

# Gateways Housing Support Housing Support Service

2 Kirkslap  
Denny  
FK6 6EP

Telephone: 01324 824 015

**Type of inspection:**  
Unannounced

**Completed on:**  
6 June 2024

**Service provided by:**  
Stoneywood Care Services Ltd

**Service provider number:**  
SP2008010065

**Service no:**  
CS2019378301

## About the service

Gateways is a combined Housing Support and Care at Home service that is based in Denny, Falkirk. It provides a service to adults with a learning disability and/or autism (and other complex needs), living in their own homes and in their local community. At the time of our inspection the service supported 10 people.

The service registered with the Care Inspectorate in December 2020. The provider of the service is Stonewood Care Services Limited, who are also based in Denny.

## About the inspection

This was an unannounced inspection which took place on 05 and 06 June 2024. The inspection was carried out by an inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included registration information, previous inspection findings, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Met with four people who receive support from the service.
- Spoke with managers and staff from a variety of roles within the service.
- Observed staff practice and interactions with people.
- Sampled medication administration records, review documentation and support plans.
- Looked at quality assurance systems.

## Key messages

- The service was led well.
- People were supported to get the most out life.
- People had been supported to achieve good health outcomes.
- Medication administration recording needed to improve.
- Quality assurance systems could be further enhanced.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 3 - Adequate

We made an overall evaluation of adequate for this key question. This meant there were some strengths but these just outweighed weaknesses. The likelihood of achieving positive experiences and outcomes for people was reduced significantly because key areas of performance around health and wellbeing needed to improve.

### Quality Framework 1.3 People's health and wellbeing benefits from their care and support

People's health generally benefitted because of the support they received from the service. Staff had received training in key areas. This included moving and assisting; epilepsy support; autism awareness; first aid, and adult protection. Staff demonstrated good awareness of people's health needs, including the steps to follow in the event of a health emergency. The staff practice that we observed was good. Staff knew people well, and interactions were generally warm and respectful.

People benefited from having access to multi-disciplinary health support. Staff liaised with health professionals on a regular basis. People were supported to attend health appointments such as the optician and dentist. Practice around health screenings was very good. Staff also worked hard to raise people's awareness around the importance of self-checks. There were examples of people receiving prompt medical attention because of this, which had led to improved health outcomes for people.

People shared their experiences of the support they had received from the service. Feedback was very good, and people felt that both their physical and emotional health had improved. Comments included: "The support has turned my life around", "All the staff have really helped me" and "I'd give them 100 out of 100 for the support they have given me".

People were supported with options to maintain, develop and explore their strengths, interests, and skills. The service had designated staff to support people to achieve their goals and outcomes. These staff worked directly with people to identify goals, then worked on an on-going basis with people and their support staff to see them through to completion. People had made good progress in their lives over the last year. For example, someone had moved from voluntary to paid employment, while another person had finished a college course and was now doing voluntary work. People continued to access a number of activities offered by the provider. This included gardening and a walking group, which enhanced people's physical and emotional wellbeing.

Staff demonstrated a clear understanding of their responsibilities to protect people from harm, neglect, abuse, bullying and exploitation. Measures were in place to prevent this happening and people were confident that if they identified concerns, the service would respond quickly and appropriately to maintain their safety.

People were supported to develop an understanding of risk. Their right to make choices and take informed personal risk was respected. Leaders and staff had a positive approach to risk, which meant people did not face unnecessary restrictions on their day-to-day lives. Leaders also advocated for people. This included reducing support levels when people had developed skills around independent living. This meant people experienced the right support at the right time in their life.

The quality of medication administration records needed to improve. Record keeping was poor and undermined the good work that was taking place in other areas. There were significant gaps in medication administration records. Some administration guidance lacked sufficient information on the correct time, dose, or reasons why the medication should be given. There was also a lack of clarity around the level of support some people needed with medication. We received feedback that not all staff placed sufficient importance on their responsibilities around the safe administration of medication. Taken together, these issues placed people at risk of harm, so we made a requirement around medication administration. **(See requirement 1)**

People benefitted from having regular reviews where they had the opportunity to discuss their support. We evaluated that review documentation was clinical and some discussion areas were not always relevant to people. The review process would be enhanced by having a stronger focus on wellbeing and what was important to the individual at that time. **(See area for improvement 1)**

## Requirements

1. The provider must ensure that medication administration is safe and adheres to current best practice guidance.

By 30 August 2024 the provider must ensure that people are supported to take their medication safely, with procedures that follow best practice guidance.

