

Platinum Care Appointments Limited

Platinum Care Appointments Limited - 8 Meon Close

Inspection report

8 Meon Close
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Surrey
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Date of inspection visit:
13 October 2016

Date of publication:
14 November 2016

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 Appointments Limited is a small domiciliary care provider based in Surrey.

People who receive a service in their own homes include those living with physical frailty or memory loss due to the progression of age. The agency also provides services to people living with dementia and people with mental health needs. At the time of our inspection 14 people received care and support in accordance with the regulated activity of personal care.

The inspection took place on 13 October 2016. The provider was given forty eight hours' notice of the inspection.

There was a registered manager in post. 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 registered manager (who was also the provider) had a clear vision about keeping the service small so they could really focus on giving individualised care and support in a way people wanted it. The feedback we received during the inspection showed that this vision had been achieved, and the service was well led.

Staff had a positive and caring attitude about their jobs. People told us that they were happy with the care and support they received. A relative said, "They are so good, they really are a gem. They have given me such confidence that I am doing the right thing for my family member." All the staff we spoke with were extremely happy in their work and proud of the job they do.

People received a safe service from the Platinum Care Appointments. There were sufficient numbers of staff who were appropriately trained to meet the needs of the people who used the service. Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding board or the police.

Staff recruitment procedures were safe. The provider had undertaken appropriate safety checks to ensure that only suitable staff were employed to support people in their own home. Staff met with their line manager on a one to one basis to discuss their work. Staff said they felt supported to undertake their roles. Staff received a comprehensive induction and on-going training, tailored to the needs of the people they supported.

Staff managed the medicines in a safe way and were trained in the safe administration of medicines. The majority of people were prompted by staff to take their medicines, but where staff gave people their medicine this was done in a safe way.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed.

People were supported to have enough to eat and drink. They received support from staff where a need had been identified. People's dietary support needs were recorded and met by the staff.

People were supported to maintain good health. When people's health deteriorated staff responded quickly and made sure they contacted the appropriate professionals so people received effective treatment.

The staff were kind and caring and treated people with dignity and respect. The staff knew the people they cared for as individuals, and had a good rapport with relatives, giving a 'family feel' to the service.

People received the care and support as detailed in their care plans. Care plans were based around the individual preferences of people as well as their medical, psychological and emotional needs. They gave a good level of detail for staff to reference if they needed to know what support was required.

People knew how to make a complaint. When complaints had been received these had been dealt with quickly and to the satisfaction of the person who made the complaint. Staff knew how to respond to a complaint should one be received.

The provider had effective systems in place to monitor the quality of care and support that people received. The registered manager had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained.

Records for checks on health and safety, and medicines audits were all up to date. Accident and incident records were kept, and were analysed and used to improve the care provided to people.

The registered manager regularly visited people in their homes, or telephoned them to give people and staff an opportunity to talk to them, and to ensure a good standard of care was being provided to people.

People received a good standard of care and support by a caring and well led service. A relative said, "Having a family member with Alzheimer's and being the only child, I was beginning to feel the pressure; the moment Platinum Care got involved I felt a great weight lifted from my shoulders."

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 was safe.

People felt safe with the staff. Appropriate checks were completed to ensure staff were safe to work at the service.

There were enough staff to meet the needs of the people.

Staff understood their responsibilities around protecting people from harm.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

Medicines were managed safely and there were good processes in place to ensure people received the right medicines at the right time where necessary.

Is the service effective?

Good ●

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that used the service.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act.

People had enough to eat and drink and staff supported people with specialist diets where a need had been identified.

People received support when they were unwell. The care provided by staff helped people to get better.

Is the service caring?

Good ●

The service was caring.

People had good relationships with the staff that supported

them. People felt happy and confident in the company of staff.

Staff were caring and friendly, and staff that showed respect to people and protected their dignity.

Staff knew the people they cared for as individuals.

Communication was good as people were able to understand the staff that supported them.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

Staff had the time to spend with people, as well as providing personal care.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good ●

The service was well- led.

Staff felt supported and able to discuss any issues with the registered manager.

The registered manager (who was also the provider) regularly visited to speak to people and staff to make sure they were happy.

People and staff were involved in improving the service. Feedback was sought via regular telephone calls and during quality assurance visits.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

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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 13 October 2016. The inspection was completed by one inspector because this was a very small service.

The provider was given 48 hours' notice of the first inspection date in order to ensure a representative of the provider was able to meet with us and provide access to records. Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had 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. This information was reviewed to see if we would need to focus on any particular areas at the home.

After the inspection we contacted seven people, or their relatives. We spoke with four staff, which included the registered manager (who was also the provider of the service). We also reviewed care and other records within the service. These included three care plans and associated records, three medicine administration records, two staff recruitment files, and the records of quality assurance checks carried out by the registered manager.

