

Platinum Care For You Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Platinum Care for You is a domiciliary care agency providing personal care and support to older people and younger adults in their own homes. Some of these people were living with dementia. At the time of our inspection 119 people were receiving personal care.

People's experience of using this service:

Overall people told us they felt safe with staff. The manager and staff knew their responsibilities in relation to keeping people safe from the risk of abuse. Care plans contained risk assessments and risks to people's health and wellbeing were addressed and mitigated. Robust recruitment processes were utilised to prevent unsuitable staff from being employed.

People's needs were assessed prior to receiving a service including their protected characteristics under the Equalities Act 2010. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were appropriately trained.

The service had a manager registered with the Care Quality Commission. The service had an effective system in place to assess, monitor and improve the quality and safety of the services provided. Staff told us there was an open culture where they were kept informed about any changes to their role. Staff and people told us the registered manager was approachable. The provider worked in partnership with health and social care professionals to improve their service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

At the previous inspection in November 2018 the service was rated Good in all areas. At this inspection we found the rating remained the same.

Why we inspected:

We received concerns in relation to the management of the service. As a result we undertook a focussed inspection to review the key questions of Safe, Effective and Well Led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Well Led sections of this full report. The overall rating for the service has remained as good.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Platinum Care For You Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an expert by experience. Two inspectors visited the service. The expert by experience contacted people and relatives by telephone to gather feedback on their experiences. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care provider.

Service and service type

This service is a domiciliary care agency which provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was announced. We gave the service 48 hours' notice of our visit because the service was inspected during the coronavirus pandemic and we wanted to be sure we were informed of the service's coronavirus risk assessment for visiting healthcare professionals.

Inspection activity started on 25 May 2021 and ended on 11 June 2021. We visited the office location on 27 May 2021.

What we did before the inspection

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as allegations of abuse. We looked at the feedback we had received from people who used the service, relatives and staff members. We reviewed the information received from the provider in the provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We spoke to local authority commissioners to gather their feedback. We used all this information to plan our inspection.

During the inspection

We spoke with five members of staff including the registered manager, a director of the provider company, a care co-ordinator and a senior care worker. We reviewed five people's care records in detail and looked at four people's medicines records. We looked at a sample of records relating to the management of the service including health and safety checks, accident and incident records, policies and procedures and a sample of completed audits and checks. We looked at two people's recent reviews and feedback about their care. In addition, we looked at two staff personnel records to assess the provider's recruitment procedures were safe.

After the inspection

We spoke with six people and seven people's relatives by telephone. We contacted ten staff via email to seek their feedback about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt safe with the care staff who visited their homes. One person's customer satisfaction review confirmed staff always wore their identification badges and locked up their home securely. A relative said, "[Name] feels safe, they talk to him, pass the time of day with him and treat him with respect."
- The provider had robust safeguarding systems in place. The provider had been open with the local authority and safeguarding team regarding allegations made against their service and had been fully involved in investigations. The provider had notified CQC as required.
- Staff had received safeguarding training and understood their responsibilities to record and report safety incidents and raise concerns.
- Staff told us they felt confident in whistleblowing (telling someone) if they had any worries.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and wellbeing were assessed and managed. People's care plans contained risk assessments linked to their individual support needs. These explained the actions staff should take to promote people's safety, while maintaining their independence and ensuring their needs were met. Positive risk assessments evidenced aspects of people's care they could manage themselves, and informed staff how people should be encouraged to maintain their independence.
- Incidents and accidents were documented and monitored to ensure there were opportunities for lessons to be learned. Accidents and incidents were reported by staff and action was taken to mitigate the risk of incidents happening again. Records evidenced regular communication with relevant professionals to manage risks, such as the G.P, social services, district nurses, the pharmacy and, where appropriate, people's relatives.
- Policies and systems were in place to ensure that incidents were recorded, including late or missed calls. The manager told us these were analysed monthly and actions were taken to make improvements if required.

Staffing and recruitment

- People's needs, and hours of support, were individually assessed. Staffing rotas showed there were enough staff deployed to meet people's needs. However, the recent COVID-19 pandemic had impacted on staffing levels due to unexpected sickness and absences. The registered manager explained the service was fully staffed but extra staff were being recruited to ensure they could meet unexpected absences and annual leave. In addition, office based staff had kept their care and support training up to date so they could cover in an emergency.
- We received mixed feedback from people about whether care staff always arrived on time for their

scheduled calls and if they were always contacted when care staff were running late. One person told us they appreciated that sometimes staff were delayed as they needed to stay at the previous call longer than anticipated. Another person said, "They generally don't let me know unless they're going to be very late, then it would be the carer who phones." The registered manager confirmed it was the provider's policy that care staff informed people if they were going to arrive late for their call. They told us they would remind staff of this. .

- People told us care staff stayed for the time they should, one relative said, "When we get regulars [staff] it's consistent and they do a good job."
- The provider had a system in place which staff used to log in and out of each call. This enabled managers to monitor when staff arrived and left people's homes to ensure they received their agreed care package.
- Staff had access to an 'on call' system which meant they were able to contact the registered manager or senior care staff for advice and support.
- Staff were recruited safely. Recruitment systems ensured that staff were recruited safely with required references and Disclosure and Barring Service (DBS) checks in place before they commenced employment. This protected people from new staff being employed who may not be suitable to work with them

