

Platinum Care Services Limited

Platinum Care Services - Learning Disability & Autism

Inspection report

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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 

Overall summary

The inspection took place on 04 December 2015 and was unannounced. At our last inspection on 06 January 2014 the service was meeting all of the regulations that we assessed.

Raymond Avenue is registered to provide accommodation and care for up to eight adults who have a learning disability or autistic spectrum disorders. At the time of our inspection there were eight people living at Raymond Avenue.

There was a registered manager at the service. 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.

There was a positive and inclusive atmosphere within the home and people were at the heart of the service.

Summary of findings

People felt safe using the service and they were protected from the risk of abuse because the provider had systems in place to minimise the risk of abuse.

People were supported to receive their medicines as prescribed.

People were supported by staff who were trained to carry out their role. There were enough staff to provide care to people when they needed it.

People were treated with kindness and compassion. We saw that care was inclusive and people benefitted from positive interactions with staff.

People were able to consent to the care they received and systems were in place to protect people's rights if they did not have the ability to make decisions for themselves.

People were supported to stay healthy and opportunities were provided so people saw a range of health professionals. People were supported to have food that they enjoyed and meal times were flexible to meet people's needs.

Effective and robust systems were in place for the monitoring of the quality of the service provided to people.

Summary of findings

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.

People were protected from abuse and avoidable harm because the provider had effective systems in place.

Risks to people were assessed. Staff understood how to keep people safe.

People received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

People were supported by staff who received the training, supervision and support to meet their needs effectively.

Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards preventing people from being unlawfully restricted.

People were supported to access healthcare to meet their needs.

Good



Is the service caring?

The service was caring.

People were supported by staff that knew them well so that they had positive experiences.

People were treated with kindness and respect.

People were supported to maintain their dignity and human rights.

Good



Is the service responsive?

The service was responsive.

Care was delivered in a way that met people's individual needs and preferences.

People were supported to take part in activities that they enjoyed and were important to them.

Staff understood when people were unhappy so that they could respond appropriately. Systems were in place to ensure that concerns and complaints would be taken seriously.

Good



Is the service well-led?

The service was well led.

There were systems in place to monitor the quality of the service and to strive to improve the service and build on developments already made.

People benefitted from an open and inclusive atmosphere in the home.

Good



Platinum Care Services - Learning Disability & Autism

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.

This inspection took place on 04 December 2015 and was unannounced. The inspection was carried out by one inspector.

We looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authorities that purchase the care on behalf of people, to see what information they held about the service and we used this information to inform our inspection.

The registered manager completed a Provider Information Return (PIR). This is information we asked the provider to tell us about what they are doing well and plans for continual improvement.

We met with all eight people living at Raymond Avenue. People living at Raymond Avenue have a learning disability and additional complex's needs and many of the people were not able to tell us how they found living at the home. We observed how staff supported people throughout the inspection to help us understand their experience of living at the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We spoke with the registered manager, the operations manager, four care staff, three relatives and three professionals. We looked at the care records of two people, the medicine management processes and at records maintained by the home about recruitment, staffing, training and the quality of the service.

Is the service safe?

Our findings

One person told us, “I do feel safe here”. Many of the people using the service had limited verbal communication skills and were unable to tell us if they were concerned about their safety and if they were protected from abuse and harm. We saw that people looked relaxed and comfortable in the presence of staff and sought staff out to be in their company. We saw that staff acted in an appropriate manner to keep people safe.

Staff spoken with were able to describe different types of abuse. Staff told us that they knew who to report to if they had any concerns that people were at risk of abuse. Staff were aware of how to escalate any concerns if they felt that action had not been taken. Staff recognised that changes in people’s behaviour or mood may indicate that people may be been harmed or unhappy. Staff told us that they had received training that enabled them to identify the possibility of abuse and take the appropriate actions to keep people safe. Staff told us that following safeguarding training one to one session took place with the operations manager to ensure that learning was embedded and that staff were clear about their responsibilities to keep people safe. Records we held and saw during our visit showed that the provider had reported concerns appropriately to the relevant people and had taken the appropriate actions to ensure people were kept safe.

