

Platinum Care Appointments Limited

Platinum Care

Appointments Limited - 8

Meon Close

Inspection report

8 Meon Close
Tadworth
Surrey
KT20 5DN

Tel: 01737813267

Date of inspection visit:
24 September 2019
26 September 2019
27 September 2019

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06 November 2019

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

About the service

Platinum Care Appointments Limited - 8 Meon Close is a domiciliary care agency providing personal care to 10 people. They provide support to older people and people with long term conditions, in their own homes.

Not everyone who used the service received personal care. 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 and what we found

People told us they felt safe and we saw systems in place to identify and respond to risks and monitor any incidents or concerns. Staff were deployed safely and people received care when they expected it. Staff understood how to reduce the risk of the spread of infection and where they required it, people's medicines were managed safely.

People said staff were well trained and prepared them foods they liked. Where people had dietary needs, these had been planned for. 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. People's needs were assessed and staff responded to changes in people's health promptly.

People were supported by staff who they got on well with. We heard examples of staff providing support to people which exceeded expectations and people received support from consistent staff they knew well. Care was provided in a way that promoted dignity and people were encouraged to maintain their independence.

Care was planned in a personalised way and changes in people's needs were responded to promptly. People knew how to complain and felt confident any issues they raised would be addressed.

People and staff spoke positively about the registered manager. The registered manager had a vision to keep the service small and local and this was being sustained. People spoke positively about the type of service they received because it was personalised in nature. There were regular checks to monitor the quality of the care people received.

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

Rating at last inspection

The last rating for this service was Good (Published 15 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

Platinum Care Appointments Limited - 8 Meon Close

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 was carried out by one inspector and an Expert-by-Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 September 2019 and ended on 27 September 2019. We visited the office location on 26 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke to three people, three relatives, two staff and the registered manager. We reviewed care plans for three people and checked two staff files. We also checked rotas and documentation related to quality assurance and the running of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were knowledgeable about safeguarding.
- Staff had received training in safeguarding and were able to tell us how they would identify and respond to suspected abuse. Staff knew how to raise concerns internally as well as who to contact outside their organisation.
- The provider ensured people knew how to raise alerts. The registered manager gave people and relatives a card detailing local safeguarding procedures when they were new to the service.

Assessing risk, safety monitoring and management

- People received safe care.
- People told us they felt safe with staff and risk plans were in place for risks such as falls, skin integrity and moving and handling. Risks were regularly reviewed and updated when people's needs changed.
- One person had complex moving and handling needs which had been risk assessed. There was a detailed plan in place for two staff to support the person with equipment. Staff had received training in moving and handling as well as receiving guidance from the person's occupational therapist about the equipment they used.

Staffing and recruitment

- Staff were deployed safely.
- People said they received care at the time expected from consistent staff. One person said, "I've had care for about three years now and my carers usually turn up on time." Staff said they had enough time to provide the care people needed, with travel time considered as part of their day.
- Staff provided care in a small geographical area near the registered location. The registered manager spoke with staff on a daily basis, which gave them oversight of call attendance.
- Appropriate recruitment checks had been carried out on new staff to ensure they were suitable to work in social care.

Using medicines safely

- People's medicines were administered safely.
- Most people managed their own medicines and this was clearly documented. One person had complex needs and swallowing difficulties and there was detailed guidance about how they received their medicines, with input from a healthcare professional. Staff kept accurate records to show the person's medicines were administered as planned.
- Staff had received training in medicines and their practice had been observed to ensure their practice was

consistent with best practice.

Preventing and controlling infection

- People were protected against the spread of infection.
- People told us staff washed their hands and used personal protective equipment (PPE) such as gloves, when providing care.
- The registered manager ensured staff had enough stocks of PPE and regularly checked this as part of observed practice and supervision. Staff had been trained in infection control and demonstrated a good understanding of how to support people safely.

Learning lessons when things go wrong

- There was a system to track and monitor any incidents at the service to learn lessons in the event of anything going wrong.
- There had not been any recent incidents, such as falls at the service. However, staff kept a record of concerns, such as where a person had become unwell and these showed staff had responded promptly to ensure the person received treatment.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received an assessment before care started.
- Records showed assessments were thorough and the information they captured were used to create care plans.
- One person had recently started to receive support and their assessment documented their complex moving and handling needs and food preferences, which had been used to draw up a detailed care plan which informed staff about how to provide care to them.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to meet their needs.
- Staff told us they received an induction when starting work and all staff had completed the Care Certificate. The Care Certificate is an agreed set of training standards in adult social care. Staff had also completed courses in specific needs and conditions such as moving and handling and dementia care.
- Staff had regular supervision, including observed practice. The registered manager regularly provided care alongside staff which meant there were frequent opportunities to discuss practice.

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

- People received food they liked where staff supported with meals.
- People's feedback about staff food preparation was positive. One person said, "They cook me lunch. Oh yes! I'm happy. I get a good hot meal."
- Where people had specific dietary needs, care was planned around these. For example, one person had difficulty swallowing and there was a care plan in place detailing the types of foods they could eat safely and their preferences.

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

- People's healthcare needs were met.
- Where people had medical conditions, there was information for staff about how to provide appropriate care to them. One person had a long term condition that affected their mobility and memory, there was a detailed care plan for staff and information from healthcare professionals involved in their care.
- Staff contacted health and social care professionals promptly where people's needs changed. Records showed where staff had noted changes in people's health or needs, they had contacted the office who had contacted the GP.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

We checked whether the service was working within the principles of the MCA.

