

## Platinum Plus Care Limited

# Platinum Care

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 which took place on 11 and 12 January 2017. At the time of the inspection there were 70 people using the service. In accordance with our guidance, 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 registered 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 has a registered manager who was present on the day of the inspection. 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 service was previously inspected in September 2015 when we found two breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. During this inspection we found the previous breaches had been met.

During this inspection we found one breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because the recruitment system in place was not robust enough to protect people from being cared for by unsuitable staff. Although professional references had been requested for one care worker, they had not been received, yet the care worker had been employed by the provider. 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.

We found sufficient suitably trained staff 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 suitable arrangements were in place to help safeguard people from abuse. Guidance and training was provided for staff on identifying and responding to the signs and allegations of abuse. Staff were able to demonstrate their understanding of the whistle-blowing procedures (the reporting of unsafe and/or poor practice).

All the care staff who dealt with people's medicines had received medicine management training and we found the system for managing medicines within people's homes was safe.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care. The registered manager demonstrated a good understanding of the Mental Capacity Act 2005 (MCA). The MCA provides legal safeguards for people who may be unable to make their own decisions. Records showed that most of the staff had undertaken training in relation to the MCA.

People's care records contained enough information to guide staff on the care and support required. The care records showed that risks to people's health and well-being had been identified, such as the risk of poor mobility and managing their own medicines. Risks were also assessed in relation to general safety issues within people's homes. We saw that plans were in place to help reduce or eliminate any identified risk. People were involved in regular reviews of their care to ensure the care and support provided met their needs, preferences and wishes.

Arrangements were in place to help ensure the prevention and control of infection in people's homes.

To help ensure that people received safe, effective care and support, systems were in place to monitor the quality of the service provided. Systems were also in place for receiving, handling and responding appropriately to complaints.

## 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.

Staff had not always been safely recruited. This placed people at risk of being cared for by unsuitable staff.

Suitable arrangements were in place to help safeguard people from abuse and a safe system of medicines management was in place.

Assessments were undertaken around risks associated with people's health care needs and general safety issues within people's homes.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People who used the service 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. We were told the staff treated people with dignity and respect.

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?

**Good** ●

The service was responsive.

The care records contained sufficient information to guide staff on the care and support to be provided. Records showed that people were involved in the planning of the care and support they required.

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

**Is the service well-led?**

**Good** ●

The service was well-led.

The service had a manager who was registered with the Care Quality Commission.

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.

In accordance with our guidance we contacted the registered provider two working days prior to the inspection and told them of our plans to carry out a comprehensive inspection of the service. This was to ensure the registered manager and the registered provider would be available to answer our questions during the inspection. The inspection team comprised of one adult social care inspector.

Before the inspection we reviewed the completed provider information return (PIR) that had been sent to us. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including notifications the registered provider had sent to us. A notification is information about important events that affect the service that the provider is legally required to send to us. We also contacted the local authority commissioning team to seek their views on how they felt the service was run. The information we received is included in the 'Well-led' section of this report.

We visited the registered office on the 11 January 2017 and spoke with the registered manager, the finance manager, two care workers and the human resource manager. On 12 January 2017, with their permission, we spoke on the telephone with three people who used the service. In addition we requested information by email from three of the care workers. We did this to gain their views about the service provided. The staff did not respond to our request for information. We also looked at six care records, 10 medicine administration sheets (MARs) and records about the how the service was managed; these included staff recruitment, training and supervision records, quality assurance audits, and policies and procedures.

## Is the service safe?

### Our findings

People told us they felt safe with the staff that supported them. Comments made included; "They are all very nice and very kind and of course I feel safe" and "Yes, they are to be trusted and I know I am in safe hands."

We looked at three staff personnel files and saw that the recruitment system was not as safe as it should have been. It was not robust enough to protect people from being cared for by unsuitable staff.

One of the files did not contain any references. We saw that references had been sent for but had not been received. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Schedule 3 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014 requires that satisfactory evidence of conduct in previous employment concerned with the provision of services relating to health or social care is required.

The second file contained two references; one from the staff member's previous health and social care service, as required. However this was written by a previous work colleague and not the registered provider or registered manager of that service. To ensure an accurate record of previous work conduct is received, it is good practice to request references from the registered person.

The third file contained one reference from a previous employer. We did see that the provider had requested a reference from a second provider but this had not been received. There was a note on the file that a second request had been sent but there was no evidence of this. To ensure there is a clear record of action taken to request references, it is good practice to have evidence of any further requests.