Staff were knowledgeable about the risk to the people they supported. Staff spoke confidently about how they promoted people’s self-confidence and independence. They told us how they supported people to be involved in daily living skills and to access the local community safely. They were aware of the risks people may face and how to manage these effectively. For example, some people needed one to one support when in the community so they could enjoy facilities and be safely supported by staff. Care records we looked at showed that the risk to people had been assessed and plans were in place to manage the risks.

Staff told us what they would do and how they would maintain people’s safety in the event of fire and medical emergencies. The provider safeguarded people in the event of an emergency because they had procedures in place and staff knew what action to take.

We saw that there were always staff present in communal areas of the home to support people and respond to requests for care and support. We saw that there were enough staff available so people could do things that they enjoyed doing in the home and in the community. Staff told us that there were enough staff on duty day and night. The registered manager told us and records looked at confirmed that there were staff on duty each day so people could be supported to do the things they enjoy. There was always a senior staff member working to lead the shift. The registered manager told us that they were in the process of trialling a longer shift pattern to ensure continuity for people. For example, staff worked from 08:00 in the morning until 20:00 in the evening. She told us that the initial findings were that the change was working well for people. This showed that staffing arrangements had been kept under review and adapted to the needs of the people that used the service.

Staff spoken with confirmed that prior to commencing employment the required employment checks had been completed. We looked at two staff files and we saw that the provider had a robust recruitment procedure in place. This meant that systems were in place to help reduce the risk of unsuitable staff being employed.

We looked at the systems in place for managing medicines in the home and found that there were appropriate arrangements for the safe handling of medicines. We saw that people’s medicines were stored safely in their own bedrooms, with their medication administration records. Staff told us that only staff that had received training gave people their medicines to them.

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA. We saw that staff cared for people in a way that involved people in making some choices and decisions about their care. We saw staff support people to make choices. For example, we saw that staff supported people to choose what activities they did and what they had to eat and drink. We saw a person used their own communication folder and a select a picture of a take away meal. They gave it to the staff member who responded to the choice they had made. This showed that staff encouraged and supported people to use their own communication systems. Where people lacked the mental capacity to consent to bigger decisions about their care or treatment then the provider had arrangements in place to ensure that decisions were made in the person's best interest.

People should only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff told us they had received training in DoLS. One staff member was able to provide examples of actions that would be classed as depriving people of their liberty. The manager told us that applications had been made to deprive people at the home of their liberty. Staff were aware of these applications and could tell us the reasons these were required and how this would impact their work.

A person told us, "I like the staff". Staff spoken with told us that they had received the training and support needed to enable them to carry out their role. A staff member told us, "I had a really good induction when I started working here. There is always staff available to help and support you."

Staff told us that there is a mentoring system for new staff and this means they are paired with an experienced staff member for support. Staff told us that they had received specific training to meet the needs of the people living at the home. This included training in the Management of Actual or Potential aggression (MAPPA). This is training that enables staff to safely disengage from situations that present risk to the person who is receiving the care, or others. A staff member told us, "I know how to support people safely. I feel confident in my role and I get good training and support". The manager told us that training for new staff followed the care certificate which ensured that the arrangements for staff training and support were in line with required practice.

Staff told us that they received regular supervision and that this included face to face discussion and also observations of their work practice and staff had received feedback on their performance. We saw that records were kept of the training that had been provided to staff. We also saw that supervisions were planned and scheduled in advance to ensure that this was delivered effectively to all staff.

We saw that some people helped prepare their own food and we saw people making choices about what they wanted to eat. One person told us that they liked the food. Another person told us, "Yes" when we asked if they liked the food. Staff explained how menus were planned with people's involvement in these. Staff were able to tell us about people's nutritional needs and knew people's likes and dislikes.

One person told us that if they were not well staff supported them to see a doctor. We saw that people looked well cared for. Staff told us that people were supported to access a variety of health and social care professionals. For example, psychiatrist, dentist, opticians and GP, s. Records confirmed that people were supported to access health care appointments as needed and had Health Action Plans (HAP). An HAP tells you about what you can do to stay healthy and the help you can get. These are a government initiative for people with a learning disability.

