

Platinum Care At Home Ltd

# Platinum Care at Home Ltd

## Inspection report

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22 May 2017

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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 ●

# Summary of findings

## Overall summary

This was an announced inspection carried out on 18, 19 and 22 May 2017.

Platinum Care at Home Limited provides care and support for people who live in their own homes. The people using the service are older people. The office is located in Waterloooville near Portsmouth and provides services in and around the local area. There were 57 people using the service when we inspected.

The service has a registered manager. 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 provider had safeguarding policies and procedures in place. All staff received safeguarding adult's training to raise awareness of how to recognise signs of potential abuse and poor practice and what actions they would need to take. Staff told us they were confident in their understanding of abuse and how to report any suspected abuse.

Risks to people had been identified and assessed and appropriate measures were in place to reduce the risk. Where required people were supported to take their medicines safely by appropriately trained staff.

Staff were recruited following robust recruitment procedures to ensure they were suitable for the role. People's needs were understood and met by sufficient numbers of skilled and experienced staff.

All staff had been suitably inducted into the service. Staff were knowledgeable about the people they supported and had received appropriate training and support to enable them to undertake their roles effectively.

People were always asked for their consent before their care and support was offered. Care staff and the management team had received training on the Mental Capacity Act 2005 and understood its principles.

People had positive relationships with care workers who treated them with kindness and respected their privacy and dignity.

Care plans were detailed and informative. People's specific care needs were met during each planned visit. Staff were supportive in helping people to maintain their independence as far as was practicable. If people's care needs changed they were acted upon. People were asked to express their views about the service they received and were listened to.

People using the service and their relatives knew who to speak to if they wished to make a formal complaint or were unhappy with the service they received.

Staff told us they felt well supported by the registered manager and provider who both encouraged an open culture with the service and made themselves readily available to staff should need to.

The provider had quality assurance and data management systems in place to ensure quality of service provision.

## 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.

Recruitment procedures were safe and all staff understood the provider's procedure for reporting any suspected abuse.

Risks to people were identified and assessed and measures in place to reduce the risk of harm.

The provider had systems in place to safely support people with the management of their medicines. Staff had been trained in the safe administration of medicines.

### Is the service effective?

Good 

The service was effective.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

New members of staff received an induction upon commencing employment. Staff were supported by the service to receive training and gain nationally recognised qualifications in care.

People were supported with their healthcare needs

### Is the service caring?

Good 

The service was caring.

People and their relatives were given the information they needed and were involved in planning and reviewing their care.

People were treated with dignity and respect.

People received support from consistent caring staff who knew them well.

### Is the service responsive?

Good 

The service was responsive.

People received personalised care and that changes to their support needs were quickly identified and acted upon.

People had care and support plans in place. They were regularly reviewed and updated as people's needs had changed.

The provider had processes in place to receive and handle any complaints or concerns raised and used these to drive improvements.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff felt well supported by the registered manager and knew what their roles and responsibilities were.

Quality assurance systems were effective and people's feedback was valued and acted upon.

People were positive about how the service was led.

# Platinum Care at Home Ltd

## **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.

The inspection took place on 18, 19 and 22 May 2017 and was announced. The inspection was carried out by one inspector. The provider was given 48 hours notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the locality office.

Before the inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the agency, what the service does well and improvements they plan to make.

During our inspection we spoke with six people who use the service, two relatives, five staff members and the registered manager. We looked at eight people's support plans and care records. We also looked at a range of records relating to the management of the service including eight staff recruitment, training and supervision records and the providers quality audits and action plans.

# Is the service safe?

## Our findings

People told us they felt safe using Platinum care at home. For example, one person told us, "I always feel safe when the staff support me. They look after me very well." Another said, "Oh yes I feel very safe, I have no reason to complain." A relative told us, "We can relax a little and be reassured the care [relation] is receiving is safe."

People were safeguarded from the risk of abuse. The provider had systems in place to enable the reporting of suspected abuse. The provider understood their roles and responsibilities and had robust safeguarding policies and procedures in place. Staff had received training in safeguarding adults at risk of abuse and those we spoke with demonstrated that they were confident about how to keep people safe from harm. The provider also had a whistle blowing policy. This policy made a commitment from the organisation to protect staff who reported safeguarding incidents to the management team. One staff member told us, "If I thought any kind of abuse was happening. I would report it straight away to the manager." Another said "I have had safeguarding training. If I saw anything I would report it straight away." All staff told us the management team would take any concerns raised seriously and treat the information and staff confidentially.