The three staff files contained proof of identity however only two contained a completed application form. The third file contained the person's curriculum vitae (CV). The CV did not contain a declaration from the prospective employee, as the application forms did, that the information contained in the document was a true record of their education and previous employment. It is good practice to ensure that prospective employees complete, sign and date the application form provided by the service.

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.

We saw that suitable arrangements were in place to help safeguard people from abuse. Inspection of the training plan showed all staff had received training in the protection of 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 staff we spoke with confirmed they had received the training and they were able to tell us what action they would take if abuse was suspected or witnessed.

All members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice); it was contained within the employee induction pack as well as being accessible on the computer

system. 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 by the management of the agency.

We saw that staff were provided with a photographic identity badge that had to be worn at all times. 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.

We looked at the policies and 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 and what to do in the event of accidents and incidents occurring. They were included in the employee induction pack as well as on the computer system.

A discussion with the registered 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. People we visited and spoke with told us the staff were overall reliable. Comments made included, "They are normally very good at turning up on time. Sometimes things can't be helped like if the traffic is bad" and "In the main they arrive when they should, give or take a few minutes." People told us that staff always remained with them for the correct amount of time.

The service also had a business continuity plan in place to inform of the action they should take in the event of a disruptive incident such as a serious lack of staff or severe weather.

We saw that a safe system of medicines management was in place. We were shown the policy and procedure in relation to the safe management of medicines that all staff had access to. We were told that all the care staff had received medicine management training. Inspection of staff training records confirmed this information was correct. We also saw that competency assessments were undertaken before staff began administering medicines without supervision.

Risk assessments were 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. We saw that assessments were also undertaken around risks associated with fire safety and the general safety issues within people's homes.

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 staff we spoke with told us they had undertaken infection control and food hygiene training. The care staff told us they always wore protective clothing, such as disposable gloves and aprons when delivering personal care to people. The people who used the service that we spoke with confirmed to us that the staff always washed their hands and wore protective clothing when attending to their personal care needs; good hand hygiene helps prevent the spread of infection.

## 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; "Yes, I am sure they know what they are doing" and "I have not had any problems. I am well satisfied."

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. The people we spoke with told us they each had a copy at home.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. However, people cared for in their own homes are not usually subject to a deprivation of liberty safeguard (DoLS).

We asked the registered manager to tell us what arrangements were in place to enable the people who used the service to give consent to their care. We were told that any care provided was always discussed and agreed with people who were able to consent. The registered manager demonstrated their understanding of the action they would need to take should they have concerns regarding an individual's capacity to make a particular decision or give consent. We saw evidence of written consent in the care records that we looked at.

We checked the arrangements in place to ensure staff had the necessary induction, training and supervision to help them deliver effective care. We were 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. Certificates of training undertaken were kept in each of the three staff personnel files that we looked at. 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. We saw that a central computerised record was held of the training completed by staff. The computer system alerted the provider to when any training needed updating.

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 registered manager told us that regular 'spot checks' were undertaken to check that staff were delivering effective and safe care to people in their own home. We saw evidence in staff personnel files of some of the 'spot checks' that had been undertaken.

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.

People we spoke with told us their friends or family did their food shopping. Some people told us they did have the support of staff in the preparation and cooking of some of their meals. 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 registered manager. They told us they felt confident that any issues of concern would then be addressed.

The registered manager told us they would contact other health care professionals such as GP's or community nurses if they felt there were any concerns about a person's health. The names and contact details of the health and social care professionals involved in the person's care were clearly documented in the six care records that we looked at.

## Is the service caring?

### Our findings

We received complimentary feedback about the caring attitude of staff. Comments people made included; "They are very nice. I like all of them" and "They are very good, respectful and kind."

Staff told us that the importance of ensuring the privacy and dignity of people was emphasised throughout their induction and their training. We saw the induction pack re-iterated the importance of ensuring people's privacy, dignity, choice, equality, rights and independence were respected.

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. People we spoke with told us they appreciated this was not always possible. We were told, "Overall, it's not a big problem. I know the girls who come to see us."

We saw that people's care records included information about their preferred daily routines and also information about their families and things and people that were important to them. This helped to ensure staff developed a good understanding of people's social and physical needs. Staff we spoke with were able to show us that they knew the people they supported very well.

