

Platinum Living Devon Ltd

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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 inspection was announced and took place on 7 January 2016. We told the provider two days before our visit that we would be coming. This was because we wanted to make sure the information we needed would be available. The inspection was carried out by one inspector. The service was re-registered in 2015 when the provider and location moved to their current address. Under the previous registration the service was last inspected on 15 October 2014 when the service was found to be meeting the requirements of the five areas we inspected..

Platinum Living Devon Ltd provides personal care for younger adults with physical disabilities who live in their own homes. This type of service is often referred to as supported accommodation. At the time of this inspection there were five people with cerebral palsy who received a range of support including personal care.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service and their families had been fully involved in drawing up and agreeing a plan of their support needs. Each person held a copy of their support plan and told us they were certain the information was correct. The plans were comprehensive, well laid out and easy to read. They had been regularly reviewed with the person and were up-to-date. Any potential risks to the person's health or safety had been assessed and regularly reviewed. The support plans provided clear instructions to staff instructions on how each person wanted to be supported.

People received a reliable service. They received a rota in advance which gave them the names of the staff who would be visiting them and the day and the times of the visits. They told us they could rely on staff to arrive on time and stay for the agreed time. They also told us the service was flexible and could provide extra support, or support at a different time, at short notice if necessary.

The registered manager and staff told us one aspect of the service they were particularly proud of was their success in helping people to gain independence and to achieve their goals and aspirations. The service had links with many local resources including education services, social groups, sports and leisure facilities, and employment opportunities. They had consulted with the people who used the service to find out what they wanted to do, and if there were no suitable facilities available they organised their own, for example yoga sessions. People participated in a variety of social activities within the home and in the community. The service had good local links to promote people's involvement in the community.

People told us the staff were always caring and treated them with respect. Comments included "The staff have the right attitude." Staff always sought people's agreement and consent before carrying out any task.

One person told us "I feel I am really in control."

Policies and procedures were in place to ensure people were protected from the risk of abuse and avoidable harm. Staff had received a range of training and information including safeguarding adults and they were confident they knew how to recognise and report potential abuse. People who used the service told us they felt safe. Comments included "Yes, I feel safe with the agency."

Staff were well supported. They told us they could contact a manager at any time for advice or support. One-to-one supervision had been mainly through ad hoc meetings and group meetings, but formal one-to-one supervision sessions have been planned for the coming year. Staff meetings were held regularly. Comments included "It's brilliant. We never let issues rumble on. If we need to discuss anything we will let (the registered manager) know and a meeting is set up." The staff we spoke with were positive and enthusiastic.

At the time of this inspection people were in full control of their own medicines, although they needed some support from staff to help them take their medicines out of the packaging. Safe systems were in place to record all medicines administered by staff. Staff had received training and information on safe administration of medicines.

Staff respected each person's right to make decisions about their lives, including matters relating to their health. Staff offered guidance and support to help people manage their own health and well-being. People could request support from staff to help them attend medical appointments. Where people requested support, staff liaised with health and social care professionals on their behalf, and with their full agreement.

People who used the service, staff and professionals we spoke with told us the service was well-led. Comments included "Yes, the agency is well run. I think (the managers) have done a brilliant job since they started up the company."

The provider had a range of monitoring systems in place to ensure the service ran smoothly and to identify where improvements were needed. People were encouraged to speak out and raise concerns, complaints or suggestions in a variety of ways. People were asked to complete survey forms seeking their views on all aspects of the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014). You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not entirely safe.

People were not fully protected from abuse and avoidable harm because records did not show that the provider had always followed safe recruitment procedures.

People were supported to manage any risks to their health and well-being safely and in accordance with their wishes.

People received a reliable service from staff they knew and trusted.

Is the service effective?

Good 

The service was effective.

People received effective care and support from staff who were competent and well trained. .

People were supported to access specialist healthcare professionals when needed.

Is the service caring?

Good 

The service was caring.

People were treated with kindness, dignity and respect.

The staff and management were caring and considerate.

Is the service responsive?

Good 

The service was responsive.

People were fully involved and consulted in all aspects of assessment and planning of their care.

People were supported to lead active and fulfilling lives and avoid social isolation.

People were encouraged to express their views and the service responded appropriately to their feedback.

Is the service well-led?

Good ●

- The service was well led.
- The service promoted an open and caring culture centred on people's individual needs.
- People were supported by a motivated and dedicated team of management and staff.
- The provider's quality assurance systems were effective in maintaining and driving service improvements.

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Detailed findings

Background to this inspection

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

This inspection took place on 7 January 2016 and was announced. It was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. There had been no serious injuries, concerns, complaints or safeguarding alerts since our last inspection of the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During our inspection we spoke with the registered manager and one member of staff. We visited one person who received a personal care service. We spoke with two relatives. We looked at the care records held in people's homes. We also looked at records relevant to the running of the service. This included staff recruitment files, training records, medication records, and quality monitoring procedures.