Risk assessment documentation was included within people's care plans. These assessments had been completed as part of the care planning process and identified risks to both people and staff during care visits. For risks in relation to the environment and provision of care, clear guidance was in place for staff on the actions they must take to protect both themselves and the person they were supporting. Where people had mobility needs, we saw that additional moving and handling risk assessments had been completed and the service had taken steps to check that any specialist mobility equipment had been maintained in safe working order. Assessments were kept under review and updated when required. Staff confirmed they understood the importance of reporting any new risks or when people's needs changed such as an increase in the number of falls they had.

We reviewed the service's visit schedules and staff availability and found there were sufficient staff deployed to provide all planned care visits. Staff said that they worked in geographical areas which reduced the time spent travelling between people's care visits. They felt that the time allocated to each visit was usually sufficient to undertake the care that they had to provide safely.

People said where two staff were required to meet their needs they were provided. All staff said they were never pressured into leaving a person when it wasn't the right to do. For example, one staff member explained, "We always put the person first, if I visited someone and found they had had a fall. I would ring for an ambulance and wait with the person until it arrived. We are never put under pressure to visit the next person. The office will organise cover for our other calls if needs be."

The provider followed safe recruitment procedures. Staff files showed all applicants had completed an application form which required them to provide details of their previous employment history, training and experience. A range of checks had been carried out prior to a job offer, including proof of identity, references and a Disclosure and Barring Service (DBS) check. DBS checks are carried out to see if a person has been

placed on a list for people who are barred from working with adults or children or has a criminal record. These checks enabled the employer to make safer recruitment decisions. We spoke with staff who confirmed that these checks had been completed before they started work.

The provider had taken steps to ensure that information about how to access people's homes was kept secure and only available to those who needed to know. The provider had also liaised with people and their relatives about what they wanted staff to do if they could not gain entry through the usual route. This provided people with the peace of mind that there was a safe contingency plan in place if staff couldn't gain access for any reason.

Where people had been assessed as requiring support to take their medicines we saw staff had received training in their safe administration. One person told us they had no problems with the support they received and staff would assist in ordering medicines when required. Staff confirmed they had received training and had been assessed as competent to be able to support people with their medicines.



# Is the service effective?

## Our findings

People who use the service and their relatives told us they were supported by knowledgeable and skilled staff able to meet their needs. One person told us, "The staff are very good, well trained they know how to care for me properly." Another said, "The staff are very knowledgeable, they know my care plan and support me very well." A relative told us, "I know the staff know how to provide the care my [person's name] needs effectively."

New staff completed formal induction training. This included staff training in accordance with the requirements of the care certificate. The care certificate is nationally recognised training, which sets out the minimum standard of training that care staff must receive before they begin working with people unsupervised. Furthermore staff shadowed a senior member of staff to ensure they were able to put what they learnt into practice effectively and the provider was satisfied they can work independently. One staff member told us, "I found the induction really useful it gave me the confidence to do the job." All staff we spoke with confirmed they had shadowed an experienced staff member as part of their induction.

Staff had access to training which gave them the skills and knowledge to support people's individual needs. Training records demonstrated that staff had completed various training subjects including the use of specialist equipment and aids used to help people mobilise, infection control, medicines administration and dementia care. Staff were also supported to complete nationally recognised care qualifications at various levels to help them gain experience and knowledge. All staff told us they felt supported with training by the manager and that the training enabled them to care for people effectively.

Staff had regular supervision and an annual appraisal of their work performance. All staff told us they found these sessions useful. For example, one staff member told us, "I receive regular supervision, but can speak to the manager at any time, it's always confidential." Another said, "I had my appraisal not that long ago, I find them very useful."

The Mental Capacity Act 2005 (MCA 2005) 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. We found that all staff had received training on the requirements of the Act. One staff member told us, "We can't force anyone to make a decision, you have to see if they can make one on their own and if they can't we need to support in doing so." Another said, "If a person can decide for themselves then we need to follow their wishes. If they can't it needs to be assessed and decisions made with the family."