A discussion with registered manager showed they were presently supporting one person from an ethnic minority group. We were told that staff were aware of this person's cultural and religious needs.

The registered manager told us that although 'end of life' care was provided by community nurses and specialist palliative care services, the service was planning to identify a senior care worker to take the lead on palliative care training. We were told that although there was no formal training as yet in place it was the intention of the service to provide the training within the next six months. This demonstrated to us that the service recognised and considered the importance of ensuring staff had an understanding of the needs and wishes of a person in the last stages of their life; ensuring a dignified and respectful approach to their care.

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 training included a topic on maintaining confidentiality of information. We saw that people's care records were kept securely in a filing cabinet in the agency office.

## Is the service responsive?

### Our findings

People told us that staff responded well to their needs. Comments made included; "They know what needs doing and they do it well" and "I get the care I need." One person told us, "In the early days there had been times when I had been let down with the times of my visits but it is all sorted now."

We asked the registered manager to tell us how they ensured people received safe care and support that met their individual needs. We were told that once people had been assessed by the professionals funding their care and the service agreed to provide the care required, a senior member of staff from the agency, usually the registered manager, undertook their own assessment. This was to ensure the person's individual needs could be met by the agency staff and also to assess if they were at risk of harm from any hazards.

We looked at six care records that were kept in the agency office. They 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 staff we spoke with told us people also had a copy of their care plan in their own home. The people who used the service that we spoke with confirmed this information was correct. People told us that after every visit staff wrote down in their care records what care and support had been provided.

Records showed people routinely had a review of their care within six weeks of the support being provided. A review was then routinely undertaken annually; more often if there had been a change in the person's condition. We were told that, where possible, and with the person's permission, their family and social worker were involved in their care review.

We were told there was always a member of staff on call outside of office hours in order to provide advice and support to both staff and people who used the service. We were told that the on call person had a laptop computer that contained important information about the people who used the service; information such as the support required, their GP and next of kin contact details and their key safe number. We were told that, in the event of any emergency arising, having this information was very useful.

Information about how to make a complaint was contained within the Service User Guide that each person who used the service was given. The procedure explained to people how to complain, who to complain to and the time it would take for a response. The people we spoke with told us they would have no hesitation about speaking with the registered provider, registered manager or any other staff if they had to. We saw that all complaints were appropriately recorded and responded to.

## Is the service well-led?

### Our findings

The registered manager was present on the day of the inspection. People who used the service were complimentary about the registered provider and the registered manager. Comments made included, "[The registered manager] is always very helpful" and "I can always speak to one of them and they are all very good."

Before the inspection we contacted the local authority commissioning team to seek their views on how they felt the service operated. We were told there were no major concerns and that the service was working through the action plan set for them following a recent quality assurance review undertaken by the commissioning team.

People who used the service were given a Statement of Purpose and a Service User Guide. These documents explained the aims, objectives and structure of the service; in addition to information about the facilities and services the agency provided.

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. One comment made was, "I wouldn't work anywhere else because the support I get is great."

The registered manager told us that staff meetings took place, usually three times a year. Staff we spoke with confirmed that this information was correct. Staff also told us they were in regular contact with management and could discuss anything they wished to at any time.

The staff induction pack that we looked at contained information to guide staff on their conduct and practice and also information to help protect their safety and wellbeing. It included a policy on equal opportunities, grievance and disciplinary plus a policy on bullying and harassment.

We saw that the service had policies and procedures in place to support staff to carry out their roles. It was noted however that several referred to the previous CQC legislation and guidance. We discussed this with the registered manager who informed us that the policies and procedures would be amended and updated as soon as possible.

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 the operation of the business. We were shown the computer system in place that alerted management when systems and services were ready for review. These included such things as care records, medication records, staff training records and the daily communication log.

We saw that the registered provider sought feedback from people who used the service at the six weekly and annual care reviews, during the 'spot checks' that were undertaken, and through the annual questionnaires. We saw that 16 questionnaires had been returned for the year 2016 and that overall the results were positive

about the care and support provided. Records we looked at showed that the registered provider responded to each individual who raised any issues of dissatisfaction, no matter how minor. This demonstrated to us that the provider was committed to continually improving the service people received.

We checked our records before the inspection and saw incidents that CQC needed to be informed about, such as safeguarding allegations, had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The recruitment system in place was not robust enough to protect people from being cared for by unsuitable staff.