

Platinum Plus Care Limited

Platinum Care

Inspection report

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Date of inspection visit:
13 June 2018
20 June 2018
22 June 2018

Date of publication:
02 August 2018

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?

Good ●

Summary of findings

Overall summary

Platinum Care is a domiciliary care agency based in South Bury near Radcliffe town centre. It provides personal care to people living in their own houses and flats in the community. It provides a service to people of adult age, and at the time of this inspection was primarily supporting older adults.

Not everyone using Platinum Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection the service was support 39 people with a regulated activity.

This inspection was carried out over three days and included a visit to the office on the 13 June 2018, visiting two people who used the service on the 20 June 2018 and telephone interviews with two people using the service, email contact with a further person who uses the service, and telephone interviews with five members of staff on the 22 June 2018.

The service had a registered manager in place. 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.

At the previous inspection the service had been rated good in the effective, caring, responsive and well led domains and rated as requires improvement in the safe domain. This was because we found a breach of the Health and Social Care Act (HSCA) 2008 (regulated activities) Regulations 2014. This related to how staff were recruited because we found a member of staff had begun working for the service prior to references being received.

Following the last inspection, the registered manager provided us with an action plan confirming the changes the service would make to ensure they complied with this regulation. At this inspection we found systems and policies were in place to support the safe recruitment of staff.

People were safeguarded from harm with procedures in place to report safeguarding concerns and staff receiving training to identify safeguarding concerns and how to respond.

People had individual risk assessments which considered their specific needs and what action to take to reduce the risk to their safety.

The service had a range of business continuity plans to ensure the service could continue to provide safe support for people in the event of an emergency.

The service was continually recruiting and we saw that there were sufficient staff to attend calls and meet

people's needs.

We saw that processes were in place to support people to take their medicines safely including staff training and competency checks.

There were infection control policies in place and staff received training in this area. Staff had access to personal protective equipment (PPE), such as disposable gloves and aprons, to reduce the risk of cross infection when supporting people. People told us that staff always used PPE when supporting them with personal care.

Staff were provided with the training necessary to enable them to do their job effectively and received support and supervision to ensure that they could care and support people safely.

The registered manager and staff all had a good understanding of the Mental Capacity Act and the need for consent. Training was in place regarding the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Consideration was given to peoples' nutrition and hydration risks within risk assessment records. Where the service supported people with food and fluids, we found that people were encouraged to eat well and that the food available to them was safe to consume.

We found that care plans considered people's health care needs and how the service would support these. People told us that staff would support them when there were health concerns. Examples people gave included contacting medical services and providing additional visits when needed.

People we spoke with told us the staff were caring and treated them with dignity and respect.

Peoples' details and records were stored securely within the office and online and only people who needed the information had access.

People had their needs assessed and were involved in the development of care plans and reviews. We saw that individualised care plans were in place to ensure people were supported appropriately and that their independence was promoted as much as possible.

The service had a complaints procedure in place and we could see that concerns and complaints were managed and appropriately addressed. People we spoke with told us they knew how to raise concerns with the service and felt confident to do so.

The registered manager had systems in place to monitor the quality of the service. This included a range of audits and obtaining feedback from people using surveys and analysing the feedback and data.

The service had worked with staff to develop a positive organisational culture which promoted the quality of care. The registered manager told us about plans to develop coffee mornings for the people using the service and their families to help reduce isolation and develop support networks.

Plans were in place to further develop and improve the delivery of care. This included providing training in-house, which was tailored to the services' needs and additional training on medicines and dementia. During the inspection we saw that a new online system was being developed to improve communication with staff and ensure care information was readily accessible to staff when it was needed.

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 has improved from Requires Improvement to Good

There were processes to support the safe recruitment of staff. All staff had checks carried out prior to commencing employment and policies underpinned this process.

There were policies and checks in place to ensure medication was safely administered.

People using the service said they felt safe

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Platinum Care

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.

We gave the service 24 hours' notice of our plan to carry out a comprehensive inspection to ensure that the registered manager would be available to answer our questions during the inspection. The inspection took place on the 13, 20 and 22 June 2018. The inspection team comprised of two adult social care inspectors on day one and one adult social care inspector on the following two days.

Before the inspection we reviewed the information that we held about the service and registered provider. This included looking at any notifications about safeguarding and incidents that the provider has a responsibility as a registered service with the CQC to tell us about. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. At the time of the inspection a recent PIR had not been requested by the CQC.

