Gateway Health & Social Care Ltd

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Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

Gateway Health and Social Care is a care agency which provides personal care to people in their own homes. At the time of our visit the agency supported approximately 50 people with personal care.

We visited the offices of Gateway Health and Social Care on 9 December 2015. We told the provider before the visit we were coming so they could arrange for staff to be available to talk with us about the service. We also spoke with ten people who used the service, by telephone, on 11 December 2015.

At our last inspection in July 2014, the provider was in breach of one Regulation as they did not have assessments in place to determine people's mental capacity, and whether a best interest decision had to be made on their behalf. At this visit, there was no one being supported who did not have the capacity to understand and consent to the care being provided. This means the service is no longer in breach of the Regulation.

The service has a registered manager. 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.

There have been two safeguarding investigations at the service. Neither safeguarding concern was reported to the Care Quality Commission. This meant the provider was not following their legal requirement to notify us of these concerns.

There had been a number of changes to office staff since our last inspection. This meant there had been a lack of continuity in office management. The Coventry local authority commissioners were not satisfied the service had used their call monitoring system effectively so they could ensure all calls were undertaken when expected. However call monitoring had recently improved, and this demonstrated that calls were being carried out on time.

People told us they felt safe using the service and care workers understood how to protect people from abuse. Risks to people were assessed, and care plans were drawn up to inform staff of how to keep people safe. Background checks were carried out on care workers to ensure their suitability to work with people who used the service. There were enough suitably trained care workers to deliver care and support to people.

Most people had regular care workers who usually arrived on time and stayed the agreed length of time. People reported that staff were sometimes late but this was mostly at week-ends. The registered manager was actively recruiting new staff to provide additional cover for calls to give them greater flexibility to cover staff absence.

People told us care workers were kind and caring and had the right skills and experience to provide the care and support they required. They told us staff treated them with dignity and ensured their privacy during personal care.

The registered manager understood the principles of the Mental Capacity Act (MCA), and care workers respected people's decisions and gained people's consent before they provided personal care. People who required support had enough to eat and drink during the day.

Most people knew how to complain and knew who to contact if they had any concerns. Care workers were confident they could raise any concerns with the manager, knowing they would be listened to and it would be acted upon.

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 received support from staff who understood the risks relating to their care. Staff had a good understanding of what constituted abuse and how to keep people safe. There was a thorough staff recruitment process and there were enough experienced staff to provide the support people required. Medicines were administered safely by staff who had received training to do so.

Is the service effective?

Good

The service was effective.

Care workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act 2005. They respected people's decisions and did not undertake any care task unless consent was provided. People who required support from staff to eat and drink received this. People and their relatives were informed if staff thought other healthcare services were required to meet their needs.

Is the service caring?

Good

The service was caring.

People were supported by care workers who they considered kind and caring. People were treated with respect and care workers ensured personal care was undertaken in private.

Is the service responsive?

Good

The service was responsive.

People received support from care workers that understood their individual needs. People's care needs were assessed and reviewed when necessary. Most people knew how to make a complaint if needed. Formal complaints were responded to appropriately.

Is the service well-led?

Requires Improvement

The service was mostly well-led

The provider had not notified the CQC of two safeguarding investigations. Frequent changes in office staff had meant a lack of consistency in senior management for care workers. However, care workers felt supported by the registered manager and people who used the service felt they could speak with the registered manager if they needed to.

Gateway Health & Social Care Ltd

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.

The office visit took place on 9 December 2015 and was announced. We told the provider we would be coming so they could ensure they would be available to speak with us and arrange for us to speak with care workers. The inspection was conducted 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. The inspector visited the office and spoke with five care staff and the registered manager, and looked at records. They also spoke with two staff by telephone the following day. The expert-by-experience spoke with six people, and four relatives of people who used the service, by telephone on 11 December 2015.

We reviewed the information we held about the service. We looked at the information received from our 'Share Your Experience' web forms and the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they planned to make. We found the PIR reflected the service provided.

We also contacted the local authority commissioners for Coventry and Warwickshire to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. Neither commissioner had current concerns about the provider, although one commissioner had concerns about the provider's use of the call monitoring system until recently.

During our visit we spoke with four care workers and staff working in the office including the registered manager and the provider. We reviewed four people's care plans to see how their care and support was planned and provided. We checked care workers had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

People, and their relatives, told us they felt safe with staff who supported them. When asked if they felt safe, comments included, "Absolutely yes, no problems". I'm very happy with [care worker's name] we get on well". Another person said, "Of course I do" (feel safe), I'm sure I could raise concerns if I wanted to".

Staff understood the importance of safeguarding people and their responsibilities to report any concerns. They told us they had received training to understand what safeguarding meant and how to report their concerns. For example, we asked one member of staff what they would do if a person confided in them that another member of staff had shouted at them. They told us they would report this to the manager, and knew that even if the person had asked them not to say anything they could not keep this information to themselves.

The provider's recruitment policy and procedures minimised risks to people's safety. The provider ensured only suitable staff were employed. Prior to staff working at the service, the registered manager checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff confirmed they were not able to start working at Gateway until checks had been received from the DBS and reference requests had been returned.

Staff we spoke with had a good understanding of the risks related to people's care and ensured these were managed to support people's safety. Records confirmed that risk assessments had been completed and care was planned to take into account and minimise risk. For example, care workers undertook checks of people's skin where they were at risk of skin damage. We asked a member of staff what they would do if they found a person's skin had been damaged. They told us, "I would record it, and phone the office to let them know."

There were sufficient numbers of staff to keep people safe. Most people we spoke with told us staff were on time, but if they were late it did not cause them any problems. For example, one person said, "They do come on time. Occasionally they are ten minutes late, they always come". When staff were late people told us it was mostly at week-ends. One person said they did not know what time staff were supposed to come and said there was a wide time range for staff to attend them.

Staff told us they had enough time (10 -15 minutes) to travel between calls and would usually arrive on time. They told us they might arrive late only if they were delayed in traffic or if a member of staff was not able to work that day and they needed to pick up additional calls. The registered manager told us people would be informed if staff were running late. The registered manager told us they had enough staff to cover all calls. They acknowledged that sometimes staff were late to calls, and this was usually when staff had phoned in to say they could not work that day, and this was usually at the week-ends. They explained when this happened they ensured the time critical calls were covered at the right time, but it might mean people who were not time critical would have to wait longer for their call to be covered. They told us they were hoping to recruit more people who could drive but had struggled to recruit care workers who could drive or who owned a car.

The staff rota was planned the previous week. Staff received the provisional rota on the Wednesday and the rota was confirmed on the Friday ready for the following Monday. This gave the office time to make changes to the rota if staff could not make any of their expected calls, and provided more reassurance that staff could cover the calls.

Staff administered and prompted people to take their medicines safely. They told us they had undertaken training to administer medicines. A member of staff told us they had unannounced checks (spot checks) to ensure they were administering medicines correctly and the office checked the medicine administration sheets to ensure the administration of medicines was recorded correctly. We saw records which confirmed medicine record checks had been undertaken, and that staff had their practice checked when administering medicines.

Only two people we spoke with were supported by staff to take their medicines. They told us staff helped them to take their medicines as prescribed. One person said, "They do my medication; they always check I've taken it", another said, "They give me my medication and wait while I take it".

We noted on one care record staff were applying cream to a person. We saw no information on the care plan to inform that cream should be applied or whether the cream was prescribed and should be written up in the Medication Administration Record (MAR). This had not caused the person any harm. The registered manager was informed of this, and said they would follow this up.

Good

Is the service effective?

Our findings

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. 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 were being met.

At our last inspection, the provider breached the Regulation because they had not undertaken a capacity assessment to determine whether a person had the capacity to consent to the care provided, and whether a best interest decision was required. During this visit, we were told by the registered manager there was no one they supported who did not have the capacity to understand and consent to the care provided. This meant the provider was not in breach of the Regulation. The registered manager understood the principles of the Act.

People told us that care workers either asked their consent before they undertook a task, or knew it was what they wanted because it was part of their care plan and they had done it before. For example, people said "She asks what needs doing. She comes every time, she knows what to do", and "They know I'm expecting them, they know what to do."

Care staff understood the importance of obtaining people's consent before assisting them with care. One care worker told us if a person refused care they would have to let the office know so the social worker could be informed. Another told us that if a person said 'no' it was a refusal. They said they would then gently try to encourage the person to have the care as planned by saying, "I don't feel good going and leaving you in this condition", this might encourage the person to agree, but if they continued to say no, they could not be forced.

We asked people and their relatives if they thought care workers had received the training needed to meet their needs. People told us they felt that care workers were trained and well matched to meet their needs. Comments included, "The carer speaks their language and was matched to them".
"Of course they are trained," and, "The carers are well matched to my dad".

Care workers told us they received training considered essential to meet people's care and support needs. This included training in supporting people to move safely, medicine administration, infection control and safeguarding adults. Some staff told us they had undertaken training to support them provide care to people who lived with dementia. We saw team meeting notes where a care worker had requested stoma training (a stoma is an opening on the front of the abdomen which is made using surgery. It diverts faeces or urine into a pouch (bag) on the outside of the body) and this was being arranged.

Care workers we spoke with said they completed an induction when they first started to work in the service that prepared them for their role before they worked unsupervised. This included training and working

alongside a more experienced worker before they worked on their own.

The provider was ensuring that all of its workers completed the Care Certificate and Code of Conduct. The Care Certificate was introduced by the government in 2015 to support workers to have the relevant knowledge and skills to provide compassionate, safe and high quality care and support. Care workers confirmed they were in the process of completing this. Care workers also told us they had undertaken national qualifications in health and social care, and this supported them in providing more knowledge about the work they undertook.

There were formal and informal systems available to support staff. Competency (spot) checks were carried out by supervisors to ensure staff were competent to undertake the care tasks assigned to them. Formal meetings to review staff performance were carried out regularly. A member of staff told us, "I have had spot checks. Meetings with my manager are different, they go through care plans, and ask the client what they think of the service. We also go into the office to do an interview, I find it useful." Staff records confirmed that spot checks and individual meetings with the manager (supervision) were regularly held with staff. Staff also told us the registered manager and office staff were available at any time for them to discuss any concerns or issues they had. Regular meetings also enabled the managers to discuss performance issues. One member of staff told us, "We have staff meetings all the time." Another said, "Every month we have a team meeting. It is where we can bring ideas – it is very useful."

Some people who used the service needed support to eat and drink. Most people received support to eat food which their relatives had made, or were assisted to eat pre-prepared meals heated by care staff. Where people were at risk of dehydration or malnutrition, their care plans informed staff to encourage and prompt them to eat and drink. People told us that staff supported them to have food and drinks that met their needs. They told us, "They do their own breakfast with a little help from the carer. In the afternoon the food is ready to be warmed by the carer". Another said, "They do my food. I choose it". "If I feel up to it I do my own breakfast, if not she (the care worker) will, She gives me tea and makes a sandwich if I want it".

We asked staff if they supported people to access health and social care professionals. Staff told us they would if necessary, but mostly they referred any concerns to relatives who would contact professionals on the person's behalf. A person told us, "I am satisfied with [care worker]. She does everything she can to help me. She even sorted out my bed sore".

All of the people we spoke with confirmed they or their relative took responsibility for contacting health care workers. Staff told us in an emergency situation they would contact paramedics and stay with the person until medical help had come.

Good

Is the service caring?

Our findings

People told us staff treated them with kindness in their day to day care. One person said, "Oh yes, they are, very caring," another person told us staff were, "Brilliant, lovely people." One relative told us the person's care worker was 'matched' to the person because they spoke the person's language.

People told us that staff understood their needs and wants. This was because people mostly had a regular member of staff or team of staff who attended to their needs. For example, people told us, "I have a regular carer, if not I get a phone call before-hand to inform me of who is coming. No one has turned up who I didn't know." A relative told us, "There is a regular group of carers that she knows." All the people we spoke with told us they got on well with their main care worker. Care workers also told us they mostly supported people they knew.

Staff told us they had sufficient time to meet people's needs. They told us they had, 10 to 15 minutes between calls, and it was only if they were covering for a person's absence or when traffic delayed them that they might be late. They did not feel rushed, and no person we spoke with complained about being rushed. One care worker told us that with the new call monitoring system ensuring they stayed the correct length of time it made it easier to feel able to sit and have a cup of tea with a person if they had completed all their care tasks.

Staff we spoke with had a good understanding of people's needs, wants and preferences. Staff told us they used the care plans to help them understand people's needs, talked to other staff to find out about people, and spoke with family members if they were available. A member of staff told us, "People have a care plan. We go through it and find out what we need to do." Another member of staff said, "We have a care plan which we need to read". If something needs updating we phone the office. The client tells us about their needs."

We asked people if they knew about the care plans. Six of the ten people we asked were aware of their care plans. Not all felt their care had been reviewed recently but did not think this had impacted negatively on the care provided. However, the PIR told us the provider was hoping to encourage more contribution from people who used the service, and their relatives to be engaged in the care planning and review process.

We checked whether people had the privacy they needed when personal care was undertaken. People and staff confirmed this was the case. People told us their privacy was maintained and gave us examples of this. One said, "He showers me in the morning; he gives me a towel and keeps the door closed," and another told us, "They take him to the bathroom and close the door and blinds". When we spoke with staff about the care they provided to people, they spoke about people with respect and compassion. One member of staff told us, "We are caring for someone else, we should make them as comfortable as possible." Another said, "Privacy and dignity is most important, we shut windows and doors, bring towels to cover people and make sure everything is in place before we begin (so people are not left waiting)."

Good

Is the service responsive?

Our findings

People told us, and records demonstrated that people's needs had been assessed and agreed with them before they started to use the service. People and their relatives told us that staff knew and responded to people's needs well. For example, people told us, "She knows exactly what I want and gets on and does it. They write in the book every time." Another said, "They know I am expecting them, they know what to do." One person told us their care worker, "Usually asks if there are any changes, and if not they carry on, but they do check first."

The registered manager told us they tried to ensure people had the same care workers so they would become familiar with people who came to their home and have consistency in care. Staff confirmed that they mostly worked with people they knew, and only supported people they did not know to cover for staff absence.

People and staff also told us they would contact the office if a person's needs had changed to ensure their care plan was reviewed and changed as a consequence of this. For example a member of staff said, "They (office staff) do an assessment with the family, all the information should be there. If we find something that isn't in the care plan we inform the office and they review the care."

We looked at care plans. We saw they provided sufficient information to support staff in meeting people's needs. Care records were reviewed yearly, or when people's needs changed.

The registered manager told us they tried to support people to have as much choice and control as possible when planning care. They tried to support people to have call times that suited their needs. They told us this did not always happen but if they could not provide care at a time people preferred they would inform the person and discuss and agree a time that worked for both. Most people told us they usually received their care around the times expected, although a couple of people had experienced calls later than expected. The registered manager and staff told us if they were late, the person would be contacted and told. A couple of people we spoke with told us they had felt the need to contact the office to check whether care workers were coming because the call was late and they were concerned their call was being missed.

Staff we spoke with understood the importance of people maintaining choice in their lives. One member of staff told us, "We always ask the client what they want, it is their choice." People told us they were supported to maintain their independence and to do things for themselves wherever possible. For example, people said, "He's pretty good; he gets me to wash parts of me myself", and, "He encourages me to try and dress myself after my shower". Care workers told us they thought the service they provided supported people's independence. For example, one care worker told us, "We try to get clients to do what they can, and I will do what they can't do.

We looked at how complaints had been managed. The provider told us in the PIR they had received three formal complaints since our last visit in July 2014 which had been resolved and responded to. Two of the complaints had been responded to within a 28 day period, and one had taken longer because of the

complexity of the concern. There had also been some informal complaints where the person had complained that calls were late or missed, and informal complaints about medication not being given. The PIR informed us that in response to these, staff received supervision and re-training as well as unannounced checks to make sure they met people's needs. The registered manager also told us they were continuing to recruit staff to give them more flexibility to cover calls if staff phoned the office at short notice to say they could not cover the call. This, they felt would reduce staff lateness and concerns that calls were being missed.

During our visit we saw formal complaints had been responded to appropriately, although we did not see records showing whether there were any trends or analysis relating to informal concerns raised.

We asked people whether they felt able to raise a concern or a complaint. Most people we spoke with had not complained but told us they would call the office if they had any concerns. A typical response was, "I would ring the office, the manager's name is in the book. I would complain if I had to". Only one person we spoke with had contacted the service with a concern, but they did not feel it had been dealt with to their satisfaction. We discussed this with the manager during our visit who told us they had dealt with the complaint but was aware the person was not satisfied with the result.

Requires Improvement

Is the service well-led?

Our findings

There had been two safeguarding concerns about the quality of care provided by staff at the service. The first was in October 2014, and the second is currently being investigated. The provider had a legal obligation to notify us when there were safeguarding concerns about the care provided by the service. We had not been notified by the provider about these safeguarding concerns, instead we had been made aware of them through the family member and other authorities contacting us. The first safeguarding concern led to a police investigation. The provider notified us the police were involved but the notification provided limited information. The provider informed us they were not aware they needed to notify us if there were safeguarding concerns but said they would do this in the future.

There had been a lack of consistency in the senior office team. Since our last visit, the registered manager had recruited office managers to support them, but for differing reasons, they had not stayed employed by Gateway. At the time of our visit a new management team had been recruited which the registered manager hoped would provide support to them in managerial and office functions, as well as further support the staff team.

At our last inspection, Coventry local authority had stopped funding new people to receive a service from Gateway Health and Social Care because they were unhappy with the number of late calls and time critical calls which were missed. Since the inspection in July 2014, the provider had improved the service and the placement stop had been lifted.

The provider told us they had not missed any time critical calls. They acknowledged there were times when they had missed calls, however said these were very small in number and usually due to a misunderstanding or miscommunication. They showed us their performance monitoring of a three month period between August 2015 and October 2015. These showed that the provider had approximately 2500 visits planned per month and met a high proportion of these. In August they met 99.53% of calls, in September they met 99.02% of calls, and in October they met 99.96% of calls.

Until recently Coventry local authority had been concerned that the service had not effectively used the call monitoring system they were expected to use to log calls made to people funded by Coventry. However the local authority informed us that the service had improved monitoring and they told us they had no concerns that calls funded by the local authority were being missed. We saw team meeting minutes in October 2015 where the importance of logging calls had been made clear to staff, who were told action would be taken if this did not improve. Warwickshire local authority had no current concerns about the provider.

We asked people and relatives of those who used the service if there was open communication with the registered manager and office staff. Eight of the 10 people we spoke with felt the communication with management was either adequate or good. They told us, "They have rung to see if we are happy, we haven't needed to ring them, they are spot on", and "It's adequate, not great (communication). The office does ring, my mother has rung them. They deal with her sympathetically". We asked people what rating they would give the service out of ten. The overall average score was 8.5 out of 10.

Care workers told us they felt supported by the provider and manager. For example, one worker said about management, "They are lovely to me." Another said, "They're very nice, the management." Staff told us they felt able to take their concerns or issues to the registered manager and they would address them. They felt they could openly discuss issues with the management team. For example, one member of staff said about the registered manager, "If I call the office about concerns, she is on top of it."

The provider had undertaken a quality assurance survey in September 2015 with over 50 responses. Most of these were very positive about the care provided, although issues regarding lateness of staff at week-ends had been flagged up. The registered manager recognised this was an issue and was working to increase the number of staff who worked at the organisation to give them more flexibility in covering week-end and rotas.

Accidents and incidents had been recorded and action taken to minimise risks of repeated incidents. For example, one member of staff had been bitten by a dog when attending a call. Since the incident there had been an agreement that the dog was put in a different room when the care worker calls to ensure the care worker was not put at risk.

The provider had sufficient checks in place to ensure staff carried out their role safely. Regular team meetings ensured staff received up to date information, unannounced observations and individual meetings with staff supported staff in understanding practice issues; and checks on records reduced the risks of poor practice going unnoticed.

At our last inspection we were concerned that the Provider Information Return did not reflect the challenges the service faced, and did not provide us with the details of people we asked for. The PIR sent for this inspection provided us with all the information we requested and detailed the improvements the service hoped to achieve in the forthcoming year.