Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Gateway Support & Care Ltd

Kelvedon Business Centre
Kelvedon Street
Newport
NP19 0DW

Date Inspection Completed

14/11/2024

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About Gateway Support & Care Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	GATEWAY SUPPORT & CARE LTD
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	23 November 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People are happy with the services they receive from the agency. They speak positively about the support they receive from staff to do the things they like and the things they need to do. The type and duration of care and support provided depends on each person's individual needs. People have personal plans and risk assessments in place.

The agency has established systems to deliver and review the care and support provided to each person. We found the service provider has good arrangements in place to ensure individuals who use the service achieve positive outcomes. Managers and senior staff demonstrate a can-do attitude and an ability to respond promptly when people's needs change and/or when presented with challenging situations.

The responsible individual (RI) maintains oversight of the service and shows a commitment to ongoing improvements. They visit people who receive a service and complete the required regulatory reports. The provider must carry out further work to ensure that in addition to its arrangements to support people achieve good outcomes, it provides the service at all times, in accordance with its Statement of Purpose (SoP) and the requirements of the Regulations. This includes the need to improvement in relation to the oversight of the service.

Well-being

People who use the service have choices about the care and support they get and about doing the things they like. People spoke to us about what is important to them and about the support they receive from staff. They engage in a range of activities in their homes and in the community. Our discussions with people indicate they have good relationships with care workers. Discussions with staff including senior staff and managers show they know people well. This enables them to plan for and provide the care and support each person needs and wants. The provider gives information to each person about the service, what they can expect from it and what is expected of them. The information given to people has been improved since the last inspection. This information now only relates to the care and support delivered by the agency. People receive separate information about housing matters. The RI seeks feedback from people who use the service.

People receive support to ensure their physical and mental health is as good as it can be. They spoke to us about the support they receive to cook and to take their medication. One person also spoke about support from staff when they went through a difficult time. Records and discusions with staff show they closely monitor what people say, what they do and how they present. This means they often identify warning signs which indicate changes in a person's physical and/or mental health and well-being. It also means, they can make changes to the level and type of support they provide and alert relevant external health and social care professionals. Overall, we noted the relationships people have with staff and other people who use the service, and the stabilty of their living arrangements promote their mental health and well-being.

The provider has systems in place to protect people from abuse and neglect. Care staff and managers are trained in safeguarding and have policies and procedures to guide them. The provider reports concerns relating to people who use the service and works collaboratively with external agencies to keep people safe. The provider must continue to improve its systems, policies and procedures in relation to medication, and training and development so that these are as robust as they can be.

Care and Support

People receive the care and support they require. All spoke to us about what matters to them and all spoke positively about the care workers who support them. They told us they are "*Supportive*," "*Really good, staff are good*" and "*Staff are nice*." The areas people are getting support with, include medication, cooking and support with finances. One person told us about the staff being there when they needed somebody to talk to during a difficult period for them. Another person spoke to us about the help they currently need with medication and their hope of doing it alone in the future. A parent also spoke positively about the service. They told us their relative "Is the *happiest they have been in 4 years, can't fault the support, brilliant, never had any problem. All friendly, approachable.*"

There are systems in place in order to assess and plan the care and support each person needs. The provider considers information from external professionals before determining whether they can provide the care and support a person needs. If the service would be suitable, they obtain further information from people themselves and, when applicable, from relatives. Managers and senior staff then use the information gathered to develop people's care documentation which includes personal plans and risk assessments. The documentation describes what people's needs are and lists how staff must support the person. People's care and support is continuously monitored and reviewed. Care workers make daily notes, senior staff and managers meet every week to discuss the support people have had and what they need for the coming week. Records and discussions with staff show they know people well and often recognise early signs which indicate people's physical or mental health is changing. This enables them to make adjustment to the care and support provided and/or to alert external professionals. We discussed people's achievement of their outcomes with the RI and how they will ensure all the knowledge staff accumulate and all achievements are recorded.

Care staff and managers keep people as safe as possible by following procedures and by taking action when needed. When people make choices which may not be in their best interests, staff support them to understand the consequences their choices may have and provide additional support if the person wants it. When necessary, they alert relevant external agencies. Systems are in place to support people with their medication, these must be strengthened to ensure staff's training and audits are as robust as they can be.

Leadership and Management

The service provider has systems and an established management structure to support the smooth operation of the service. The RI oversees the service provided by the agency, seeks feedback from people who use the service and from staff and complete the necessary reports. There are two managers and senior staff in post, they each have defined areas of responsibility. The agency is clear about its ethos and its aim to provide bespoke care and support packages to people whose needs may be complex. We found the service provider has good arrangements in place to ensure individuals who use the service achieve good outcomes but noted these don't always meet the requirements of the Regulations and are not always in line with its SoP. The service provider must identify when regulations are not met and/or not aligned to its SoP. This includes reviewing the management of medication and, staff training and development processes. This is an area for improvement, and we expect the provider to take action.

The service provider gives people information about the service. This information was reviewed following last inspection and now includes only matters relating to the care and support services provided by the agency and which people can expect to receive. People receive separate information about housing matters from their landlord.

People are supported by staff who are vetted. The records we examined show the provider took action following our last inspection and now carries out the necessary checks when recruiting staff. These include a Disclosure and Barring Check (DBS), asking people for a full employment history, seeking references and checking reasons why previous employment in care or involving children ended.

Systems are in place to induct, train and support staff. One person told us they received a good induction and training. Another person said there is ongoing training, and they feel they can talk to their senior. Records show staff receive an induction, complete mandatory training, and receive supervision. However, we found the induction, training and ongoing support staff receive are not as robust as they should be. We saw the provider started addressing these issues prior to the inspection. They employed an external professional to carry out well-being supervisions with staff and sourced specialist training relating to the trauma people who use the service may have experienced. The RI told us after the inspection and before this report was written, the support from the external professional continues, senior staff have attended further training including medication. The service provider must continue taking action to ensure all staff inductions are aligned with the All Wales Induction Framework, medication competency assessments are strengthened, specialist training such as substance abuse takes place and staff receive an annual appraisal. In addition, the service provider must ensure managers and senior staff receive the training they need in order to fulfil, to the required standards, the tasks which are delegated to them.

Summary of Non-Compliance	
Status	**What each means**
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection.

Area(s) for Improvement		
Regulation	Summary	Status
6	The service provider must ensure the service is provided in accordance with Regulations and its	New

	Statement of Purpose. This includes improving the management of medication and its arrangements for staff training and development.	
35	The service provider has not ensured that all staff provided full and satisfactory information or documentation in respect of each of the matters specified in Part 1 of Schedule 1.	Achieved
19	The information contained in the Service User Guide must be reviewed to ensure it only contains information about the domiciliary support service provided.	Achieved

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