Is the service caring?

Our findings

People shared examples of activities that staff had supported them to do that they had enjoyed. One person told us, “The staff are good I like them”. All the relatives we spoke with were complimentary about the staff. A relative told us, “The staff really care and are very kind”.

Staff were comfortable in displaying warmth and affection towards people. We saw that people were comfortable and relaxed in the company of the staff who supported them. We saw that staff were able to spend quality time with people. This included sitting and talking in the lounge areas or working together in the kitchen to prepare a snack or drink. Staff that we spoke with had a good understanding of people’s needs and were able to tell us how they cared for people in a dignified way. They were able to describe to us how they would respect people’s privacy and dignity when providing personal care to people.

Some people because of their healthcare needs gave us limited verbal feedback. However we observed from their mood and body language that they were happy and relaxed. All the staff that we spoke with showed concern for

people’s wellbeing. Staff that we spoke with told us that they knew when people were unwell or becoming anxious. They told us that they would see a change in people’s body language or behaviour if they were unhappy, unwell or anxious about something.

We saw that people were encouraged to make choices and decisions about their care. We saw that people were supported to get up, eat and do activities at different times. One person told us, “I can get up when I want and can go to bed when I want”.

Staff told us that people’s care records provided enough detail about how a person’s care should be provided and included detail about how to care for the person in a way that promoted the person’s dignity and independence.

The registered manager told us in the information they sent us that they aim to select staff at interview stage who are caring. They told us that one of the people living in the home would be involved in part of the selection process and would ask questions to gain insight into the attitude of the potential staff member. They also told us that all staff are issued with a comprehensive handbook with clear policies and procedures and expectations of their employment.

Is the service responsive?

Our findings

We saw that people were supported in a way that met their individual needs. We saw that routines were person led. For example, some people had breakfast and lunch at different times depending on what they were doing and when they wanted to eat. Some people were supported to do individual activities. We saw that staff were available to respond to people's request for care and support.

Staff were knowledgeable about people's needs. They were able to describe to us how people liked to be supported and the things that people liked to do. Staff told us that they were a key worker to people. A keyworker is a member of staff that works with and in agreement with the person they are assigned to. The key worker had a responsibility to ensure the person they work with has maximum control over aspects of their life. Staff told us that they involved people in the care planning process as much as possible. The registered manager described how a person and staff member worked side by side on the computer. The staff member involved the person as much as they could do to develop their care plan in a format that was the most appropriate for the person including easy read and picture format.

We saw that DVD's had been made with people's involvement. This showed how staff should support people and promote people's independence and life skills. For example, we saw part of a DVD that had been made about how to support a person preparing their own breakfast and ensuring the person received the right support to do this. The registered manager told us that the DVD's had been an effective tool for staff training and induction to ensure that staff understood how to provide care that was individual to the person.

Staff told us that when a new person came to live in the home they received detailed information about the person's care and support needs. They told us that the manager always ensured that they were well prepared. They would read assessment records and they would discuss the person's needs in detail as a team. Staff told us if additional training or support was needed this would be provided. For example, they told us that additional staff resources were provided when a person came to live at the home recently. This helped the person settle into the home and minimised the impact on the other people that lived there.

We saw that people were supported to do things they were interested in. One person told us that they enjoyed going for a long walk. They told us they enjoyed doing different things depending on the weather. For example, they told us when the weather was warmer they went horse riding and swimming. During our inspection we saw that people were supported to take part in a range of activities. This included going to the local shop, going for a walk, bowling at a leisure venue, shopping for personal items. We saw that some of these activities were planned but some were requests from people on the day that staff were able to respond to. We saw that people were supported to do activities at home including listening to music, sensory sessions and helping with household jobs around the home or choosing to spend time in their own bedroom.

Staff recognised the importance of social contact. They supported people to maintain friendships and relationships. Staff supported people to visit family members and supported people to take part in family events. One person told us about their plans to spend some time with a family member and they were really looking forward to this. We saw that another person was supported to post a present and a card to a family member.