- At the time of inspection, people had consented to their care. Where relatives held legal authority to make decisions on their loved ones' behalf, the provider had documented evidence of this.
- Staff had received training in the MCA and were able to tell us how they would apply it. One staff member told us they would request an assessment if they were unsure of a person's capacity to make a decision. The also told us about the principles of the MCA and how they would apply them.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People were supported by kind staff.
- People gave positive feedback on the staff who supported them and gave examples of things they had done which exceeded expectation. One person said, "My girl is very sweet, the other day she noticed that I didn't have any bananas so she came back with three." Another person told us, "My carers have become my friends."
- Care calls were planned so people received care from a consistent staff team who they got to know well. Due to the small size of the service, people received support from a familiar staff team. Staff demonstrated a commitment to their roles and working with people. One staff member said, "I love it, all the clients and all the staff are lovely."
- Care plans contained information about people's backgrounds to enable staff to get to know them. Whenever anyone received support from new staff, they attended their first call with a member of staff the person already knew to enable them to build a rapport with new staff.
- Care plans and assessments documented information about people such as their religion, culture, sexuality and gender. Records showed people's care was planned around people's religious needs, such as morning support to ensure they were able to attend church.

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

- People were involved in their care.
- People said they had regular input into their care and had opportunities to express their views. One relative said, "[Registered manager] is very good about changing things and we have chats about mum's needs."
- Care plans documented people's preferences, such as when they would like to receive a call and who they wanted to support them. Care was planned around people's lives, such as when they had family staying or had important events to attend.
- The registered manager had frequent contact with people due to them often providing care and working alongside staff, this increased the opportunities people had to make suggestions or request changes.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence.
- People and relatives described how staff provided support in a way that enabled them to be independent. A relative said, "They're [staff] kind and caring and their care means that [person] is able to continue living at home. They're enabling her independence".

- Care plans documented tasks people could do themselves and the level of support required to allow them to continue to do tasks independently. Staff understood the importance of helping people in a way that encouraged independence.
- People told us staff were respectful when coming into their homes and respected their privacy. Staff understood how to provide personal care in a way that protected people's dignity. One person said, "They always give me dignity, it is one of those things that I've got used to."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People's care was planned in a personalised way.
- Care plans provided detailed guidance for staff on how to provide support to people in a way that was considerate of their needs and preferences. For example, one person had reduced mobility that meant they needed equipment to use the shower. There was guidance for staff about how to support the person, as well as personalised information about how they received personal care.
- People's needs were regularly reviewed and care plans were updated when things changed. One person had a long term condition that had caused a recent decline in their mobility. Their needs were reviewed and the care plan was updated to include additional tasks for staff to support them with.

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 was planned around people's communication needs.
- Care plans recorded any needs people had relating to communication. One person had a hearing impairment and their care plans recorded how they could lip read, so staff were to speak slowly. Staff were aware of this need when we spoke with them.
- People were given information about the service, such as how to raise concerns or make suggestions. This information could be produced in accessible formats, such as large print, if required.

Improving care quality in response to complaints or concerns

- People knew how to complain.
- People told us they knew how to raise a complaint and felt confident any issues they raised would be dealt with. One person said, "I haven't had to complain about anything. I would feel confident to raise it with the staff directly and if I still wasn't happy I would call the boss."
- There had been no recent complaints but we saw evidence of people being asked for feedback at reviews and surveys.

End of life care and support

- Information was in place regarding end of life care.
- People's care plans documented important information about people's advanced wishes. At the time of inspection, no one was in receipt of end of life care.

- Information about healthcare professionals involved in people's care was documented and we saw evidence of staff liaising with people's GP when things changed.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People benefitted from a well organised service.
- People spoke positively about the registered manager. One person said, "The lady who runs the agency will go the extra mile. If no one is available, she'll come in." A relative said, "The service is well managed."
- The registered manager's vision was for a small and local service and this was being sustained. People benefitted from a consistent staff team and regular contact with the registered manager because of the way the service was run.
- The registered manager visited people regularly and people said they always got a prompt response by telephone. The registered manager regularly asked people for feedback and was available to receive and respond to suggestions promptly.
- The service had received four recent compliments. These praised staff practice and in one example a person shared thanks for a picture the registered manager had drawn on their invoice. The registered manager told us this was something the person liked.

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 was aware of their responsibility to be open and honest if any incidents occurred. We saw evidence of changes in people's health and needs being discussed with relatives and the registered manager demonstrated a good understanding of the need to inform relatives of any incidents or accidents.
- There had not been any incidents at the service which required a statutory notification to CQC. Providers are required by law to notify CQC of events such as injuries or allegations of abuse. The registered manager displayed a good understanding of when to notify CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- Staff told us they felt supported by the registered manager. One staff member said, "[Registered manager] is an approachable person and anything you need she will deal with."
- Due to regularly working alongside staff, practice was frequently observed and management support was always available to staff.
- As well as frequent observed practice to monitor the quality of care, the registered manager carried out regular audits to check the quality of care delivery. People's care records were returned and checked each

month so any issues could be promptly identified and addressed.

Working in partnership with others

- The provider worked with other agencies to ensure people received holistic care.
- Care records showed regular contact with local authorities, GPs and healthcare professionals involved in people's care. The registered manager used information and advice leaflets which were also distributed by the local authority to ensure people received the information they needed when they came to the service.
- The registered manager had also developed links with day centres, churches and the University of the 3rd Age, to identify activities people could participate in to reduce isolation.