

Gateway Care Group Ltd

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Inspection report

Continental House
497 Sunleigh Road
Wembley
Middlesex
HA0 4LY

Date of inspection visit:
09 December 2022

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18 January 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Gateway Care Group Ltd is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of different abilities. The services they provide include personal care. At the time of inspection, the service provided personal care to one person. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service:

Systems and processes were not always in place to support people's safety. Areas of potential risks to people were not always identified and appropriate risk assessments were not always in place. This could result in people receiving unsafe care and we found a breach of regulation in respect of this.

There was no formal training and induction system in place. We found a breach of regulation in relation this.

The person using the service was unable to speak with us due to their needs. The person's relative spoke positively about the service and the care provided to their family member. They were confident their family member was safe when in the presence of staff.

There was a recruitment system in place. However, we noted that it was not always clear who provided references for newly recruited staff. We have made a recommendation in respect of this.

There were systems in place to protect people from abuse. A safeguarding policy was in place and staff were aware of the reporting procedures to follow.

Personalised care was provided to the person from a small, consistent staff team who valued the relationships they had built with the person.

Suitable infection control practices helped to prevent and control the spread of infections including COVID-19.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

An assessment of the person's needs and preferences was carried out prior to the development of care plans. These provided the information and guidance staff required to ensure the person's individual needs were met in the way they wanted. Care plans were person centred.

The service had introduced a system to assess, monitor and improve the quality and safety of the services provided. However, the service had recently started providing services to people and was still in the process of implementing checks and audits which had not yet been embedded in practice. We have made a recommendation about the management of governance systems.

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

Rating at last inspection and update

The service was registered with us on 19 April 2022 and this is the first inspection.

Why we inspected:

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service.

The inspection was prompted because the service has not had an inspection and a rating since it was first registered with us.

Enforcement and recommendations

We have identified two breaches in relation to safe care and treatment and staff training at this inspection. We have also made two recommendations in relation to staff recruitment and governance.

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

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 Care Group Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Gateway Care Group Ltd is a domiciliary care agency registered to provide personal care to people in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit.

We visited the office location on 9 December 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During the site visit we met and spoke with the nominated individual and business development consultant.

Following the site visit, we spoke with one person's relative, one care worker and the registered manager.

We looked at one person's care records as well as records relating to the management of the service and the safety and quality of people's care. We also looked at records showing us how staff were recruited and trained. We reviewed quality assurance records, policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Assessing risk, safety monitoring and management

- Potential risks to people's safety were not always assessed appropriately. We looked at one person's care records. This person was diabetic and used a walking stick due to limited mobility. However, there was no risk assessment to help manage the associated risks related to their diabetes or mobility.
- We noted that there was no environmental risk assessment in place. This person's care records included an environmental risk assessment template but we noted that this was not completed. Therefore, it was not evident that the service had assessed and identified potential risks in the person's home in order to reduce and mitigate the risk of harm to the person.
- Risks to people had not always been assessed effectively and this meant people were at risk of receiving unsafe care and treatment.

This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed this with nominated individual and business development consultant who explained that they would take action to ensure that risk assessments identified potential risk and included the appropriate level of detail.

Staffing and recruitment

- Systems were in place for the recruitment of new staff. Checks were undertaken. This included Disclosure and Barring Service (DBS) checks to provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Other employment checks, such as right to work in the UK had been completed. References were obtained. However, it was not clear who had provided these as referee details were limited. There was a lack of evidence to confirm how references had been verified to check their authenticity.

We recommend the provider reviews their recruitment process specifically in relation to reference checks to ensure people were supported by suitable staff.

- There were enough staff to safely and effectively meet people's needs and cover their agreed hours of support.
- At the time of this inspection, there were enough staff to safely and effectively meet people's needs and cover their agreed hours of support. The nominated individual explained that whilst the service was providing care to a small number of people, the registered manager assisted with people's personal care

when the regular care worker was unable to. This ensured that people's visits were covered appropriately.

- Staff punctuality and attendance was monitored through time sheets. Feedback obtained indicated that there were no issues with punctuality and attendance. One person's relative said, "[The care worker] arrives on time and leaves on time. Sometimes [the care worker] stays a bit longer but never under."

Learning lessons when things go wrong.