We liaised with local authority, other local commissioners of service and Healthwatch and considered this information as part of the process for planning for this inspection. Healthwatch is an independent organisation which collects people's views about health and social care services. Healthwatch did not have any information to share with us about the service. The provider relationship officer from the local authority told us that there had been some concerns raised about how people were supported to have their medicines safely administered and the registered manager was working with the local authority to address these concerns.

We carried out two home visits, spoke with two people on the telephone and emailed one person who received support from the service. In addition, we spoke with two relatives of people using the service and five members of staff, as well as the registered manager and the Chief Executive Officer.

We looked at the policies the service had in place including safeguarding, whistleblowing and business

continuity plans. We looked at complaints and concerns records, accidents and incidents, safeguarding, medication audits and records, four staff recruitment files, two staff training and supervision files and three peoples' care records. On day two we visited two people who use the service and spoke with them and family members about their experience of care. On day three we contacted staff and other people who use the service and their families to find out about their experience.

Is the service safe?

Our findings

At the last inspection we found a breach of the Health and Social Care Act (HSCA) 2008 (regulated activities) Regulations 2014. This was because one member of staff had begun working for the service prior to references being received.

At this inspection we found there was no longer a breach of this regulation. We looked at four staff recruitment files, including three recently appointed members of staff and found these demonstrated that there were sufficiently robust procedures in place to ensure staff were safely recruited. The records confirmed the required checks were completed and no member of staff commenced work until they had received appropriate references and they had information from the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of being supported by unsuitable staff.

We found that greater attention to detail could be made to ensure that information in relation to all peoples' previous employment history in a care setting was considered and followed up as part of the recruitment process. The provider addressed this during the inspection and changes were made to the recruitment policy.

The service had stopped undertaking health assessments of staff as they had been advised by a HR consultant this was discriminatory practice. The registered manager told us that they were aware of staff physical and mental health conditions and there were no concerns which would impact on staff members capacity to provide care. The previous health assessments were put back in place during the inspection. This meant that the registered manager could be assured that, with reasonable adjustments, staff were fit to undertake the requirements of the role when supporting people with their personal care needs.

We contacted five people who use the service and they told us they felt safe receiving support. They said, "Yes, I feel safe", "They know what they are doing", and "They're absolute angels". Relatives told us they also felt their relatives were receiving safe care. They said, "We've never had any concerns."

We saw that there were systems in place to safeguarding people. The registered manager had made a recent referral to the local authority safeguarding team and demonstrated a good understanding of how to safeguard people. The staff we spoke with had knowledge of safeguarding issues and felt confident in raising concerns with the senior staff.

We looked at people's care records and found that risk assessments were completed to identify the potential risk of accident and harm to people and staff involved in their care. The risk assessment we saw provided instructions for staff members when delivering support. Where potential risks had been identified the action needed to be taken had been recorded. Risks were clearly identified in peoples' records using a traffic light system where significant risk was highlighted in red, less significant risk in amber and lower risk in green. This meant that staff could easily identify the information they needed to provide the right level of

support to people.

At the time of the inspection the service employed twenty care workers, three senior care workers, two office staff and a registered manager. We were told that the service did not use agency staff and the people we spoke with told us that it's, "Generally the same staff." This meant that people were being supported by staff who knew them and their care needs well.

We found that the service provided training to help ensure staff understood how to use moving and handling equipment and reduce the risk of infection through good procedure for infection control. We saw personal protective equipment (PPE) such as disposable gloves and aprons were available for staff to collect from the office. Staff told us, "We have all the equipment we need." The people using the service told us, "I've never had any concerns, they always use [the equipment] safely", "Staff always have the equipment they need." This meant that staff had the right knowledge and equipment to support people with personal care in a safe way.

Moving and handling training had recently begun being delivered in house by a team leader. This allowed the service to have oversight into how the training was delivered and competency assessed. Greater flexibility for staff to access refresher training and updates could also be provided through having the trainer employed within the service. Staff told us they had received training in moving and handling and the training matrix demonstrated all staff had been trained in this area. This meant that people with mobility difficulties could be supported safely when being supported with their personal care needs.