We also contacted Healthwatch, and commissioners of the service to see if they had any information to share about the service. At our previous inspection in April 2013 we had not identified any concerns with the service.

Is the service safe?

Our findings

People received safe care and support from Platinum Care Appointments Limited. One person said, "Yes I feel safe with them. I want to be comfortable with the people who come into my home, and I get that with Platinum Care. The manager is very accessible, and I feel able to talk about any problems I have with her. This is very important to me."

People were protected from the risk of abuse. Staff had a clear understanding of their responsibilities in relation to safeguarding people. Clear information was available to staff to remind them of how to respond should they suspect or see abuse taking place. One staff member said, "I have a card in my handbag that gives me the contact details of the social services, and police." Staff were able to describe the signs that abuse may be taking place, such as bruising or a change in a person's behaviour. They understood that all suspicions of abuse must be reported to the registered manager, or person in charge. Staff understood that a referral to an agency, such as the local adult services safeguarding team or police and that they could do this themselves if the need arose.

There were sufficient staff deployed to keep people safe and support the health and welfare needs of people. When people were asked if they thought there were enough staff one person said, "Their timing of visits is perfect." Another person said, "They always send two staff to move me, I never have to wait." Staffing levels were calculated to ensure people received care and support when they wanted it, and staff had enough time to care for people without having to rush. Staffing rotas showed that levels of staff over the past four weeks matched with the calculated support levels of the people that used the service. The registered manager understood that matching people's needs with the level of staff was of primary importance to ensure safe standards of care.

People were kept safe because the risk of harm from their health and support needs had been assessed. People and relatives told us that staff supported them to do as much as they were able. Assessments of risk had been carried out in areas such as mobility, and nutrition and hydration. Measures had been put in place to reduce these risks, such as specialist equipment to help people move around their home. One staff member said, "We always have two carers if we have to lift someone to reduce the risk of injuries." Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.

Staff understood how to keep people safe in their own homes. Assessments had been completed to identify and manage any risks of harm to people around their home. This included staff having a clear understanding of the checks they needed to do when they finished the call to make sure that they left people safe. One staff member said, "Each person has a file in their house with the risk assessments in it." Another staff member said, "We check the environment for hazards, such as things that may trip the person." People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the manager to look for patterns that may suggest a person's support needs had changed.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the service.

The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines in a safe way, and when they needed them. At the time of our visit staff only prompted people to take their medicines. One staff member said, "I only prompt or remind people I care for to take their medicines. All the medicines are in doset boxes, so it is easy to see what needs taking when, and if it has been taken." Staff that administered medicines to people, or prompted them received appropriate training, which was regularly updated. Staff who gave medicines were able to describe what the medicine was for to ensure people were safe when taking it. For 'as required' medicine, such as paracetamol, there are guidelines in place which told staff when and how to administer the pain relief in a safe way. When medicines were given in an altered format, such as crushed to aid swallowing, the staff had clear guidance from the GP to show this was safe to do.

The recording and storage of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been prompted or given their medicines. All medicines were stored and ordered by people homes, so there was no risk of medicines being lost or damaged transporting them from the office to the persons home.

People's care and support would not be compromised in the event of an emergency. The provider had an emergency plan that covered incidents such as adverse weather that may have an impact on staff getting to people. Staff understood their responsibilities in the event these emergencies took place.

Is the service effective?

Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they would have the skills to support people effectively. Induction included shadowing more experienced staff to find out about the people that they cared for and safe working practices. One person said, "They know how to lift me correctly, which shows they are well trained."

Staff had received training in areas to meet the needs of the people they cared for. This included moving and handling, first aid, dignity and respect, food hygiene, dementia care, infection control, and medicine administration. One staff member said, "I think we have good training. The manager makes sure we keep up to date, and gives us options to do further training if we want." Some staff had completed a National Vocational Qualification in Health and Social care or were completing training linked to the Qualification and Credit Framework (QCF) in Health and Social care to further increase their skills and knowledge.

Staff were effectively supported by the management. Staff told us that they felt supported in their work. Staff had regular one to one meetings (sometimes called supervisions) with the manager, as well as annual appraisals. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. One staff member said, "I see the manager on a weekly basis, as well as having one to one's and an appraisal."

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.

The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their best interests were effectively followed. Detailed assessments of people's mental capacity for specific decisions such as not being able to go out on their own had been completed.

Staff had a good understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One staff member said, "It's seeing if people have the capabilities to make up their own minds about decisions. If not we have to involve someone with power of attorney for care to help make the decision. I can't make decisions for people." One relative said, "They always ask my family members approval before they do anything."

