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:
10 May 2018
14 May 2018

Date of publication:
09 July 2018

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?	Requires Improvement

Summary of findings

Overall summary

This announced inspection took place on 10 and 14 May 2017. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. At the time of the inspection 56 people were using the service.

At our last comprehensive inspection on 28 February and 1 March 2017 we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not always managed staff rostering and call monitoring effectively. At this inspection we found that the provider had made some improvements. However, the systems for monitoring and improving the quality and safety of the services provided to people required further improvement to ensure these were effective.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe with the staff. The service had clear procedures to recognise and respond to abuse. All staff had completed safeguarding training. Risk assessments for people were in place, which provided sufficient guidance for staff to minimise identified risks. The service had a system to manage accidents and incidents to reduce recurrences. People were protected from the risk of infection.

The service had enough staff to support people and satisfactory background checks were carried out for staff before they started working. The service had an on-call system to make sure staff had support outside office working hours. Staff supported people so to take their medicines safely. The service provided an induction and training, and supported staff through regular supervision, appraisal and spot checks to help them undertake their role.
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 support this practice. People consented to their care before it was delivered. The provider and staff understood their responsibilities within the Mental Capacity Act 2005.

Staff supported people with food preparation. People's relatives coordinated healthcare appointments to meet people's needs, and staff were available to support people to access health care appointments if needed.

Staff supported people in a way which was caring, respectful, and protected their privacy and dignity. Staff developed people's care plans that were tailored to meet their individual needs. Care plans were reviewed regularly and were up to date.

The service had a clear policy and procedure for managing complaints. People knew how to complain and

would do so if necessary. The service sought the views of people who used the services. Staff felt supported by the provider. The provider worked in partnership with health and social care professionals.

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.

People told us they were safe and that staff treated them well. The service had a policy and procedure for safeguarding people from abuse. Staff understood the action to take if they suspected abuse had occurred.

The provider completed risk assessments and management plans to reduce identified risks to people.

The service had a system to manage accidents and incidents to reduce recurrences.

The provider had enough staff to support people who had undergone satisfactory background checks before they started working.

Staff supported people so they took their medicines safely.

People were protected from the risk of infection.

Is the service effective?

Good

The service was effective.

People commented positively about staff and told us they supported them properly.

Staff carried out an initial assessment of each person to see if the service was suitable to meet their assessed needs.

The provider provided an induction and training for staff. Staff were supported through regular supervision and appraisal to help them undertake their role.

Staff sought consent from people before offering them support. The provider and staff acted in accordance with the requirements of the Mental Capacity Act 2005.

Staff supported people to eat and drink enough, to meet their needs. People's relatives coordinated health care appointments

and staff were available to support people to access health care appointments if needed. Staff worked with other services to ensure effective joint working.

Is the service caring?

Good

The service was caring.

People told us they were consulted about their care and support needs.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Staff respected people's privacy and treated them with dignity.

Is the service responsive?

Good

The service was responsive.

The provider developed care plans with people to meet their needs.

Care plans included the level of support people needed and what they could manage to do by themselves.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider's systems and processes to assess and monitor the quality of the care people received required further improvement.

There was a registered manager in post. They kept staff updated about any changes to people's needs and the service.

The registered manager held staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels.

The provider worked in partnership with health and social care professionals.

Gateway Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 14 May 2018 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in. The inspection was carried out by one inspector and two experts by experience. The expert by experience made phone calls to people and their 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.

Before the inspection, we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted health and social care professionals involved in people's support, and the local authority safeguarding team for their feedback about the service. We used this information to help inform our inspection planning.

During the inspection, we spoke with 15 people, nine relatives, six members of staff, the registered manager and the provider. We looked at seven people's care records and five staff records. We also looked at records related to the management of the service, such as the administration of medicines, complaints, accidents and incidents, safeguarding, health and safety, and policies and procedures.

Good

Is the service safe?

Our findings

People and their relatives gave us positive feedback about their safety and told us that staff treated them well. One person told us, "I feel very safe, when the carers come to my home." Another person said, "Yes, I do feel that my possessions are safe." One relative said, "My [loved one] is safe when the carers arrive to support." Another relative commented, "I am happy with the carer, they are very proactive and notice things and does more than they should."