Staff received training in the administration of medicines. Spot checks and competency assessments were carried out to help ensure that people's medicines were being administered correctly. We found the service was auditing people's Medication Administration Record (MAR) sheets and the records we looked at demonstrated medication was being administered as prescribed. One person told us, "My medication is done correctly." We saw policies and procedure for the administration of medicines and the registered manager demonstrated an understanding of how to respond to keep people safe. Assessments always considered the arrangements for people to safely take their medicine and associated risk even when this was not an aspect of the care being provided by the service. This meant that consideration to people's safety in this area had been given and clear lines of responsibility established.

The service has a system for recording accidents and incidents. There had not been any accidents or incidents in the past 12 months but the registered manager was able to tell us how this information is analysed and used to improve the care people receive. The registered manager gave us examples and told us that "they work as hard as they can to get it right."

The service had business continuity plans in place to ensure that staff could continue to support people in the event of a fire at the office, computer failure and loss of key personnel as well as meeting people's needs in the events of adverse weather such as floods and snow. These policies help to ensure that processes are in place so that vulnerable people continue to receive the care and support they need in all circumstances.

Is the service effective?

Our findings

At our previous inspection we found the service was effective. At this inspection we had no concerns and the service continued to be good in this area.

People told us they felt that the staff were well trained and competent to meet their needs. One person told us, "They always ask if they are doing things right." People stated they felt confident staff would get them the appropriate support. For example, when a person needed immediate medical attention the member of staff called an ambulance and waited with them until the ambulance arrived.

People spoke positively about their involvement in their care. They told us, "I have a choice" and "Staff always ask me for consent." Relatives told us that staff always kept them informed and involved in the person care plan. They said, "They discussed slight changes to [persons] requirements" and "When I have visited, I have reviewed the logs and always found them to be comprehensive." The care records we examined were individual and person-centred with clear details about what care and support the service were responsible for providing. For example, we saw care plans reflected how staff support a person to take their medicine but are not responsible for the ordering and collection of medication. This helps the staff and relatives involved in supporting a person have clear and realistic expectation of each other.

The staff and registered manager demonstrated that they knew people well and we saw that care records demonstrated individuals' preference. For example, staff would support a person to attend the local chip shop.

Staff told us they received a full induction. They said, "I got [told] everything I needed to be able to support people", "How they introduced us to people was absolutely brilliant", and "They did everything [training] that needed to be done."

The registered manager told us that after the period of induction they seek feedback from people using the service and other staff to ensure the staff member was suitable and competent to support vulnerable people with their personal care needs. The registered manager told us that those new to working in care were supported to complete the Care Certificate. The Care Certificate is a programme based on an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors

Staff personnel records showed that staff had completed basic training including safeguarding, infection control, food hygiene, moving and handling, equality and diversity, the Mental Capacity Act and Deprivation of Liberty (DoLS) and dementia. There was evidence that spot checks and supervisions were completed with staff. Staff told us they received lots of support and had regular individual supervisions sessions. This helped ensure that staff had knowledge in how to support people and were supported by the management team in delivering this role. The service had plans in place to move most training in house. At the time of this inspection staff were undertaking manual handling and piloting dementia training in house.

The service did not have anybody without capacity accessing the service at the time of the inspection. Staff received training in the Mental Capacity Act and there were policies which supported staff on the implementation of this. The registered manager and staff demonstrated an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

We saw that spot checks looked at areas of safety such as infection control as well as how care was delivered and how people's dignity was maintained and respected. These systems helped assure the registered manager that the staff had the skills to safely deliver care and meet people's needs appropriately.

Staff supported people with meals and would prepare food, heat meals and support people to eat and drink enough in accordance with people's wishes and preferences. Care plans demonstrated that support in this area promoted independence by encouraging people to eat and drink independently. Hydration risk assessments were in place for those people who were at risk of not drinking enough fluids.

The registered manager told us they had good relationships with people's GPs and contacted them with any concerns and had developed links to a local pharmacy to improve consistency and joint working. The service worked closely with other agencies including district nurses, the diabetic nurse team, and occupational therapists to develop joint working and a multi-disciplinary approach to better support meeting people's care and support needs. We saw this was reflected in people's care records.

The service supported people to access healthcare provision as required. The registered manager told us that they were flexible with support times to enable people to attend external provision such as day centres and community groups.

Is the service caring?

Our findings

At our previous inspection we found the service was caring. At this inspection we had no concerns and the service continued to be good in this area.