Using medicines safely

- Medicines were administered safely by trained staff. Staff received medication training and their competencies were assessed as part of spot checks of care practice. Staff completed records to show when people received their prescribed medicines including topical medicines.
- One person received their medication 'as required'. There was no person-centred protocol to ensure this medicine was given consistently by care staff and only when required. The provider took Immediate action to implement a protocol and relevant records relating to the medication were updated to reflect this change.
- Medicines administration records (MARs) were audited by the registered manager regularly to identify any errors or omissions.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection. Overall people told us personal protective equipment (PPE) such as gloves and aprons were used by staff to protect themselves and the person from the risk of infection. Staff were provided with Personal Protective Equipment (PPE) and their compliance with infection control and PPE monitored through spot checks.
- Staff were trained in infection control and understood their role and responsibility for maintaining high standards of cleanliness and hygiene. The registered manager confirmed extra COVID-19 training had been provided to staff at the start of the pandemic, to ensure they understood how to prevent the spread of the infection.
- The provider ensured staff received weekly testing for COVID-19 and provided additional Lateral Flow Tests to mitigate the risks relating to COVID-19.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- People's capacity to consent to care and support had been assessed and recorded.
- The manager and staff had received MCA and DoLS training. They understood people had the right to make their own decisions about their care.
- People confirmed staff asked for their consent before providing care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The manager carried out an initial assessment with people before they started providing care and support. People and their relatives were fully involved in the assessment and care planning process.
- Records showed initial assessments considered any additional provisions that might need to be made to ensure people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they had any cultural or religious beliefs or needs which needed to be considered when planning for their support.
- Information gathered at the initial assessment stage was used to develop people's individual care plans. These were developed further over time as staff got to know people and their relatives.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us staff supported them to maintain good health, including contacting healthcare professionals on their behalf if necessary. Staff monitored people's health and wellbeing for signs of change and responded appropriately. If staff recognised the need for someone to see a health professional, they would escalate this to senior staff or management. For example, records evidenced that in response to concerns about a person's skin becoming red, contact was made with district nurses who arranged to visit the same day.

- Holistic assessments of need were carried out to reflect people's physical, social, emotional and psychological needs.
- The provider ensured that assessments were carried out in partnership with people and their relatives and reviewed regularly to ensure they remained relevant following changes to people's health.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans included a nutrition and hydration risk assessment and guidance for staff on people's dietary requirements.
- Staff understood and followed people's care plans which detailed the support they required with eating and drinking.

Staff support: induction, training, skills and experience

- Overall people told us care staff were sufficiently trained. One person commented on how well staff knew how to support them with their mobility aid. A relative told us, "They [staff] can tell when she's struggling with breathing and give her a break and a rest."
- New staff received an induction when they started working at the service. Inductions were role specific and covered an introduction to the service as well as an overview of the tasks that each member of staff was required to complete as part of their role. New staff usually worked alongside other experienced staff.
- Staff had completed the appropriate training needed to enable them to deliver care safely and effectively. This included completing 'The Care Certificate'. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- The provider had a designated training room with mobility equipment, and other equipment such as tubes and specialist devices, so that these could be demonstrated. More specific training was also provided on a range of health conditions such as diabetes, stroke and sensory impairments.
- Records showed staff had regular meetings with their manager. Supervision enabled staff to discuss their work and identify any further support or training needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were effective systems in place to monitor the quality of the service. A range of quality audits such as of care plans, medicines, and staff files were in place and completed. In addition, checks were made on when staff arrived at and left scheduled care calls. The results of audits were recorded on a central spreadsheet, so any improvements or actions that were identified could be monitored for their completion.
- Registered services are required to notify CQC of specific incidents relating to the service. These notifications tell us about any important events that have happened in the service. Before our inspection visit, we identified that notifications had not always been sent to CQC as required. We had raised this with the provider and at our inspection we were assured the registered manager was aware of our requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Most people told us they considered the service was well run and they could speak to someone in the office easily. Some people told us communication could be better, especially if staff were going to arrive late, or their regular care worker was being replaced by a member of staff they did not know well. The registered manager assured us staff would be reminded to let people know if they were running late.
- Most staff told us they were happy working at Platinum Care, however, one staff member told us they did not feel the provider offered a flexible work-life balance, as they sometimes had their own caring responsibilities. Conversely, another staff member told us the provider was very 'family orientated'.
- The provider told us they had previously encountered problems with staff who had left the service for performance issues, making allegations against them which they felt were unfounded. This situation had impacted on staff morale significantly over the previous year. In addition, the COVID-19 pandemic had impacted on morale and their service, creating extra work and anxiety for staff and managers. With the recruitment of extra staff to the team they hoped morale would improve and the pressure on existing staff would be eased.
- The provider was able to demonstrate where staff members had provided them with feedback, concerns had been investigated and action taken where necessary to improve their service.
- Customer satisfaction surveys were used to gather feedback from people regarding their experiences of care provided. A recent analysis of feedback scored 98% positive out of 80 surveys which was an improvement from previous surveys. The provider was in the process of increasing the frequency of these

surveys to every quarter to increase feedback and help identify areas for improvement. A relative told us, "I have been asked for feedback. ...people I've spoken to are nice and seem well organised."

Continuous learning and improving care

- The provider was in the process of making improvements to their governance and auditing systems to enable daily checks of care and medication records through their electronic systems.
- We reviewed a number of complaints, and compliments during our inspection visit. Complaint records showed the provider investigated any negative feedback they received to assist them in improving their service. One person told us, "I did complain about lateness. ...they seem better organised now."
- The provider maintained oversight of care standards and staff competencies through regular spot checks and supervisions. Spot checks enabled the provider to identify training and development needs, or where staff needed a little more time to improve their confidence and skill in their roles.

Working in partnership with others

- The registered manager worked with people, their relatives and healthcare professionals to meet people's needs.
- Staff told us they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's care.
- The provider had a telephone messaging system to keep staff up to date with any changes to their working schedule, care and support plans, and also to policies and procedures. Staff could access policies and procedures online through a company intranet.