In order to achieve this, the provider must, as a minimum:

- a) Refresh staff training around the safe administration of medication. This must include staff responsibilities around correct recording procedures.
- b) Carry out an evaluation of the current level of support people require to take their medication safely.
- c) Carry out an audit of people's current medication. Ensure medication dosage instructions on recording charts match the prescribed instructions.
- d) Ensure all 'as required' medications have sufficient guidance around when they should be given.
- e) Implement observations of staff practice and auditing of medication administration records.

This is in order to comply with regulation 4 (1) (a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24)

And

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

## Areas for improvement

1. To ensure the review process is used to its full potential, the provider should ensure that reviews are individualised, with discussion areas and related documentation focusing on areas that are important to each person using the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12)

And

'I am recognised as an expert in my own experiences, needs and wishes' (HSCS 1.9).

## How good is our leadership?

4 - Good

We made an overall evaluation of good for this Key Question as there were a number of important strengths which clearly outweighed areas for improvement. The strengths had a significant positive impact on people's experiences and outcomes. However, improvements were required to maximise wellbeing and ensure that people consistently had experiences and outcomes which were as positive as possible.

### Quality Framework 2.2 Quality assurance and improvement is led well

There was very good evidence of people being supported to identify and achieve their personal goals and outcomes. This included people gaining employment, accessing a number of opportunities in the community, and going on regular holidays with staff support.

We saw some examples of quality assurance that were good. There were different aspects of quality assurance carried out by individual staff. The quality of these recording was variable. We evaluated that further work was necessary to ensure the service achieved an on-going cycle of auditing and quality assurance of key areas. Quality assurance was currently disjointed and not yet driving improvement in the service. **(See area for improvement 1)**

At our last inspection in June 2023, we made an area for improvement that the service should develop a communication strategy with the aim of improving communication with key people. This included ensuring family members and professionals could access a manager when required, and processes to ensure the Care Inspectorate was informed of any notifiable occurrences in the service. Some progress had been made in this area. Managers were now present in the office until 8pm during the weekend, and until 5pm at weekends. This meant they were more accessible to people and their representatives. However, leaders had not developed an overall communication strategy, and we identified occasions where the Care Inspectorate should have been informed of incidents but were not. **(See area for improvement 2)**

## Areas for improvement

1. To ensure quality assurance is used to drive improvement in the service, the provider should ensure a regular cycle of quality assurance and auditing activities are carried out by identified staff. Any actions should be captured, with agreed timescales to see through to completion. These activities should be used to influence the overall service improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. To ensure effective communication with family members and professionals, the service should develop a communication strategy with the aim of improving communication with key people. This should include ensuring family members and professionals can access a manager when required. It should also include processes to ensure the Care Inspectorate is informed of any notifiable occurrences in the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I use a service and organisation that are well led and managed.' (HSCS 4.23)

And

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

## What the service has done to meet any areas for improvement we made at or since the last inspection

## Areas for improvement

### Previous area for improvement 1

To ensure effective communication with family members and professionals, the service should develop a communication strategy with the aim of improving communication with key people. This should include ensuring family members and professionals can access a manager when required. It should also include processes to ensure the Care Inspectorate is informed of any notifiable occurrences in the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I use a service and organisation that are well led and managed.' (HSCS 4.23)

And

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

**This area for improvement was made on 21 June 2023.**

### Action taken since then

The provider had made some progress in this area. Managers were now present in the office until 8pm during the weekend, and until 5pm at weekends. This meant they were more accessible to people and their representatives. However, leaders had not developed an overall communication strategy, and we identified occasions where the Care Inspectorate should have been informed of incidents but were not. **We have therefore repeated this area for improvement.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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