- A system was in place to report, record and monitor incidents and accidents to help ensure people were supported safely. The nominated individual confirmed that there had been no incidents or accidents since the service started operating.
- We looked at the incident/accident form template and saw that this included details of the nature of the incident/accident. However, the template did not include a section for recording details about any follow up actions and lessons to be learnt. The nominated individual confirmed that the documentation would be updated to include such information.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. Systems were in place to safeguard people from harm and abuse.
- When asked whether they were confident their relative was safe in the presence of care workers, one relative told us, "Yes, [my relative] is safe with the care worker. The care worker is very kind and speaks to [my relative] nicely and with respect."
- No safeguarding concerns had been raised since the service was registered. The registered manager understood their responsibilities in relation to safeguarding and including how to report any concerns immediately to the local authority and CQC.

Using medicines safely

- The nominated individual confirmed that the service did not currently administer medicines to people and documents we reviewed confirmed this. We looked at what medicines management systems the service had in place in should they provide medicines support to people in the future.
- There was a medicines management policy in place and that the service had template Medication Administration Records (MARs) in readiness should people require medicines support.

Preventing and controlling infection

- There were systems in place to help keep people and staff safe and protected from the spread of infection. Policies on infection prevention and control and COVID-19 were in place.
- Personal protective equipment (PPE) such as gloves, masks, aprons and shoe covers were provided for them. Staff we spoke with said there was always enough PPE available to ensure people were protected from infection, and that the registered manager always ensured sufficient supplies were in place.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We asked the nominated individual for details of what training staff had completed. At the time of the inspection, the service employed one care worker. The nominated individual explained that the care worker employed had completed a level 2 social care diploma in August 2022 and we saw documented evidence of this. This had been completed by the care worker prior to them commencing employment with the service. The care worker had not completed any formal training with the service since starting their employment in November 2022. We also noted that there was no documented evidence that the care worker had completed an induction with the service. We discussed this with the care worker who advised that they had received an informal induction at the start of their employment which involved meeting the person they supported and their family member.
- At the time of this inspection, it was evident that the service did not have their own formal training and induction programme in place. We raised this with the registered manager, nominated individual and business development consultant who confirmed that this would be addressed.

The lack of training programme and lack of formal induction is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Appraisals were not due at the time of the inspection. The nominated individual confirmed that these would be carried out in due course. We saw evidence that the care worker had received supervision sessions.

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

- A care plan was created following the assessment process. This detailed what care people needed. The care plan we reviewed demonstrated that the person's needs had been individually assessed. Details of this person's needs, including their cultural, religious, dietary, and preferences were documented. This ensured staff provided care and services in line with what the person wanted.
- Information collated included people's specific health and care needs, how they wished to be supported and their protected characteristics under the Equality Act 2010.

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

- The person's support plan we reviewed contained information about their dietary preferences. This included information about cultural, religious and preferred dietary needs.
- The person was supported to eat and drink enough to meet their needs. Staff prepared breakfast and, in

some cases, staff were responsible for heating meals and assisting where necessary.

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

- Staff were not directly involved in people's healthcare needs. However, care plans showed healthcare needs formed part of the initial assessment, which was taken into consideration before support started.
- The person using the service received consistent care from regular staff and this was confirmed by the person's relative. The relative told us, "Consistency is key. [My relative] receives care from the same care worker."
- The service monitored people's daily progress by completing daily notes. These included details of tasks carried out by the care worker as well as details of what the person ate and drank. We looked at a sample of these and noted that there was a lack of detail recorded in these. We raised this with the nominated individual who advised that they would review these and ensure they contained the appropriate level of detail so that these could be relied upon when assessing people's progress.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The care plan we reviewed had information about the person's capacity to make decisions and how to support them with this.
- The nominated individual told us the person they currently supported required some assistance to make decisions about their own care and treatment. Where people lacked capacity to make specific decisions, staff worked with the person and their relatives to ensure appropriate capacity assessments were undertaken and decisions were made in the persons 'best interests' in line with the MCA.
- The care worker we spoke with understood they should seek consent before giving care and encouraged people to make choices for themselves. This care worker told us, "I spend time speaking to [person] and always ask what [person] needs help with. It is important to ask this."
- The service was currently not supporting anyone who was subject to a Court of Protection application in relation to the deprivation of their liberty.

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

- The service ensured people were treated with respect and with kindness and compassion. We received positive feedback about the caring attitude of staff. One person's relative told us, "The care worker is a lovely person. [The care worker] is caring and kind. [The care worker] listens to what [my relative] needs."
- Care was personalised and was centred around people's individual needs, wishes and preferences. Information about the person's protected characteristics was included within their care plan to support staff to meet these needs. For example, this person's religion and gender was recorded within their care file.
- Staff had developed a good relationship with the person they supported. This person's relative told us, "There is good communication from the care worker. [The care worker] spends time speaking to [my relative]."
- The nominated individual and registered manager told us meeting people's cultural needs was an important aspect of the care they provided. They encouraged people and their relatives to be open about these needs and always respected people's individual cultural requests. For example; assisting people to wash in accordance with religious practices and meeting specific religious diets. The person's relative told us, "The agency and care worker are respectful of [my relative's] cultural requirements. They support [my relative] to meet these needs."