At our last comprehensive inspection on 28 February and 1 March 2017 we found the provider had not always allowed enough time for staff to travel between calls, and the service on call system to make sure staff had support outside the office working hours required improvement. At this inspection we found that the provider had made improvements.

People were supported by sufficient numbers of effectively deployed staff. The service had enough staff to support people safely. All people and their relatives we spoke with told us there were no missed visits. They told us that when staff were delayed often due to traffic or changes in the needs of the previous person visited, they received a phone call and an apology to let them know that the staff would be delayed or late. One person told us, "Usually they [staff] arrive on time, but sometimes they are late, because of the traffic." Another person said, "They [staff] come on time, and do their job when it's finished they leave." One relative commented, "Yes, give and take a few minutes, 15 minutes not any more. They [staff] have been coming on time they are pretty good." Another relative said, "Yes, they [staff] were delayed by traffic and they called. I can't see how they can arrive on time if delayed by the previous call."

The registered manager told us they organised staffing levels according to people's needs. Staff we spoke with told us they had enough time to meet people's needs. Staff rostering records showed that they were allowed enough time to travel between calls. The service had an on-call system to make sure staff had support outside office working hours. Staff confirmed this was available to them when required. The care coordinator explained that when staff were running late for more than 15 minutes they followed up by calling people using the service and if required arranged replacement staff. One member of staff told us, "I spend the full time even if I need to spend more time, I stay and finish the job. If I am running late by 15 minutes, I call the office and they [office staff] call the client and inform that I am running late." Another member of staff said, "When the office is closed, we have 24 hours number. I use this number on weekends and night." The registered manager and the care coordinator confirmed through our discussions that there had been no missed calls since the previous inspection in March 2017.

People were kept safe from the risk of abuse. The service had a policy and procedure for safeguarding adults from abuse. Staff understood the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse had occurred. This included reporting their concerns to the registered manager and the local authority safeguarding team. Staff we spoke with told us, and records confirmed that they had completed safeguarding training. They were aware of the provider's whistle-blowing procedure and said they would use it if they needed to. One member of staff told us, "When I notice an abuse, I report straight to the manager, and if the manager doesn't listen, I can inform the police, social services and Care Quality

Commission (CQC). I did not have a reason to call CQC, but if need be, I will." The provider maintained records of safeguarding alerts and worked in cooperation with the local authority safeguarding team to investigate where appropriate.

People were protected from avoidable harm. Incidents and accidents were recorded and analysed to reduce the risk of harm to people. The service had a system to manage accidents and incidents to reduce the likelihood of them happening again. These included details of the action staff took to respond and minimise future risks and who they notified, such as a relative or healthcare professional. One member of staff told us, "When I visited a [person], I found them on the floor. I called the ambulance, waited till they came and took them to the hospital and the person was discharged next day. This incident happened on a Sunday, and I reported the incident to the out of hours staff."

Risks to people were assessed and managed to help keep people safe. Staff completed a risk assessment for every person and covered areas such as falls, moving and handling, administration of medicines, pressure sores, hot drinks, and the home environment. The risk assessments were up to date with detailed guidance for staff to reduce identified risks. For example, where the risk of pressure sores was identified, the risk management plan addressed the support needed for preventing pressure ulcers. Records confirmed that staff followed this guidance to prevent or minimise the risk of pressure sores. For example, a member of staff told us that they applied prescribed spray and cream to a person on every visit. The registered manager told us that risk assessments were reviewed periodically and as and when people's needs changed. Staff told us these records provided them with the relevant information they needed to understand people's situation and needs.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by staff that were unsuitable. The provider carried out satisfactory background checks for all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, and criminal records checks and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

Staff supported people so they took their medicines safely. One person told us, "The staff help me with my medicine, and make sure that I take them." People's Medicines Administration Records (MAR) were up to date and the MAR we reviewed showed that people had received their medicines as prescribed. There were also protocols for dealing with medicines incidents. Staff had a clear understanding of these protocols. Senior staff conducted regular checks of medicines management and had a system in place to ensure people received their medicines safely. There were no concerns identified and no areas required any follow-up. The provider had a policy and procedures which gave guidance to staff on their role in supporting people to manage their medicines safely. The service trained and assessed the competency of staff authorised to administer medicines. A member of staff told us they had completed the training and the competency assessment and these equipped them with skills to ensure that they dispensed medicines safely.

People were protected from the risk of infection. Staff understood the importance of effective hand washing, using personal protective equipment (PPE) such as aprons and gloves and disposing waste appropriately, to protect people and themselves from infection and cross-contamination. For example, staff told us they wash hands before and after any procedure and use protective materials like gloves and aprons when necessary to prevent transferring infection. The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

Good

Is the service effective?

Our findings

People and their relatives told us they were satisfied with the way staff looked after them and that staff were knowledgeable about their roles. One person told us, "Yes, I do feel that they [staff] have the skills and experience to look after me." One relative said, "It's a routine so they know what needs to be done." Another relative commented, "I requested for a female carer and they [Gateway Care] have matched for my [loved one]."

People's needs were assessed to ensure these could be met by the service. Staff carried out an initial assessment of each person's needs to see if the service was suitable to meet them. Where appropriate staff involved relatives in this assessment. Staff used this information as a basis for developing personalised care plans to meet each person's needs. The assessment looked at people's medical conditions, physical and mental health; mobility, nutrition and social activities. Appropriate mobility equipment was in place to maximise people's independence.

The provider trained staff to support people appropriately. Staff told us they completed an induction when they started work and a period of shadowing an experienced member of staff, which helped them to get to know and understand the person they were supporting and how to support them with their needs. The registered manager told us all staff completed mandatory training specific to their roles and responsibilities. Staff training records we saw confirmed this. The training covered areas such as basic food hygiene, health and safety in people's homes, moving and handling, administration of medicines, safeguarding and the Mental Capacity Act 2005 (MCA). Staff told us the training programmes enabled them to deliver the care and support people needed. The service provided refresher training to staff as and when they needed.

The provider supported staff through regular supervision, annual appraisal and spot checks. Records showed the service supported staff through regular supervision, appraisal and onsite observation visits. Areas discussed during supervision meetings included staff wellbeing and leave, their roles and responsibilities, and their training and development plans. Staff told us they felt supported and able to approach the registered manager at any time for support.

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. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. At the time of inspection, the registered manager told us that all people they supported had capacity to make decisions about their own care and support needs.

People and their relatives confirmed staff sought their consent before supporting them. Care records clearly evidenced people's choices and preferences about their care provision. Staff we spoke with understood the importance of gaining people's consent before they supported them. One member of staff told us, "I always ask clients before I support them."

Staff supported people to eat and drink enough to meet their needs. People's care plans included a section on their diet and nutritional needs. One person told us, "Shopping is done online, my carer makes all my meals, which I am happy with." Another person said, "My family does the shopping and prepares the meals. Carers reheat and give." Staff told us people made choices about what food they wanted to eat and that they prepared those foods so people's preferences were met.

People were supported to maintain good health. Relatives coordinated health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. We saw contact details of external healthcare professionals including their GP and district nurse in people's care record. Staff told us they would notify the office if people's needs changed and if they required the input of a health professional such as a district nurse, GP or a hospital appointment.

Staff worked with other services to ensure an effective joint-working. The registered manager and staff told us they ensured people had a copy of their personal profile sheet when to they go to hospital or other services. The personal profile sheet contained information about their health conditions, medicines, GP and next of kin details; and care required. This enabled people to receive a well-coordinated care and support when they go to use other services.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind and caring. People and their relatives told us they were happy with the service and staff were caring. One person told us, "Staff are very caring, they help me out of bed, help me with washing, give me my breakfast. Sometimes they are the only people I see for days. I consider them more than carers, they are friends." Another person said, "They [staff] are very caring. I trust them." One relative commented, "They [staff] are invaluable." Another relative told us, "The carer is wonderful. When she is walking with my [loved one] she is looking in advance and watching my [loved one] doing things so my [loved one] doesn't fall. If the carer finds my [loved one] in the kitchen the carer reminds her to use the walking frame."