People told us they consented to their care and treatment and that staff asked their permission before they helped them. One person told us, "The staff always ask me before giving me shower." Another said, "Oh yes the staff always tell me what they are going to do next and check I am ok with it." Staff understood the importance of asking people's consent and how to support them to make their own decisions. One staff

member told us, "I always tell the person what care I am about support them with and check they are happy about it."

Staff confirmed that they regularly supported the same group of people. One staff member told us, "I have a group of people I regularly support alongside other staff. It enables us to give consistent care." Another said, "Supporting the same people really helps you to get to know their little ways and preferences." People told us where two staff were required to meet their needs they were provided and they often saw the same staff which was reassuring as they knew how to support them effectively. For example, one person told us, "It has been the same staff group consistently; this reassures me as they know how to support me." Another said, "I have consistent staff which has helped build up a good level of trust between us."

People's care plans provided staff with guidance on how to ensure their nutritional needs were met. Where appropriate, information about people's food and fluid intake was recorded by staff within the daily care records. People told us staff encouraged them to eat and drink during care visits and one person told us, "They help me choose what I would like to eat and drink and always make sure I have drinks prepared before they leave."

People who used the service and relatives told us they made their own health appointments, but staff would support them with this if they needed it. Staff told us, when needed, they liaised with district nurses or doctors on behalf of people to arrange appointments or seek advice. Staff described how they had good working relationships with health professionals involved in people's care. For example, we observed the local pharmacy dropped off medication to the office to enable staff to deliver it to the home more quickly.

## Is the service caring?

### Our findings

People we spoke with told us they were supported by caring staff, that treated them with dignity, respect and kindness. One person told us, "The staff are very good, nothing is too much trouble." Another said, "Staff always treat me with great respect and do whatever is asked of them." A relative told us, "The two staff that support [relation] have always been helpful, caring and extremely supportive of us."

People were involved in planning their care and their relatives were given the opportunity to express their views and contribute. One person told us, "Yes they meet with me every few months to see if I am happy with the care I receive and if anything needs to change." A relative told us, "They discuss everything with [relation] and me. They make sure we are both happy with the care they give and if any changes are needed we would discuss them."

People's privacy and dignity was respected. All of the people we spoke with felt that their privacy and dignity had been respected. Staff we spoke with showed a clear understanding of the importance of treating people with privacy and respect and were able to give us examples of this. One staff member told us, "It is really important to give the people we care for choice and listen to what they want." Another said, "I always make sure doors are closed and curtains drawn when giving personal care." A relative told us, "I have observed the staff always talk to [relation] saying what they are going to do next and checking [relation] is happy. If not they respect their wishes."

Daily care records and call monitoring information showed people normally received care from a consistent small group of staff who visited regularly. Staff explained this helped them build up a good working relationship with the person and their relatives. We saw evidence at the office that new staff were introduced to people by shadowing more experienced staff. It was clear from conversations we had with staff that they all knew the people using the service well. People's preferences, likes and dislikes were always respected. They were asked by what name they preferred to be called and any preferences regarding the gender of the staff. People were asked about their life history but their wishes were respected if they declined to provide this information.

The service would endeavour to look after people when they were unwell, very poorly or at the end of their life. They had supported people in conjunction with their family as well as health and social care professionals. So people could be looked after in their own homes for as long as possible.

## Is the service responsive?

### Our findings

People told us they were happy with the care that had been provided and were complimentary about the service. For example, one person told us, "The staff do everything they should. They are very good." Another said, "The staff are excellent they help with anything. I cannot fault them." A relative told us, "Any changes to [relation] care are dealt with quickly and responsively." Another said, "The staff communicate any changes and respond to situations appropriately."

People told us their care staff normally arrived on time for care visits. Staff told us, "Our rota allows for travel time between visits." The provider's visit schedules and call monitoring information showed that travel time was factored in between all consecutive care visits and that the majority of care visits were provided on time. People told us that if their carer was running late they were contacted by telephone and advised of this. For example, "It happens very rarely, but if they are going to be late, I am always told." People constantly reported that they were not rushed by staff during care visits and call monitoring data showed people routinely received their full planned care visit.