The people receiving support from Platinum Care that we spoke with were very positive about the service. People told us that staff were kind and caring. People told us, "Staff are kind, if they weren't I'd have something to say", "Staff make you feel they have all the time in world, you feel important", "They've looked after me very well", "we have lots of banter, its pleasant" and "I'm satisfied with the care they give."

Relatives told us, "They are angels, they deal with [relative] no problems", "They [staff] always try their best", "Staff are caring, absolutely, no doubts", "I have met a number of the team ...and have been very impressed by each individual I have met." The staff we spoke to were passionate about working in care. They said, "I love my job", "I enjoy what I do" and "we do the job to the end." The recent changes in commissioning had led to a reduction in the allocated call times and the service was now providing more 15-minute support calls. Staff expressed concerns about being able to care and support people properly within a shorter allocated time slot. The registered manager was aware of these concerns and had contacted the local authority to highlight these issues.

The staff we spoke with demonstrated that they had a good knowledge and understanding of the needs of the people they supported. People told us they felt that staff knew them well and they would, "Have a bit of banter during a call." People also told us, "Staff encourage me to keep doing what I can for myself." This meant that people's independence was promoted as far was possible.

Records showed people receiving services were supported to express their views in various ways. This included through the care planning and review process, through annual quality assurance questionnaires, and through spot checks. One person told us, "They always ask us [our views]."

The registered manager told us that they took time to get to know people and complete information regarding their life histories. They said they would complete full holistic assessments with people to support the services understanding of that individuals' personal needs. This was in addition to the assessment of needs made by commissioners such as the local authority. This meant that the service had an overview of people's needs and strengths as well as people's preferences and choices. This gives staff a fuller understanding of the individual and supports them to apply the 'making every contact count' approach. The 'making every contact count' approach is a person-centred strategy utilising effective communication skills to begin conversations to promote healthy living.

People agreed that staff maintained their privacy and dignity and told us, "I'm very much treated with dignity and respect." We saw that peoples' personal information including care records and staff personnel files were stored securely to maintain people's confidentiality. The service was introducing new record management systems to aid communication and ensure that staff had the information they needed. The access rights staff had to personal information was dependent on their job role. This meant that only the

people who needed the information could access people's personal information and data. This was in the process of being rolled out to staff at the time of the inspection.

Is the service responsive?

Our findings

At our previous inspection we found the service was responsive. At this inspection we had no concerns and the service continued to be good in this area.

During the inspection we found that the service was responsive. People gave us examples of when staff had been responsive to immediate changes in their care needs. People and their relatives told us when needed, "The team have added in additional visits to ensure [relative] is safe and settled."

We looked at the care records of three people who had different personal care support needs. These records showed that people who used the service were treated as individuals and promoted their rights to lead their own care as much as possible. We saw evidence that peoples' records were reviewed regularly and that they were involved in reviewing their care.

Care assessments considered peoples communication needs and identified how the service would support them in this area. The registered manager told us how they would meet the needs of people with a disability or sensory loss and ensure information was accessible. We saw that they had developed a survey for people using the service to complete which was provided in an accessible format. The registered manager told us they would consider the accessible information standard as part of the ongoing improvement plans. We will review the progress made at our next inspection.

We could see that the service used the 'Making Every Contact Count' approach, which used conversation to promote healthy living, and saw that staff had completed these workbooks. This meant that staff were encouraged to not only consider the tasks as part of the call but also the quality of their interaction with the people they were supporting. This allowed the service to support people not only with their physical needs but their emotional needs as well and promote healthy living.

We spoke with the registered manager about meeting peoples' individual needs and promoting equality, diversity and human rights in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. The registered manager gave us examples of how they had supported people who had protected characteristics.

We saw that the service has policies in relation to privacy and dignity, advocacy, and implementing the Mental Capacity Act to support staff in the delivery of safe and responsive care.

People told us they felt able to make a complaint and were confident this would be addressed. They told us, "Yes, it would be dealt with appropriately." Relatives told us, "When I have raised questions, anyone I have spoken with had taken time to explain things thoroughly to ensure I am satisfied with the response."

