people and relatives were complimentary about how involved they were in the assessment process. One person said, "When [registered manager] first met me we sat and spoke about what I wanted, and this is how the care plan was put together. I was very involved."
- The registered manager told us how they stayed up to date with current best practice guidance, for example by attending a registered manager's forum with their peers.

Staff support: induction, training, skills and experience

- Staff felt well supported in their job roles and had the training to support people effectively. Some staff said they would like some more specific training in areas such as supporting people who used communication methods other than verbal communication. The registered manager said they would organise this training for staff.
- Staff went through a thorough induction when they started at the service. The registered manager checked staff competency regularly and staff felt they could ask the registered manager for support at any time.
- People and their relative's felt staff were well trained. One person said, "I would say the staff have the right training as they know exactly what they are doing." A relative told us, "[Staff] seem confident and are not worried about supporting [family member]. I get the feeling they would ask if they had any questions."

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

- If people needed support to eat and drink then this was provided safely in line with their assessed needs. One relative said, "[Family member] is at [risk when eating] and the staff team are aware of this and follow all the necessary guidelines."

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

- Staff were aware of advice from external health professionals such as district nurses and followed this when they supported people. The registered manager ensured staff had contact details for relevant health professionals to hand in case they needed this. One person said, "I am waiting for [health professional] to make contact and once they do, I will let [registered manager] know and they will update my care plan."
- Staff supported people to stay healthy, for example by eating, drinking and exercising regularly. One person said, "[Staff] always make sure I have something to eat, as they know I sometimes do not do this for myself." A relative told us about how staff were promoting their family member to leave their home for short

periods and the positive impact this had on their health.

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 , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People told us staff asked for their consent and respected their choices when supporting them. One person said, "[Staff] completely respect my choices and even though they know how I like things done they always ask me if I want something done differently."
- Staff had training in the MCA and had a fairly good understanding of how this impacted their job roles. The registered manager told us they would support staff to continue reviewing and improving their knowledge of the MCA.

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

- People and their relatives were very positive about the support they received from the staff team. People's comments included, "[Staff] are good because they respond to me in a positive and respectful way. They are friendly and outgoing and never push me to do what I do not want." and, "[Staff] have a very positive and happy outlook on life which is great for me and makes me feel very happy." A relative told us, "[Staff] are friendly, conscientious, reliable and professional. I am very happy with the service."
- Staff were passionate about supporting people to have the best experience they could and respected their individual preferences. For example, one person followed a specific diet and staff worked with the person's family to make sure this was always in place for the person.

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

- Staff supported people to make day to day choices about their care and support. Staff told us how they prompted people to make choices in a number of ways such as physically showing objects or understanding facial expressions and signs from people. One relative said, "[Staff] try and give [family member] as much choice as possible even when this is more difficult."
- People and their relatives were also involved in wider discussions about their care as well as producing care and support plans. One relative said, "I have had full oversight of the care plan as has [family member]. All the information has been shared with us and we have been asked our thoughts every step of the way."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and had a good understanding how to promote this when supporting people. One person said, "[Staff] know I can be reluctant to do things, but they respect this and give me time to make my own mind up."
- Staff promoted people's independence in areas where this was important to them. One person told us, "[Staff] are very respectful. I am very independent, and they let me do everything by myself, only stepping in when I ask or where I need the help. This is very important to me."

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 received support in line with their individual support needs and preferences. Staff knew people well as individuals and told us how they listened to people and supported them in the ways they wanted. One person said, "[Staff] definitely know me well and we have such a good rapport now. We talk and laugh with one another and speak about so many different things."
- The registered manager had put care and support plans for people in place, however some of these were not as personalised as they could have been. The registered manager accepted this and showed us evidence they would update people's care plans to include personalised information about the specific ways they wished to be supported.
- The registered manager and staff team worked flexibly to help ensure people's preferences could be met. One relative said, "What I like is the little personal touches like changing the times of visits or helping [family member] with a task they are not necessarily there to do. These little things make a difference."

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.

- Staff were confident when communicating with people in various ways such as using signs or body language, although they did say they would like further training in this area. The registered manager told us they would look into this.
- The registered manager was working on creating documents in accessible formats so people could understand them. One relative told us, "[Staff] are getting to know [family member] and how they communicate, and they have no problem letting staff know what they want."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow social pastimes that interested them. One relative told us how staff had started taking their family member out of their house and into the community. As staff got to know their family member more, they would start trying new social pastimes and their family member was looking forward to this. Another person said, "[Staff] have said they will take me anywhere I want to go. I have not been shopping by myself in ages but feel like I might want to go soon with the help of [staff]."
- People were supported to stay in touch with their family and friends. One relative told us, "[Staff] let us

know any changes and always make sure we are kept aware of what is going on. It makes me feel that I am still very much involved in [family members] support."

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place that had been shared with people and their families. Whilst no complaints had been made, they told us they would feel confident in raising a complaint and knowing that the registered manager would deal with it effectively.

End of life care and support

- No one at the service was in receipt of end-of-life care. However, the registered manager had plans in place to discuss this with people and relatives if this need arose or if they chose to put plans in place.

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.

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

- The registered manager had a good understanding of their role and completed various audits to monitor the quality of the service. However, some of these audits were still being embedded at the service and were not always effective in areas such as monitoring risk assessment updates, staff supervision and personalising care plans. The registered manager accepted this and sent us evidence and assurances these audits were being adapted to resolve these issues.
- People, relatives and the staff team were positive about the registered manager and the way they ran the service. One person said, "I am definitely happy with the way [registered manager] has organised everything and know I can go to them for anything."
- The registered manager was keen to continually improve the service and responded to our feedback about minor areas for improvement positively. They also had plans in place to monitor how people were being supported and take actions to improve where this was necessary.

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

- People and their relatives were complimentary about the kind nature of staff supporting them and how staff support had positively impacted their lives. One person said, "I would choose [provider] again and again. [Staff] are the most pleasant, helpful and supportive people you could meet." Another person told us, "I am very happy indeed and would give this service 100%. I feel happier than what I have in a long time. It is not just the [personal care] but the staff taking the time to talk with me that really makes a difference."
- Staff were passionate about supporting people and the registered manager had developed a culture where staff empowered people to achieve their own individual outcomes. Staff were keen to talk with us about the positive changes they had made to people's lives since supporting them. For example supporting them to leave their house for the first time in a while.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 registered manager asked for feedback from people and their relatives on a regular basis. One relative said, "[Registered manager] always checks to make sure everything is going OK, and they always get back to me if I have any questions."
- Staff were asked for their feedback about the service in meetings and on an individual's basis. They told us

they felt the registered manager listened and acted on what they had to say.

- The registered manager was honest with people and their relatives when things went wrong and in the day to day support people had. One relative told us, "[Staff] share all the daily records for [family member] with us and are very transparent."

Working in partnership with others

- The registered manager and staff worked with health professionals to help people achieve good health related outcomes. Staff spoke with us about organisations in the community they would link with when supporting people to follow social pastimes.