After our inspection we contacted three health and social care professionals to seek their views on the service.

Is the service safe?

Our findings

People's safety had not always been protected by robust recruitment procedures. Recruitment records showed that some staff had begun working with people before checks and references had been obtained to show applicants were entirely suitable for the post they had applied for. The provider told us their usual procedure was to obtain at least two verbal references and also carry out checks through the Disclosure and Barring Service (DBS) to make sure the applicant had not been barred from working with vulnerable adults. They also requested written references. However, recruitment records were incomplete. Some records did not contain an application form, evidence of the applicants' previous employment, or interview notes to show that the applicant's employment history had been carefully explored. Some records contained evidence of checks and references gathered after they had begun working alone with people who used the service. The provider gave us assurances the checks will be carried out safely in future and records will be retained to provide evidence of each applicant's suitability.

This is a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014

People received a reliable service. The provider had efficient systems in place to plan the visits to each person. Timetables were drawn up in advance according to the times people had requested visits. They received a copy of the timetable in a format suitable for their individual needs, for example some preferred to receive their timetables by e mail, and some by text message. Staff also received a copy of the timetables, which meant they had information in advance to let them know the times and days they would be working, and the people they would be supporting. The staff were flexible to meet any changes in times of visits requested by people. A person who received support from the agency told us they were sent information well in advance to let them know the names of the carers who would be visiting them and the times of the visits. They said they could always rely on staff to arrive on time, and they had not experienced any missed visits. A member of staff told us they received information about their rotas a month in advance. This gave them plenty of time to request a change of rota if they wanted time off, or if they spotted any mistakes in the rota.

People were protected from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff said they were confident that if any concerns were raised with management they would be dealt with to make sure people were protected.

Risks to each person's health had been carefully assessed and regularly reviewed. Staff had access to detailed information on all aspects of each person's health needs and how to support people to minimise the risks. A relative told us the staff were pro-active regarding potential risks or problems. They spotted warning signs promptly and discussed these sensitively with the person to agree any actions necessary. There was good communication between staff, people who used the service, relatives and other professionals to ensure all risks were acted on promptly. Risks covered included maintaining a safe environment, breathing, elimination, eating and drinking and the risk of choking. Where risks had been identified, specialist advice had been obtained with the person's agreement. For example, advice had been

received from the Speech and Language Team (SALT) on how to support a person who was at risk of choking. They had also obtained advice from a dietician for a person who wanted to be supported to maintain a healthy weight.

A member of staff told us if they had any concerns about people's safety they would raise these with the provider. They said, "It is very easy to speak with (the provider) if there are any issues. She is always around and very approachable".

Staff followed safe procedures when supporting people with their medications. A person told us, "The staff know what they are doing. They never make a mistake." A list of each person's prescribed medications was kept in their care plan, giving staff up to date information on the medicines and daily dosages. There was detailed information in each care plan on how the person wanted staff to assist them. They took care to enable people to be as independent as possible with all tasks including medicine administration. Staff kept accurate records each time they supported a person to take their medicines. A relative told us the provider had helped the person draw up a schedule of their medicines. This had been really helpful and enabled the person to manage their own medicines safely.

A finance policy had been drawn up to safeguard those people who needed staff to support them when paying bills or purchasing items. Each person's situation was different according to their physical abilities. Where people needed staff to assist them with cash or cards there were clear guidelines in place. Petty cash books were used for all transactions and these were checked regularly by the provider.

Is the service effective?

Our findings

People received effective support from staff who were competent and well trained. A person who received support from the service said, "All the staff are well-trained. They are very competent."

Staff received training at the start of their employment to ensure they had the basic skills and knowledge needed to meet the needs of each person. This included training on cerebral palsy. All staff had completed a nationally recognised qualification for care staff known as the Care Certificate. They had also obtained other nationally recognised qualifications known as National Vocational Qualifications (NVQ) or equivalent, such as the diploma in health and social care. There was a training record for each member of staff and the provider used these records to help them plan future training and qualifications for the staff team. A member of staff told us the quality of the training had been good, and they were aware that more training was planned for the coming year. They said the quality of the moving and handling training had been exceptionally good.

A relative told us, "Staff appear to be well-trained. New staff are always shadowed by an experienced member of staff. I have no concerns about their competence."

Staff told us they were well supported. They received one formal supervision each year and an annual appraisal. The provider also carried out monitoring visits approximately three times a year to observe staff practice. In addition staff also received many informal supervision sessions whenever they raised an issue or query. Staff meetings were held approximately three times a year. A member of staff told us, "We work together well as a team. Staff are happy and enjoy their work." They went on to say, "Opportunities and ideas are always listened to, and they are happy to try out new ideas."