There was a complaints procedure and people received information about how to make a complaint as part

of the service user guide. The registered manager had a record of complaints and concerns. They demonstrated how the concerns people had made in the past 12 months had been addressed and responded too. The registered manager told us they used the information from concerns raised by people in conjunction with their knowledge of people's choices and preference to enable them to best meet people's individual needs. This included preferences around call times for people to receive personal care so that they could have meals at their preferred times. One person told us that their concerns regarding call times "Were resolved now."

The service made efforts to promote flexibility to allow people to access external provisions such as day centres and would signpost people to local resources including local advocacy service. The registered manager told us they had plans to develop coffee mornings for people and their families to offer additional support and reduce the sense of isolation for families.

Is the service well-led?

Our findings

At our previous inspection we found the service was well-led. At this inspection we had no concerns and the service continued to be good in this area.

The service had a registered manager in place. 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.

The people who used the service we spoke with were positive about the management team. They told us, "[Member of the management team] is the most kind and approachable [case] manager that I have had", "There is always someone there for you" and "We initially had some teething problems but that's resolved now". Relatives told us they felt the service was well led. They said, "[The service] always respond promptly when required."

The register manager said, "I meet with everyone who uses the service. It's important to build a relationship with people and their families and building a picture of people's life history takes time."

Staff were positive about the service and the management team. They told us, "It's a good company to work for", "Management are really approachable" and "They've always been there if I've ever had issues." Staff told us if they had concerns or difficulties, "You go to the office and it gets resolved."

The registered manager told us they recognised a key challenge of the service was to continue to develop the skills and confidence of the staff team to help ensure the retention of staff. The service recognised that most of the workforce were women who needed to balance their work and home life, for example, childcare. The registered manager told us that they had listened to the preferences of the staff whilst also ensuring people's needs are met and altered the support rotas introducing longer hours on less days. This helped retain staff and ensured people received support from staff who they knew them and their care needs well.

We saw that the service had suitable policies and procedures in place to ensure it ran safely. This included whistleblowing and complaints policies, policies around health and safety and suitable plans for business continuity. The service had many operations policies to support staff in the delivery of care. These were in the process of being updated as part of the online systems that were being introduced at the time of inspection. We advised the provider to ensure that these were in line with current legislation and best practice guidance. We will monitor this at our next inspection.

We looked at arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that allow the registered provider and registered manager to assess and monitor the safety and quality of their services, assisting to identify and respond to areas of improvement. This helps ensure people are provided with a good and safe service, which meet appropriate quality standards and legal obligations. During the inspection we saw that the service completed numerous audits

included training, care plans and medicines. At the time of the inspection the register manager was working with the local authority following an individual concern about the management of a person's medicines. The registered manager showed us how this had been investigated and what action that the service had taken. We were satisfied with the actions taken by the service.

We could see that staff training was in place. The registered manager told us that they would not be able to allocate a call to a staff member if they had not had the relevant training to support the person.

The service monitored late calls. The registered manager told us that there had initially been some difficulties following the new local authority commissioning arrangement. This was around call times but these concerns had now been resolved. People told us, "They come in on time now."

We saw that feedback from people and their families was collected annually as part of a quality assurance process. The registered manager told us how this information had been used to improve the service. This included looking at staff retention and improving communication so that staff knew people and their routines well.

The service had worked with staff to develop a value based work culture which we saw displayed within the office, focusing on delivering good quality person centred care. These values were evident from the conversations we had with staff, who were passionate about supporting people and promoting their independence.

The management team told us of their plans to improve communication and we could see that this was in the process of being rolled out. Staff meetings were held to share information and staff told us they receive updates regularly through the phone system. The use of an effective communication tool means that staff are aware of any changes in people's care needs and how these needs are to be met.

The management team demonstrated their commitment to providing good quality care and had a clear vision for the future including the implementation of new systems. Members of the management team had clear responsibilities which reduced the risk of things being missed. For example, senior staff were responsible for supporting the carers on a day to day basis whilst the registered manager was responsible for ensuring people's records were accurate and reflected the person's needs. Consequently, management oversight and the quality of care had improved.

The service accessed a local provider group for support and help to drive improvement and change within domiciliary care services.

We asked the registered manager and CEO about the service's key achievements since the last inspection. They told us that due to recent changes in contractual arrangements with commissioners their plans to have an electronic management and care system had not been completed but was well underway. The CEO showed us the new system. They told us that once the system was fully operational it should reduce the sense of isolation for remote workers because communication would improve, cut out any duplications of work, and ensure updated information was easily accessible.