People were supported to ensure they had enough to eat and drink to keep them healthy. People's special dietary needs were recorded on the care plans, such as allergies, or if food needed to be presented in a

particular way to help swallowing. Staff were able to describe the individual requirements of the people they supported. For example one staff member described how a person had to have their food liquidised to help prevent choking.

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. Staff involved people in this by asking them what they had eaten and had to drink, and discussed with the person if they needed to eat or drink anymore at that time.

People received support to keep them healthy. Where people's health had changed appropriate referrals were made to specialists to help them get better. Staff were able to support people to the GP if they felt unwell, or call the emergency services if they found a person in distress. One person said, "I was feeling really down one day. The staff reported this back to the manager, who rang me to make sure I was okay." A relative said, "When my family member got an infection they (care staff) took control by getting a doctor in and supervising the medicine and recovery."

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. One person said the carers were, "Like part of the family." A relative said, "They do everything so well. The manager is so helpful in suggesting better ways that we can look after my family member." A staff member said, "We work as a family and do our best to fulfil people's needs." This matched with what people told us and how the registered manager worked on the day of our inspection.

People's privacy and dignity was respected. People told us that staff always respected their private space. One person said, "They never do anything to embarrass me." Another person said, "They help me in the shower and only do what I want." Staff understood how to protect people's privacy and dignity, one said, "I wait until the person has fully woken up before giving care. I also ask them that they want me to do; and when giving personal care I make sure the doors and curtains are closed. It's all about what the client wants me to do." Other examples given by staff included the practice of covering up parts of a person when washing to protect their dignity.

Staff were aware of the agency's confidentiality and data protection policy and said they would not talk about people in front of other people and would always discuss people's care and support where they could not be overheard. This was to ensure that people's confidentiality would be retained at all times.

Staff demonstrated the values of caring and empathy towards the people they supported. A relative said, "I have been so delighted with the service that I have now changed the support agreement so staff attend regardless of me being home or away." Staff had a caring attitude about the people they supported. One staff member said, "Before we meet the client for the first time, the manager will tell us about them, she'll then introduce us to the person, to make sure everyone is happy."

Staff were caring and attentive, and took time to get to know the people they cared for. A person said, "I like the fact they are given time between one call and another. It gives them time to chat with me and ask about my day. They really do take the time to get close to me." A staff member said, "This is a really small service so we can get to know the clients really well, and they can get to know us." Staff, including the registered manager, knew the people they cared for. The registered manager was able to tell us about people's backgrounds, their life stories as well as their medical or support needs, without having to refer to the care records. This knowledgeable and caring nature was repeated when we spoke with the staff, and matched with the information that people told us.

This caring attitude also enabled people to keep in contact with relatives. Over the summer staff had been made available to support one person to attend a family barbeque, while another person was able to attend a family wedding due to the flexible support provided by Platinum Care.

Staff communicated effectively with people. One person said, "I have no language problem with staff." People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs as they would be clearly detailed in the individual's care plan.

People were given information about their care and support in a manner they could understand. Information was available to people in their home, such as their care plans and daily care records. In addition people had access to the registered manager in the office via telephone and email. A relative said, "Communication is excellent every time I have contacted them. The manager always answers the phone."

People were supported to be involved in their care as much as possible. They had been consulted about how they liked their care undertaken and what mattered to them. They had also been consulted regarding the time of their visits, the frequency of these and how personal care should be undertaken. Relatives told us they had been consulted when appropriate regarding care and support their family member would require.

Is the service responsive?

Our findings

People's needs had been assessed before they received the service to ensure that their needs could be met. One person said, "We talked about what I wanted from them in the beginning." Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility. The provider took care to ensure they could meet people's needs, before they agreed the support package.

People and relatives were involved in their care and support planning. One person said, "We sat down together and did my care plan." Another person said, "I know what I want from them, and that is what they give me." Care plans were based on what people wanted from their care and support. They were written with the person by the registered manager. Staff explained how they talked with each person, and/or their family and asked what supported they wanted, and what their personal preferences were.

Care was flexible to meet people's routines and commitments. When a person did not require a visit because they had family staying this was accommodated. When a person required extra visits due to changing needs or additional support with shopping or attending appointments this was also arranged at short notice. One person said, "I can arrange to get help in the evening during the winter months if I want." Another person said, "If I have a dental appointment in the afternoon, the carer will tell me they will stay to cover if I would like."

People's choices and preferences were documented and staff were able to tell us about them without referring to the files. If people wanted changes to their care package the service responded well. There was detailed information concerning people's likes and dislikes and the delivery of care. The files were well organised so information about people and their support needs were easy to find. The files gave a clear and detailed overview of the person, their life, preferences and support needs. Care plans were comprehensive and were person-centred, focused on the individual needs of people. Care plans addressed also areas such as how people communicated, and what staff needed to know to communicate with them.