People and their relatives were involved in the assessment, planning and review of their care. People told us they had been involved in making decisions about their care and support and their wishes and preferences had been met. One person told us, "I think a lady from Gateway Care came some time ago and we had a chat." The registered manager explained that people and their relatives as appropriate were involved in the initial assessment of needs, setting up the care plan and in their care reviews. These care plans described the person's likes, dislikes, life stories, their interests and hobbies, family, and friends. Staff told us this background knowledge of the person was useful to them when interacting with people in a familiar way.

Staff understood how to meet people's needs in a caring manner. Staff we spoke with were aware of people's needs and their preferences in relation to how they liked to be supported. For example, one member of staff told us, "Clients have choices. I ask them what they want to eat, drink, stay in bed or go on arm chair. I respect their choices."

People were supported to be as independent as possible. Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. For example, one member of staff told us, "I encourage them [people] to wash their body parts they can reach comfortably, and I do the rest of it."

People were treated with dignity, and their privacy was respected. One relative told us, "They [staff] work discreetly and my [loved one] needs to be put on the commode and they do it in a light-hearted way." Another relative said, "When carer arrives they knock on my [loved one's] door before going in." Staff described how they respected people's dignity and privacy, and acted in accordance with their wishes. For example, staff told us they did this by ensuring people were properly covered, and curtains and doors were closed when they provided care. The care coordinator told us that they respected people's choice of male or female staff to provide them personal care. One relative told us, I requested the office staff for a male carer and they matched for my [loved one]." Staff explained to us how they kept all the information they knew about people confidential, to respect their privacy. One member of staff said, "Client information is private and confidential, and I only discuss with my office colleagues." The provider had policies and procedures and staff received training which promoted the protection of people's privacy and dignity.

Good

Is the service responsive?

Our findings

People and their relatives told us they received support from staff which met their individual needs. One person told us, "They [staff] do a very good job." Another person said, "I have no problems with carers." One relative commented, that they were happy with the carers and that their relative received good care.

People told us they knew how to complain and would do so if necessary. One person told us, "If I was unhappy with the service, I know what to do." Another relative said, "If I have any queries or complaints, I can ring Gateway care." The service had a clear policy and procedure about managing complaints. The registered manager told us that people were given information about how to make a complaint and what action the service would take to address a complaint. The service had maintained a complaints log, which showed when concerns had been raised the registered manager had investigated and responded to resolve the concerns. Records showed that complaints had been managed in line with the provider's complaints procedure. One complaint related to short visits by staff. The registered manager carried out an investigation and told us that there had been no recurrence of these issues following their resolution. At the time of the inspection, there was one complaint being investigated by the provider in consultation with the commissioners which was ongoing.

People received personalised care that was responsive to their needs. The registered manager told us that they had recently introduced a new format for developing care plans. We saw the new format for care plans and it was person centred and contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do for themselves. Staff told us, that before they went to people's homes, they looked at their care plans to know how to support them.

The registered manager updated care plans when people's needs changed and included clear guidance for staff. For example, in relation to meeting additional specific care needs for people and a change of visit times to suit them. Staff completed daily care records to show what support and care they provided to each person. Daily care records showed staff provided support to people in line with their care plan. Staff discussed any changes to people's conditions with the registered manager to ensure any changing needs were identified and met.

Records we saw showed that although the new care plans were up to date, the old format care plans for some people required updating to reflect changes following recent care reviews. In response to the inspection feedback, the registered manager told us that all care plans were being updated using the new format. After the inspection the registered manager confirmed that they had updated all the care plans to reflect the current needs of people. We shall check this at our next inspection.

Staff showed an understanding of equality and diversity. Care records included details about their ethnicity, preferred faith, culture and spiritual needs. Staff knew people's cultural and religious needs and met them in a caring way. For example, staff supported people with religious and cultural needs in terms of their specific

dietary needs. Staff we spoke with told us that the service was non-discriminatory and that they would always seek to support people with any needs they had with regards to their disability, religion, sexual orientation or gender.

