

## Platinum Plus Care Limited

# Platinum Care

### Inspection report

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2015  
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## Ratings

### Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Requires improvement 

## Overall summary

This was an announced inspection which took place on 30 September and 2 October 2015. This was the first inspection of the service. The service had previously operated under a different location name. At the time of this inspection there were 62 people using the service. Two working days prior to the inspection we contacted the provider and told them of our plans to carry out a comprehensive inspection of the service. This was to ensure the registered provider and the manager were available and able to provide the information we needed when we visited the agency's office.

Platinum Care is an independent domiciliary care agency based in premises that are situated not too far from Bury and Radcliffe town centres. The agency provides help and support to adults in their own homes who may have a variety of needs. Services provided include assistance with personal care, the preparation of meals, planned outings and carer support.

Platinum Care does not have a manager who is registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

# Summary of findings

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. We saw evidence to show that the manager of Platinum Care was applying to be registered with the Care Quality Commission.

**We found a number of breaches in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014 and a breach of Regulation 18 (1) (2) (e) of the Care Quality Commission. (Registration) Regulations 2009.**

These related to the following: We found that medicines were not managed safely and there was insufficient information in a care record to guide staff on how to care for a person safely. Although guidance and training was provided for staff on identifying and responding to the signs and allegations of abuse, we found that the registered person had failed to recognise that an incident that had occurred was a safeguarding incident. They had subsequently failed to report that incident and other alleged safeguarding incidents to the Care Quality Commission as required by law.

**You can see what action we have told the provider to take at the back of the full version of the report.**

People told us they felt safe with the staff that supported them and felt the staff had the right skills and experience to meet their needs. They also spoke positively about the kindness and caring attitude of the staff.

Staff we spoke with had a good understanding of the care and support that people required. Staff were also aware of their responsibility to ensure information about people who used the service was treated confidentially.

We found sufficient suitably trained staff, who had been safely recruited, were employed to ensure people received the support they required. We saw that staff received the essential training and support necessary to enable them to do their job effectively and be able to care and support people safely.

We saw that all the staff had undertaken training in relation to the Mental Capacity Act 2005 (MCA). This training should help staff understand that assessments need to be undertaken to determine if people have capacity to make informed decisions about their care, support and treatment. The MCA provides legal safeguards for people who may be unable to make their own decisions.

We saw that assessments were undertaken around risks associated with fire safety and the general environment within people's homes. Risk assessments were also in place in relation to assessing whether people had problems with certain aspects of their health. We saw that plans were in place to help reduce or eliminate any identified risk.

To help ensure that people received safe, effective care and support, systems were in place to monitor the quality of the service provided.

# 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 not always safe.

We found the medicines were not managed safely.

Although guidance and training was provided for staff on identifying and responding to the signs and allegations of abuse we found the registered person had failed to recognise that a safeguarding incident had occurred.

Sufficient staff, who had been safely recruited, were employed to ensure people received the support they required.

Requires improvement



### Is the service effective?

The service was effective.

People told us they felt the staff had the right attitude, skills and experience to meet their needs.

Appropriate arrangements were in place to assess whether people were able to consent to their care and treatment.

Staff received sufficient training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

Good



### Is the service caring?

The service was caring.

People who used the service spoke positively of the kindness and caring attitude of the staff.

Staff were aware of the importance of ensuring the privacy and dignity of people was respected and of their obligations to ensure confidentiality of information was maintained.

Good



### Is the service responsive?

The service was not always responsive

There was insufficient information in a care record to guide staff on how to care for a person safely.

The provider had systems in place for receiving, handling and responding appropriately to complaints.

Requires improvement



### Is the service well-led?

The service was not always well-led.

Platinum Care does not have a manager who is registered with the Care Quality Commission.

Requires improvement



# Summary of findings

The registered person had failed to notify CQC of any abuse or allegation of abuse that CQC needed to be informed about.

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

# Platinum Care

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.’

This was the first inspection since the service was registered under a different name. Two working days prior to the inspection we contacted the provider and told them of our plans to carry out a comprehensive inspection of the service. This was to ensure the registered provider and the manager were available and able to provide the information we needed when we visited the agency’s office. It was also to enable us to arrange to talk with some of the people who used the service to hear about their experiences of the service.

We visited the agency office on the 30 September 2015 and made telephone calls to speak with people who used the service on 2 October 2015

The inspection team comprised of two adult social care inspectors. We also considered information we held about the service, such as notifications, safeguarding concerns and whistle blower information. As we undertook this inspection in response to concerns raised with us, we did not ask the provider to complete a Provider Information Return (PIR), prior to this inspection. 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.

We also contacted the local authority commissioning team to obtain their views about the service. They told us they had no serious concerns and that overall the service was completing the actions required of them following their review of the service.

During the inspection we spoke with six people who used the service, five care staff, and the manager. We did this to gain their views about the service provided. We also looked at four care records, six medicine administration sheets (MARs) and records about the how the service was managed.

# Is the service safe?

## Our findings

People told us they felt safe with the staff that supported them. One person told us, “They are really good. I trust them 100% to look after me”. Other comments made included, “I have every faith in them” and “Of course I feel safe. I wouldn’t let them in if I didn’t”.

We looked at the system in place for managing medicines within people’s homes. Inspection of the training plan and individual training files showed that all staff who handled medicines had received medicine management training. The five care staff we spoke with confirmed they had received the training. We were shown a policy and procedure in relation to the safe management of medicines that all staff had access to.

The manager told us that when a medicine was received into a person’s home, and the care assistant had total responsibility for managing the medicines, they copied the instructions for administration onto the medication administration record (MAR) from the container the medicine was received in. We were told the care assistant had to sign the handwritten record and then when the next care assistant went to the home they were to check that the handwritten record was accurate and then sign their confirmation of this.

We looked at six of the MAR’s (these were part of several that had routinely been returned to the office for the manager to check if they had been filled in correctly). We found that four of the MARs had not been signed by the care assistant who had written the administration information and had therefore not been checked by another care assistant to check their accuracy. If checks are not made on the accuracy of handwritten entries then people may be given incorrect doses and/or incorrect medicines.

We also found that the handwritten instructions for the administration of medicines were not complete. One MAR showed there was no record of how much or how often a medicine was to be given. Another MAR showed there was no record of how much medicine was to be given for two of the medicines that had been prescribed. Two MARs for the use of external medicines were unclear and incomplete. They did not show how often, how much or where, the external medicines were to be applied.

We saw that staff did not always check and record onto the MAR the amount of medicines received or carried over from the previous month. This meant they would not be able to check against what was recorded on the MAR sheet as being given, against the stock of medicines left. If medicines cannot be accounted for it is not always possible to tell whether or not they have been given as prescribed.

We found on several MARs that staff had failed to sign that they had given a medicine which was required to be given. No explanation for the omission was recorded. The administration of doses of medicines must be recorded on the MAR to show that people have received their medicines as prescribed. Also to make staff aware of the last time the dose was administered and to ensure they do not duplicate the doses or give doses too close together. We found the medicines were not managed safely. **This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Inspection of the training plan showed all staff had received training in the protection of vulnerable adults. Policies and procedures for safeguarding people from harm were in place. These provided guidance on identifying and responding to the signs and allegations of abuse. The care staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed.

We found however that the registered person had failed to recognise that an incident that had occurred was a safeguarding incident and subsequently failed to report the incident to either the local authority safeguarding team or to the Care Quality Commission. **This was a breach of Regulation 13 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of Regulation 18 (1) (2) (e) of the Care Quality Commission. (Registration) Regulations 2009.**

A discussion with the manager, the care staff and the people who used the service showed that sufficient numbers of staff were employed to ensure people received the support they required. One person we spoke with told us, “We almost always get the same staff every week. They don’t let us down”. Other comments made included, “I have got to know the girls really well as they are regulars” and “No, I don’t worry that they won’t turn up. They are reliable”.

We looked at three staff personnel files and saw that a safe system of recruitment was in place. The recruitment system

## Is the service safe?

was robust enough to help protect people from being cared for by unsuitable staff. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

All members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice). Staff we spoke with were familiar with the policy and knew they could contact people outside the service if they felt their concerns would not be listened to.

We were shown the infection control policy that was in place. It provided instructions for staff on processes such as hand hygiene, personal protective clothing, waste disposal and the management of outbreaks of infections. The care staff we spoke with told us they always wore protective clothing, such as disposable gloves and aprons when delivering personal care to people. Staff told us there was no shortage of protective clothing and that they 'topped up' from the stores in the office.

During the inspection we saw that the care staff wore their photographic identity badge. Staff told us they always wore them when visiting people in their own homes. People who used the service confirmed that staff did wear them. Identity badges are used to keep people safe by helping to prevent unauthorised people from entering their houses.

An inspection of the employee handbook and the policies and procedures showed that staff had been made aware of the procedures in place to ensure the safety of people who used the service and of their possessions. This was in relation to such things as the handling of money, the safety of people's door keys and alarms, what to do in the event of accidents and incidents occurring and the action to take if they were not able to gain entry into a person's home.

Staff told us that management provided them with a mobile phone that contained important information about the people who used the service; information such as the person's GP and next of kin contact details, their key safe number and the contact details of any staff member who would be assisting them on their visits. We were told that, in the event of any emergency arising, having this information was very useful.

We saw that assessments were undertaken around risks associated with fire safety and the general environment within people's homes. Risk assessments were also in place in relation to assessing whether people had problems with certain aspects of their health, such as a need for support with moving and handling or needing assistance with the administration of their medicines. Staff had written down what action they would need to take to reduce or eliminate any identified risk.

# Is the service effective?

## Our findings

The people we spoke with told us they felt the staff had the right attitude, skills and experience to meet their needs. Comments made included, “They know what they are doing. I am more than pleased”. We were also told, “If I forget to eat they make sure I do”.

We were shown the Service User Guide that was given out to people who used the service. The Service User Guide is a document that contains lots of information about the agency. It is given out to people so that they can keep it at home and refer to it as and when they need to.

We asked the manager to tell us how they ensured people received safe care and support that met their individual needs. We were told that people were assessed by a senior member of staff from the agency, usually the manager, who visited people in their own home. This was to ensure their individual needs could be met and also to assess if they were at risk of harm from any hazards.

We saw that all the staff had undertaken training in relation to the MCA. This training should help staff understand that assessments need to be undertaken to determine if people have capacity to make informed decisions about their care, support and treatment. We asked the manager to tell us what they understood about the Mental Capacity Act 2005 (MCA.) What the manager told us demonstrated they had a good understanding of the importance of determining if a person had the capacity to give consent to their care and treatment.

We asked the manager to tell us what arrangements were in place to enable the people who used the service to give consent to their care and treatment. We were told that any care and treatment provided was always discussed and agreed with people who were able to consent. The people we spoke with confirmed this information was correct. Inspection of the care records showed that people had signed their consent to receive the support required.

We were told that if an assessment showed the person did not have the mental capacity to make decisions and consent to their care and treatment then a 'best interest' meeting was arranged by the people who funded the care.

A 'best interest' meeting is where other professionals, and family if relevant, decide the best course of action to take to ensure the best outcome for the person who used the service.

We were shown the induction workbook that outlined the areas of activity that all newly employed staff had to undertake when they first started to work for the agency. It contained information to help staff understand what was expected of them and what needed to be done to ensure the safety of the staff and the people who used the service. The manager told us the induction workbook had to be completed within 12 weeks. Staff we spoke with told us they spent time ‘shadowing’ more experienced staff until they felt confident to work alone.

We were also shown the training plan that was in place for all the staff. It showed staff had received the essential training necessary to safely care and support people using the service. The care staff we spoke with confirmed to us that they had received the necessary training to allow them to do their jobs effectively and safely.

Records we looked at also showed systems were in place to ensure staff received regular supervision and appraisal. Supervision meetings provide staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work. The manager told us that regular ‘spot checks’ were undertaken to check that staff were delivering effective and safe care to people in their home.

We were shown the computerised system that was in place to record all communication, either between staff or with people who used the service. The communication could be about any concerns or complaints or changes in people’s support needs. We were told this particularly helped to ensure that any change in a person’s condition, and subsequent alterations to their care plan, were properly communicated.

The staff we spoke with told us they were involved in the preparation and cooking of meals for some people who used the service. They told us it was mainly meals that needed cooking in the microwave oven. Staff told us that if they were worried about a person’s lack of appetite or weight loss they would report it to the manager. They told us they felt confident that any issues of concern would then be addressed.

## Is the service caring?

### Our findings

People who used the service were very complimentary about the staff. Comments made included; “The rapport with them [staff] is unbelievable” and “They look after me very well. I think they are marvellous” also “I think they are very good, very kind and caring”.

The manager told us that, to ensure continuity of care, they tried to make sure people who used the service received visits from the same care staff. One person told us, “The way they recruit the staff must be good. They take the time to match the care staff to [relative’s] needs. We nearly always get the same staff every week”.

Staff told us that the importance of ensuring the privacy and dignity of people was emphasised throughout their induction and their training. We saw that the employee handbook re-iterated the importance of ensuring people’s privacy, dignity and independence were respected.

Staff we spoke with were aware of their responsibility to ensure information about people who used the service was treated confidentially. Staff told us their induction included training on maintaining confidentiality of information. We saw that people’s care records were kept securely in a filing cabinet in the agency office.

Staff we spoke with knew the meaning of ‘person-centred care’. They told us that it was about making sure people were involved in the planning of their care and being treated as individuals, each with individual care and support needs. Staff were able to show us that they knew people who used the service well. They all demonstrated a commitment to providing high quality care and support to people.

A discussion with staff showed they were presently not supporting any person from an ethnic or religious minority group. We were told however that the cultural and religious backgrounds of people would always be respected.

# Is the service responsive?

## Our findings

People told us that staff responded well to their needs. Comments made included; “They look after me very well and I feel sure they look after everybody else that way as well” and “They are good carers. I really like them and know they are doing a good job”.

We looked at four care records that were kept in the office. Three of the records contained enough information to guide staff on the care and support to be provided. They showed that people were involved in the planning of the care and support they required.

The fourth care record showed that the person required support from the agency four times a day. There was no information to guide staff on how certain aspects of this person’s care were to be managed. The person also had a specific medical condition that could result in an emergency situation arising at any time. The care record however did not contain enough information to show how staff were to safely support them when this occurred. To reduce the risk of people receiving unsafe or inappropriate care, information must be in place to guide all staff in the care and treatment required in an emergency. **This was a breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

The staff we spoke with told us people also had a copy of their care plan in their own home. The people we spoke with confirmed this information was correct. People told us that after every visit staff wrote down in their care record what care and support had been provided. One person told us, “They always write in a book before they leave”.

The care records showed people routinely had a review of their care within six weeks of the support from the service beginning. A review was then routinely undertaken every six months; more often if there had been a change in the person’s condition that required a change in the amount and type of support required.

The manager told us that when senior staff were ‘on call’ out of hours they carried a mobile phone that contained important personal and health care information about the people who used the service. We were told that, in the event of any emergency arising, having this information was extremely useful.

Information about how to make a complaint was attached to the Service User Guide that each person who used the service was given. The manager told us they were in the process of shortening and simplifying the complaints procedure to make it easier for people to understand. We saw that all complaints were appropriately recorded and managed.

# Is the service well-led?

## Our findings

The service does not have a manager who is registered with the Care Quality Commission. 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. We saw evidence to show that the manager of Platinum Care was applying to be registered with the Care Quality Commission.

We checked our records before the inspection and saw that three of the five alleged safeguarding incidents, that CQC needed to be informed about, had not been notified to us, as required by law. This meant we were not able to see if appropriate action had been taken by the provider to ensure people were kept safe. **This was a breach of Regulation 18 (1) (2) (e) of the Care Quality Commission. (Registration) Regulations 2009.**

Our conversations with the staff showed they felt included and consulted with. Staff spoke positively about working at the agency. They told us they felt valued and that management were very supportive. Staff we spoke with confirmed that staff meetings took place, usually three times a year. They told us the meetings gave them the

opportunity to comment on or influence the quality of the service provided. Staff also told us they were in regular contact with management and could discuss anything they wished to at any time. We saw that a staff newsletter was sent out every three months.

We were shown the handbook that was given out to staff. It contained information to guide staff on their conduct and practice but also information to help protect their safety and wellbeing. It included a policy equal opportunities, grievance and disciplinary plus a policy on bullying and harassment.

We asked the manager to tell us how they monitored and reviewed the service to ensure that people received safe, effective care and support. We were told that regular checks were undertaken on all aspects of running the business. We were shown the computer system that was in place that alerted management when systems and services were ready for review. These included such things as care records, staff personnel files, staff training records and staff car insurance.

We saw that management sought feedback from people who used the service at the six monthly care reviews, during the 'spot checks' that were undertaken, and through the annual questionnaires. We saw that 28 questionnaires had been returned for the year 2015 and that overall the results were positive about the care and support provided.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

Medicines were not managed safely.

**Regulation 12(2) (g)**

### Regulated activity

Personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

How the regulation was not being met

The registered person had failed to recognise that a safeguarding incident had occurred.

**Regulation 13 (3)**

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

An accurate complete record in respect of a service user's care was not in place

**Regulation 17 (2) (c)**

### Regulated activity

Personal care

### Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

How the regulation was not being met:

This section is primarily information for the provider

## Action we have told the provider to take

The registered person had failed to notify CQC of any abuse or allegation of abuse that CQC needed to be informed about.

**Regulation 18 (1) (2) (e)**