We saw that the individual needs of people had been considered in the layout and design of the home. Handrails and door frames had been painted with a contrasting colour to assist people with visual impairment. Sensory equipment was provided in some people's bedrooms. The provider told us that they had consulted with autism specialist when the existing building was extended. Thought and consideration had been given to the layout of communal areas to maximise light and space. We saw that people could choose from different communal areas if they needed time and space to themselves. However, the design enabled staff to be able to observe people discreetly to ensure they were safe and to respond to any request for help or support. A sensory garden had been developed and this was fully accessible to people.

People were encouraged and supported to give their views and to raise concerns and complaints. One person told us, "If I am not happy about something. I will go straight to the manager and tell her". We saw that a DVD had been made with the involvement of one of the people living in the home. It involved a discussion session with the person and the manager regarding what they could do and who they would speak to if they had concerns about themselves or

Is the service responsive?

anyone else living in the home. The registered manager told us that they hoped to build on this good practice and support the person to be a champion for this area from the perspective of the people that use the service.

Healthcare professionals told us that people living in the home were well supported by the staff team. A professional told us that the manager and provider had sustained a high standard of support for people overtime.

We saw that the complaint procedure was available in an easy read version and was displayed around the home. Staff told us that they monitored people closely to observe

for any signs that a person was unhappy about something and they would let the manager know their concerns. All the relatives that we spoke with told us that they were confident that if they had any concerns they would be dealt with appropriately. A few relatives told us that when they had spoken with the manager about aspects of their relatives care the manager had been very receptive and any issues had been dealt with promptly and to their satisfaction. Records showed that there was a system for recording, and investigating complaints and to identify any emerging trends. The service had received no complaints since our previous inspection.

Is the service well-led?

Our findings

All the people and relatives we spoke with were complimentary about the management of the service. One person told us, "I like living here". A relative told us, "I am happy with [Person's name]. I think they do a wonderful job".

The provider had met their legal requirements and notified us about events that they were required to by law. This showed that they were aware of their responsibility to notify us so we could check that appropriate action had been taken.

The service had a history of meeting requirements. The registered manager had managed the service for eight years this had ensured continuity and stability. She demonstrated to us that she knew the individual needs of the people that used the service well.

The registered manager and provider had promoted a positive culture in the service encouraging people that used the service and staff to raise any concerns with them. The registered manager was a qualified MAPPA instructor and she told us that she had kept her knowledge and training updated and kept up to date with current care sector changes. We saw that the registered manager was visible in the home. We saw throughout our inspection that the registered manager led by example guiding and supporting staff and modelling a positive response to people's needs. She told us that she felt that the values and the culture of the home are clearly communicated through role modelling, observations of practice, staff support and training and through clear policies and procedures. The registered manager told us that the service was well supported by the directors of the service and she had weekly contact and they visited regularly to speak to people living in the home and staff. The registered manager

told us that there was a specific training programme for senior staff that included leadership and management training and that this assisted with setting a positive culture in the home.

Staff told us that they enjoyed their work and that they felt supported in their role. They told us that communication was good and that regular meetings took place to discuss any work related issues. They told us that the management structure was clear within the home and staff knew who to go to with any issues. Staff told us that they regularly saw the senior managers of the company. Staff told us they would have no concerns about whistleblowing and felt confident to approach the manager, operations manager or the owner.

We saw that there were robust systems in place to monitor the service and quality audits were undertaken. Where audits had taken place an action plan had been developed so that the provider could monitor that actions had been taken. We saw that information regarding accidents and incidents was regularly reviewed by the registered manager. We saw that action plans were put in place to address any shortfalls. Relatives told us that they had been asked their views about the service through surveys. The manager told us that information from surveys was used to continually improve the service.

We saw that best practice publications and resources were available in the home for staff to reference. This included NICE autism guidelines, MCA/DoLS handbook, challenging behaviour handbook and autism specific resources. The registered manager told us in the information they sent us in the Provider Information Return (PIR) that they were a member of British Institute for Learning Disability (BILD) which enabled them to access best practice resources. They also told us about their plans to strive for continuous improvement.