Requires Improvement

Is the service well-led?

Our findings

At our last comprehensive inspection on 28 February and 1 March 2017 we found the provider had not always managed staff rostering and call monitoring effectively, and some people said in the December 2016 satisfaction survey that they were only partly satisfied with the service. The provider sent us a report of improvements they had made.

At this inspection we found that the provider had made some improvements. One person told us, "I have a routine, they [staff] know and do anything I ask." Another person said, "It is not a matter of like, it's a necessity. They [staff] are very helpful and I am pleased with the service." One relative commented, "When I asked for visit times to be changed they [office staff] have listened, and they return calls quickly." Another relative said, "The manager has always been very helpful."

The provider had reviewed staff rostering to allow sufficient travel time for staff between calls. Staff told us that they had enough travel time between home visits. Staff rotas we saw further confirmed this. We confirmed through our discussions with staff and people using the service there had been no missed calls to people.

People who used the service completed satisfaction surveys. Most of the responses were positive for example, 100% of people felt safe with the service they received, 96% of people reported they were treated with dignity and respect, and 93% of them said they could easily contact the office if required. However, only 64% of people said they were communicated with when staff were running late for their scheduled visits and 86% said that their concerns were listened to. The provider developed an action plan in response to the feedback from the survey to show how the identified concerns were addressed. For example, the provider had contracted the services of an alternative external agency (the previous agency did not meet all the requirements of the provider) for a bespoke real-time electronic call monitoring (ECM) system. Records we saw showed that staff were going through a training programme prior to the launch of the new ECM. After our inspection, the provider sent us evidence to show that staff had completed training on the ECM system; and they have now launched the use of the ECM system. Evidence reviewed showed the system was working effectively.

The registered manager discussed late calls and short visits in staff meetings, the provider appointed a new field coordinator to undertake additional spot checks and a new care coordinator to increase the frequency of telephone monitoring, to ensure people received good quality care always.

The service had a system and process to assess and monitor the quality of the care people received. For example, the service carried out spot checks, telephone call monitoring, and conducted care reviews covering areas such as the administration of medicines, health and safety, home visit timings, care plans and risk assessments and new quality monitoring tools were introduced. As a result of these interventions the service had made improvements, which included changes of home visit timings, care plans and risk assessments were person centred, and staff meetings were held regularly to share learning.

Although the provider had made improvements since the March 2017 inspection, at this inspection we identified some further improvement was required in specific areas. The provider had not carried out an analysis of late call alerts routinely and recorded what action was taken to address them. The coordinator explained that when staff were running late by 15 minutes they would inform the office and the office staff followed up by calling people using the service to ensure the visits had been made. These calls had not been recorded to identify patterns in late calls and how they were addressed.

Care logs showed that on some occasions staff had not spent the full allocated time at people's home but spent less time. One relative told us, "The carers stay for about 15 – 20 minutes and not 30 minutes they should, and I'm expected to pay and I don't know what I am paying for." Another relative said, "They have some on-going issues with the service provider, and felt they were not listened to." A third relative complained that the staff had not spent the full allocated time on several visits, and the registered manager was investigating this concern at the time of the inspection.

Following the inspection, the provider had sent us an improvement plan showing how and by when they would complete all the planned actions. We will review the improvements carried out by the provider at our next inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Records of the meetings we saw included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, short calls and late calls monitoring, coordination with health care professionals, and any changes or developments within the service for example, the introduction of the new ECM.

During the inspection we saw the registered manager interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One member of staff told us, "The manager is nice, and we have good communication, she is always helpful." Another member of staff said, "The manager is very good with information and communication. She is doing a lot." The registered manager told us the service used staff induction and training to explain their values to staff. For example, the service had a positive culture, where people felt the service cared about their opinions and included them in decisions. We observed staff were comfortable approaching the registered manager and their conversations were friendly and open.

The service worked effectively with health and social care professionals and commissioners. Feedback from a social care professional stated that the provider continued to make improvements and had been cooperative with them.