Assessments were undertaken to identify people's support needs and the information obtained was used to develop a plan of care that outlined how those needs were to be met. Care records were thorough and provided detailed information to assist staff in delivering person centred and consistent care. People confirmed that copies of their care plan were kept in their own home and that they had been involved in and agreed to these care plans. We looked at the care plans kept in the homes of the people we visited and saw they had an individualised care plan that detailed the support they required and the choices they had made about their care. Each person had a clear support plan and where needed, a plan to reduce any identified or potential risks from occurring.

Staff demonstrated that they understood the importance of providing flexible support. All staff told us they encouraged people to maintain their independence. When supporting them personal care or other household tasks. For example, one staff member told us, "I always encourage [person's name] to do as much as possible for themselves. But every day is different so I adjust what I do each time." We saw that the care plans guided staff to provide support in accordance with what the person felt able to do themselves. This helped to ensure that people received support that was responsive to changing needs.

The provider had systems in place to ensure all people's care was reviewed at least every three months or more frequently if the person's care needs changed. All staff understood their responsibility to inform staff at the office if they noticed a significant change in a person's care needs and records showed this was consistently recorded and reviewed in care plans where appropriate. We also saw that comprehensive re-assessments had been carried out when a person had been discharged after a hospital admission to ensure the care provided was responsive to the person's current needs. We saw that the reviews were conducted in a multi-disciplinary way with the service seeking the views of others who were involved with the person's care.

People and their relatives were provided with information about how to make a complaint in the form of a

leaflet. People and their relatives were aware they could make a complaint if they were not happy with the service provided. People we spoke to told us they had no reason to complain about the service. Records showed that appropriate action had been taken with the complaints that had been received. The complaints had been resolved and were dealt with in line with the provider's complaints procedure. The staff we spoke with understood that people who received a service should feel able to raise concerns and were able to tell us how they would respond to any complaint raised.

The registered manager told us they had a positive approach to handling concerns and complaints which they viewed as a part of driving improvements. The registered manager engaged regularly with people who used the service, and their relatives, which had encouraged good relationships and a cycle of on-going feedback.

## Is the service well-led?

### Our findings

People were positive about the quality of the service they received and felt the service was well run. One person told us, "We have used other agencies in the past, Platinum Care at Home is one of the best we have used." Another said, "The staff are very good, the manager visits regularly to see I am happy with everything. It seems well run." A relative told us, "The staff and management are good they do everything we ask of them. Everything runs as it should and it gives me peace of mind."

We saw that the provider supported staff and that they were clear about their roles and responsibilities. All of the staff we spoke with described a well led organisation which supported them in their role and relayed important information. One staff member told us, "I think the management team are very good, any problems I know they are on the end of the phone." Staff told us they had team meetings where they were able to raise any issues or concerns with the manager. One staff member told us, "The manger encourages a culture that is open and supportive to all the staff." Staff told us the management team had excellent knowledge of the people they supported and their staff. They told us they were never without support and the on call system worked well.

The provider ran a staff incentive scheme which recognised the carer of the month, which is based on positive feedback received. The recipient could choose a prize and are mentioned in the monthly staff letter. The provider also ran a badge scheme where staff could collect four badges, these badges covered areas such as good attendance, a set number of spot checks being completed that demonstrated good practice and length of service. The provider also ran raffles and other events to raise money for 'Rett syndrome research trust UK'

The senior staff undertook 'spot check' observations of staff practice. Staff were observed delivering support to people to see how care was delivered and how people consented to receiving their care. The checks also monitored how staff interacted and spoke to people being cared for and ensured that manual handling guidance was followed. Staff told us the 'spot checks' were unannounced, and they understood the reason for this. The provider also carried out regular courtesy visits/calls to help them monitor the service provision. A person we spoke with told us, "Someone from the office will visit and check I am ok with everything."

The provider had a programme of regular audits in place. These included care records, a medicines audit and health and safety checks. Any accidents and incidents, complaints or safeguarding alerts were recorded and analysed in order to identify any trends. This enabled the service to make any improvements and prevent reoccurrences.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team.