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

- The service had processes in place to support and encourage the person they supported and relative to express their views and be fully involved in decisions about people's care.
- The nominated individual maintained regular contact with the person's relative through telephone calls so that there were opportunities to discuss and provide feedback about the care that the person received.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, respect and without discrimination and staff encouraged and respected people's independence. People's independence was promoted through their care planning. For example, one person's care plan contained details around how staff should enable them to make choices around their cultural and religious needs as this was important to them.
- The person's care plan was personalised. It included detailed information about their care needs and preferences for staff to follow to ensure those needs were met.
- The nominated individual was aware of the General Data Protection Regulation (GDPR); this is the law regulating how companies protect people's personal information. Care records and files including information about staff were held securely in the office and electronically.

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; End of life care and support

- People's care and support was personalised to suit their needs and wishes. This was because an assessment was completed prior to a service commencing. People's views and wishes were always included as part of this assessment and support plans so that staff could easily identify what was important to each person.
- Care plans were comprehensive and provided current information on people's care needs. These included information about people's medical background and social history. They also included information about people's personal circumstances such as their living arrangements, general day to day living, family involvement and hobbies.
- At the time of the inspection the service was not supporting anyone with end of life care. The care plan we reviewed did not evidence that a discussion surrounding end of life wishes had been considered. We raised this with the nominated individual who explained that as part of their review of care plans, such discussion would be documented where appropriate.

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.

- Care support plans included some information about how people communicated and how staff should communicate with them.
- There was an AIS policy in place. The service was able to tailor information in accordance with people's individual needs and in different formats if needed. The nominated individual explained that documents could be offered in big print or braille and could be translated.
- Staff communicated with people well and understood how they wished their care to be provided.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. The nominated individual advised that the service had not received any complaints since it was registered with the CQC.
- The complaints policy included information about how to make a complaint and what people could expect to happen if they raised a concern. This included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.
- One person's relative told us they knew how to raise a complaint and felt confident any concerns would

be listened to and acted upon by the management team.

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; Continuous learning and improving care

- At the time of the inspection, the service had recently started providing care to one person so staff were still in the process of getting to know the person and establishing relationships. The person's relative told us that good progress had been made and the care worker understood the person's needs.
- Management were in the process of formalising checks and audits. We found that some audits and checks had been introduced but the majority of these had not yet been fully implemented and established yet. Management carried out some checks which included staff files and training records with the implementation of a training matrix. However, these were not fully documented and had not been embedded in practice.
- At the time of this inspection, we found deficiencies in relation to risk assessments and staff training and induction. The service's checks and audits had failed to identify the issues found with regards to this.

We recommend that the service seeks advice from a reputable source about implementing and developing robust audit systems.

- The nominated individual and registered manager understood their responsibilities to notify the CQC and other relevant authorities of any incidents which took place that affected people who used the service.
- We saw documented evidence that management had carried out spot checks to monitor how care workers were providing care, their punctuality and professionalism.

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

- The nominated individual was receptive to the feedback we provided and said that they would use this to drive improvements to the service.
- Staff spoke positively about their working environment. They told us they felt well supported by management. One member of staff said, "The support I get is good, really good. If I have any questions, they support me."
- When asked about management of the service, one relative told us they were satisfied with how the service was operating. They told us that they were confident with how the service operated and said it was well-led.

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

characteristics; working in partnership with others

- The service obtained feedback about the care and service provided through telephone calls to improve the service where needed. Quality feedback questionnaires had not yet been sent out as the service had only started providing care in November 2022. The nominated individual confirmed that these would be sent out in due course once the service had provided care for a period of time. In the meantime, they obtained feedback through regular communication with the relative.
- Where required, the service communicated and worked in partnership with external parties.

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 and nominated individual demonstrated a good understanding of their responsibility to be open and transparent when things went wrong. Feedback from a care worker and relative indicated that they would not hesitate to go to management with a concern and were confident it would be addressed appropriately.
- The nominated individual and registered manager understood information sharing requirements, and knew that when concerns were raised, appropriate notifications should be sent to the CQC and the local authority as required by law.
- As the service had not yet been rated, there was no current requirement for them to display any ratings.

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always assessed effectively.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 HSCA RA Regulations 2014 Staffing There was not a formal staff training or induction programme in place.