People received support that matched with the preferences record in their care file. The daily records of care were detailed and showed that these preferences had been taken into account when people received care, for example, in their choices of food and drink. Care planning and individual risk assessments were regularly reviewed, or if a need arose, such as a change in a person's support needs.

Staff spent time with people to support them with activities and prevent them from getting too lonely, as well as providing personal care. The registered manager gave advice to families in response to people's support needs. One relative said, "Since having support from Platinum Care we have been given advice that has benefitted my family member. For example methods to increase their mobility that had been lost while in hospital, or equipment that we could use to help them when staff were not around."

People were supported by staff that listened to and responded to complaints or comments. People said they felt their complaints would be listened too and dealt with. One person said, "I would complain to the

manager, but have never had the need to." Another person said, "I have a book (care file) which tells me what I need to do if I am unhappy with the service." There was a complaints policy in place, and people had a copy in their homes. The policy included clear guidelines, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission, so people would know who they could contact if they were not satisfied with how the service had dealt with their concern.

There had been one complaint received since our last inspection. This had been clearly recorded and responded to in accordance with the provider's complaints policy. The registered manager and staff explained that complaints were welcomed and would be used as a tool to improve the service for everyone. A larger number of compliments about the care provided were also received in the same period of time. One example stated, "Thank you for all your help, your team has allowed me to have one more year living in my own home." Another compliment stated, "Your staff really do go the extra mile."

Is the service well-led?

Our findings

There was a positive culture within the service, between the people that were supported, the staff and the registered manager. A relative said, "They are so good, they really are a gem. They have given me such confidence that I am doing the right thing for my family member."

The management and staff strove to continually improve the standard of care and support given to people. The registered manager (who was also the provider) was involved in the service provision and carried out regular visits to check on the quality of service being provided to people. These visits included talking with people and relatives, an inspection of the persons home to make sure people were safe and reviewing care records. The staff emphasised that the registered manager constantly reminded them that when they provide care and support they must take their time and get to know people. Our observations over the course of the inspection and our conversations with people and staff matched with this ethos.

Regular checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the service. These covered areas such as health and safety, and medicines. In addition the registered manager and also carried out unannounced spot checks to see that people received a good standard of care. A relative said, "The manager comes out regularly to check on what the carers do."

People and relatives were supported by an organisation with a clear management vision and structure. Staff understood and followed the values of the service. One member of staff said, "It's about clients being able to remain independent and safe in their own home. To make life as easy as possible for them." Another staff member said, "It's about making sure everyone is safe and happy and well looked after." The registered manager echoed these values and explained how they had intentionally kept the service small to enable them to provide a caring service to people. At each of our previous inspections the registered manager had stated their vision of wanting to keep the service small to be able to accomplish this. The service had remained people focussed which demonstrated that the service was well led.

Staff felt supported by the registered management, and enjoyed their job. Staff told us the "The manager is always there for us. I definitely feel I could raise concerns with her." Another staff member said, "The manager makes sure staff are happy. She passes on information from people, such as compliments to us. It's a good place to work." Staff told us the manager had an open door policy and they could approach the manager at any time. Staff felt able to raise any concerns with the registered manager.

Records management was good and showed the service provided and staff practice was regularly checked to ensure it was of a good standard.

People and relatives were included in how the service was managed. One person said, "We have talked about the service I have received on regularly on the telephone. The communication is very good." Due to the very small size of the service the registered manager sought feedback during telephone conversations or when she visited people in their homes. Questions that were asked covered topics such as whether staff

were polite and respectful, whether people felt involved in their care planning, and if they knew how to make a complaint if they were unhappy. Overall the feedback was very positive, and people were happy with the care provided by Platinum Care Appointments.

Staff were involved in how the service was run and improving it. Although no formal team meetings took place, due to the small staff team, staff were still able to talk to each other and the manager whenever they needed to. Information was regularly shared with the staff team via the messaging system on staff's mobile telephones. This updates covered topics such as feedback from people, Infection Prevention and Control; Safeguarding; Health and Safety; and general staff information, such as updates on best practice from the CQC or the UK Homecare Association. Staff were also able to present ideas if they felt the service could improve.

The registered manager (who was also the provider) were present on the day of our inspection, supporting staff and talking with people on the telephone to make sure they were happy. The registered manager was very 'hands on', and managed the office, and stepped in to help support people and staff if required. This made them accessible to people and staff, and enabled her to observe care and practice to ensure it met the service's high standards. The registered manager had a good rapport with the people and, staff and knew them as individuals.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection.