

Cristal Care Limited

Gateway House

Inspection report

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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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Gateway House is a residential care home providing accommodation and personal care to up to 6 people. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were 2 people using the service. The property consisted of 6 individual flats with separate facilities and some shared communal areas.

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

Right Support

The model of care and setting maximised people's choice, control and independence. People were involved in planning their care and future goals. Staff supported people with independent living skills and people could choose their own activities. People's environment was decorated to meet their sensory needs, which they were involved in decorating to their individual likes. People were doing regular activities they enjoyed and were supported to maintain relationships.

Right Care

Care was person-centred and promoted people's dignity, privacy and human rights. Staff supported people to make healthy food choices and supported people to maintain a cultural diet. Staff communicated with people in a respectful and caring way in line with their communication needs. Care plans and risk assessments were person-centred and staff were trained and knowledgeable in meeting people's individual needs.

Right culture

The ethos, values, attitudes and behaviours of the leaders and care staff ensured people using the service led confident, inclusive and empowered lives. There was an open and transparent culture and there was a homely atmosphere. Staff and relatives told us they were supported by the registered manager. Staff supported people to achieve their individual aspirations. Quality assurance and audit systems were in place to maintain and continuously improve quality and safety of the service but needed strengthening to ensure they were identifying all shortfalls.

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

Why we inspected

We undertook this inspection to assess whether the service was applying the principles of Right support,

right care, right culture. This service was registered with us on 26 March 2021 and this was the first inspection.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Enforcement

We have identified breaches in relation to infection control, medicines and governance at this inspection.

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

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Gateway House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector and a member of the CQC medicines team carried out the inspection.

Service and service type

Gateway House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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 unannounced.

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 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. This information

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

During the inspection

We communicated with two people who used the service and three relatives about their experience of the care provided. People who used the service who were unable to talk with us used different ways of communicating including using Makaton, pictures, photos, symbols, objects and their body language.

We spoke with four members of staff including the carers, seniors and the registered manager.

We used the Short Observational Framework for Inspection (SOFI) to spend time observing people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 for this newly registered service. This key question has been rated 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.

Using medicines safely

- The service made sure people were not overmedicated with psychotropic medicines in line with STOMP, which is a national project helping people to stay well and have a good quality of life.
- Records about medicines were not always accurate so it was not always possible to tell if medicines had been given as prescribed or could be accounted for. When accurate records were made it provided evidence that medicines were given safely.
- Written guidance was not always in place for staff to follow when medicines were prescribed to be given "when required" or with a choice of dose. This meant staff did not have the information to tell them when someone may need the medicine or how much to give.
- Medicines were not always stored safely. The fridge temperature was not recorded so it was not possible to tell if insulin had been stored safely and waste medicines were not stored in accordance with current good practice guidance.

The provider failed to ensure proper and safe management of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager took immediate action to address the areas that needed improvement.

Preventing and controlling infection

- We observed some staff did not always wear their face masks correctly as required by government guidance. The poor use of face masks put people at risk of COVID-19 transmission.
- Staff did not always follow good hygiene practices. One staff member was seen not correctly disposing of contaminated PPE or decontaminating their hands.
- The government guidance in respect of regular staff testing for COVID-19 was not always followed. One staff member was seen taking a lateral flow test after being on shift supporting people for a considerable time, rather than showing a negative test before the start of the shift.

The provider failed to manage the risk of preventing, detecting and controlling infection. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service supported visits for people living in the home in line with current guidance. Relatives we spoke with confirmed this.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The service helped keep people safe through formal and informal sharing of information about risks.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- After incidents where people had become upset or distressed, staff took part in post incident reviews and considered what could be done to learn from similar circumstances.
- Risk to the environment had been considered, monitored and reviewed. However, we found risk assessments and control measures relating to Legionella were not sufficient. The well-led section of the report contains further information relating to this.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- One family member told us, "[Person] is safe because the staff work really hard. They are very committed and try really hard."

Staffing and recruitment

- Staff were recruited safely. Safe recruitment procedures were followed, which included identity checks, employment references, and Disclosure and Barring Service checks (DBS). DBS checks are criminal record history checks on people to ensure they are suitable to work in a care setting.
- There were enough staff deployed to meet people's needs.

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

- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication and sensory needs.
- People's preferences and care needs had been recorded and those who used the service and their families were given the opportunity to be involved in the care planning process.
- A relative told us, "There is good contact, they are always in touch with us" and "We share knowledge and we learn from each other."
- Staff were aware of equality and diversity and considered the Equality Act 2000. For example, they supported people in line with their religious or cultural needs.

Staff support: induction, training, skills and experience

- Staff had received the necessary training to enable them to safely support people.
- The management team ensured staff received support in the form of continual supervision, appraisal and recognition of good practice.
- Staff could describe how their training and personal development related to the people they supported.
- The service had clear procedures for team working and peer support that promoted good quality care and support.

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

- People were encouraged to get involved in decisions about what they wanted to eat and drink. For example, people had previously struggled to engage in shopping but now were able to purchase their own food.
- Staff demonstrated a good understanding of how to ensure people had adequate nutrition and dietary preferences were set out in people's care plans.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.
- People were able to eat and drink in line with their cultural preferences and beliefs.

Supporting people to live healthier lives, access healthcare services and support

- The service documented people's health conditions in their care plan. One relative told us, "They have made referrals to different teams such as the learning disability team, speech and language therapist and occupational therapist. They do as much as they can. Gateways have had to learn, and they have tried really hard."
- People's care plans had details of their GP and any other health professional's involvement.

- People were supported to attend annual health checks, screenings and primary care services.
- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing, they would relay these concerns to the provider and registered manager for escalation and action.

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- The environment was homely and stimulating.
- The design, layout and furnishings in each person's home supported their individual needs.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had made appropriate applications under the DoLS scheme, when this was necessary..
- Staff empowered people to make their own decisions about their care wherever possible.
- Staff knew about people's capacity to make decisions and were able to communicate with people well in a variety of ways to support this.
- Staff demonstrated best practice around assessing mental capacity, supporting decision making and best interest decision making.
- Staff had undertaken training in relation to 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

- Staff members showed warmth and respect when interacting with people.
- Staff were patient and used appropriate styles of interaction with people.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities.
- Staff were mindful of individual sensory perception and processing difficulties.

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

- Staff supported people to express their views and make choices using their preferred method of communication.
- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- Relatives said, "Staff have demonstrated they work in a bespoke way with someone with complex and challenging needs. They want to make it work."
- People, and their relatives important to them, took part in making decisions and the planning of their care and risk assessments. Relatives said, "Staff are good at picking your brain to get to know what's important to [name]."
- Staff supported people to maintain links with those that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. One person had successfully travelled on public transport, visited the barbers and was now able to do food shopping which they had previously not been able to do.
- Staff told us they were passionate about people achieving new skills.

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; 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

- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved. Staff organised a breakfast barbeque which helped a person to spend time with family in their home.
- Records relating to people's care and support needs were clear, easy to follow and contained a good level of detail.

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's sensory needs were recorded in their care plans, so staff could understand how to support people's communication needs.
- Staff had good awareness, skills and understanding of individual communication needs. They knew how to facilitate communication and when people were trying to tell them something.
- Staff communicated with people in a way they understood, and by using clear language. Staff explained that one person took a little longer to process information which meant they had to wait for them to respond.

Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results. They shared the learning with the whole team and the wider service.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.
- Relatives told us they were able to talk through concerns with the registered manager who took action. One relative said, "I gave suggestion a few times and they have been really good."

End of life care and support

- End of life care is not provided at this service, but discussion had taken place about end of life wishes.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had utilised an external quality consultant to support continuous improvement. However, the governance systems in place at this service were not fully effective. The provider's oversight of their services needed strengthening to ensure the effectiveness of their systems and processes.
- Prior to the inspection the provider had no policy on Legionella in place, which meant they were unable to promote and maintain safe work practice. We found a Legionnaires' risk assessment had been completed but it had been not been completed by a competent person. Also, sufficient water safety checks were not taking place.
- Quality assurance processes needed strengthening and embedding into practice as they had not identified the shortfalls we found at this inspection in relation to medicines, infection control and Legionella.

These failures within the management and provider oversight of the service were a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider contacted an external specialist firm who carried out a specific risk assessment and completed testing of the water system for the Legionella bacteria. The provider told us they would take action to ensure learning was shared within the organisation and would strengthen their processes, including additional training.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff and relatives told us the management team were approachable and took a genuine interest in what people, staff, family, and professionals had to say.
- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- Staff were passionate about improving the lives and experiences of the people living at the service. They were keen to develop person-centred activities and new ideas to improve people's lives.
- Staff felt their ideas and feedback were listened to and acted upon by leaders in the service. One staff said, "Managers are very supportive."
- The registered manager was clear about the further improvements needed in the service and the staff were supportive and actively involved in making the improvements.

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 spoke about continuously evaluating the support they provided to people to ensure it met best practice. They also spoke about continuously developing their knowledge and vision to ensure they continue to deliver care that meets the right support, right care, right culture guidance.
- Relatives said they were well informed about their relative's lives. They said, "They don't only ring when things have gone wrong, they tell us the good things and that as a parent is really nice. They [staff] are invested in [my relative]."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Relatives spoken with confirmed there were opportunities for them to share their views and discuss issues with staff and their comments were actioned.
- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, which we saw had been fully considered in relevant examples.
- Staff, relatives and professionals reported a positive ethos in the service and knew they could go to the management team for advice and support, One professional told us, "I have not come across any issues or concerns when I have visited or during any telephone calls. I have always felt that [managers] are open and honest and have the people's best interests at heart."
- Relatives said, "We like the manager who is approachable and has really good knowledge and experienced. We have trust in them and for us, as parents, it's a massive thing."

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not managing the risk of, and preventing, detecting and controlling the spread of infections. The provider had failed to ensure medicines were managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have robust and effective monitoring systems and processes in place.