Staff understood the communication methods used by each person. Care plans gave detailed information about each person's communication needs, including any technology they used to assist them.

Care plans provided detailed information about the health needs of each person. The service specialised in supporting people with cerebral palsy and staff had been given training and information on all aspects of this condition. The condition affected each person in a unique way, and this was clearly explained in the support plans. New staff were also given information and instruction on each person's health needs by shadowing experienced staff at the start of their employment, and through good communications systems between staff including daily records and staff meetings.

People were supported to eat a healthy diet according to their personal preferences. Care plans provided detailed information about each person's dietary needs, likes and dislikes. For example, 'X often drinks tea with 2 sugars and uses two handled lidded beakers or cups/glasses with a straw. X will ask for juice as a change during the day. 'Any choking risks were highlighted in bold in people's care plans'. Guidance had been obtained from the Speech and Language Team (SALT) on food preparation and foods that should be avoided.

Where people had requested staff to assist them to drink alcohol there had been clear guidelines agreed. Alcohol consent forms had been drawn up and signed by people.

People told us the staff always sought their consent before carrying out any personal care or support tasks. They said staff were not bossy, and instead they offered guidance in a sensitive way, for example on healthy food options or good places to shop. Where people have raised concerns in the past about staff being too forceful in their guidance this has been addressed satisfactorily by the provider. For example, one relative talked about some 'personality clashes' in the past. The provider had worked with the staff to ensure they understood the person's right to make decisions. The relative told us all problems had now been resolved "They have let (the person) be herself. They have allowed her to make her own decisions even though it may not have been the decision the staff or others might have made."

Is the service caring?

Our findings

Staff and providers worked closely with each person to make sure people received a caring service designed to meet their individual needs and maintain their well-being. Staff provided sensitive encouragement to people to gain independence. Support was carefully planned to build on each person's strengths and abilities, to help them gain confidence, and to lead fulfilling lives.

One person told us the staff were, "...caring – yes – very caring." They also praised the way staff maintained confidentiality. This was a value that was important to them. "They are very good – very confidential." The person always read the daily reports written by staff and said the reports were accurate and respectful. They were confident they could request that any reports they disagreed with would be removed by the staff, although this had never been necessary.

The person felt in complete control of all aspects of their support service. If they wanted to do something the agency would help them "make it happen." They went on to say, "It is really an excellent support. They are very good indeed." The person had moved a few months earlier from another service provider where they received a poor service. They praised the care they received from Platinum Care saying "I call this bliss compared to what I had previously. Now I have a life." They told us the staff supported them in whatever they wanted to do, and wherever they wanted to go.

People had been involved in the service in various ways, including group meetings and satisfaction surveys. In a recent satisfaction survey a person had praised a member of staff for their care, "Because she was there for me when I was feeling down, and for her understanding of me."

The providers and staff supported people to maintain strong relationships with families and friends. Relatives praised the provider and the staff for their caring approach. One relative described how staff talked to the person to find out what they wanted to do each day. They said the person had been through a 'learning curve', gaining new skills such as cooking. Their new-found independence had made a significant improvement to their quality of life. They told us "They are having the time of their life."

Another relative described how the provider and staff had given a person lots of support to help the person overcome problems and difficulties saying, "Platinum have done a lot to help her regain her confidence." They also said, "Staff have always been happy to listen. I have been heartened by their efforts in the last six months."

A member of staff described how the service made a positive difference to the lives of each person. "I think it is fantastic – very personal. The management know each person." They said the service focussed on the goals each person wanted to achieve, for example if a person wanted support to lose weight. They had discussions with each person to agree a plan to reach their goals, saying "We advise but don't 'boss' people. We allow people to manage their own lives."

Is the service responsive?

Our findings

People received a service that was responsive to their individual needs. Each person had been consulted and involved in drawing up a plan setting out how they wanted staff to support them in all aspects of their care. The plans were detailed, easy to read, and gave staff good information on how to support the person with each task. The provider told us they carried out the first few shifts with each person at the start of their service to help them develop the care plan, and make sure it contained sufficient detail about every aspect of their health and personal care needs. After this the plans were reviewed with the person at least once a month. A copy of the care plan was held by the person in their home. Each person had drawn up a one-page profile setting out 'what is important to me' and 'how best to support me'.

A relative told us staff had met the person before the service began. This had helped them get to know each other and to begin to understand the person's support needs.

The support plans contained sections on maintaining a safe environment, medication, communication, breathing, eating and drinking, elimination, washing and dressing, mobility, controlling temperature, working and playing, expressing sexuality, sleeping, and death and dying. Where staff were required to carry out complex procedures, for example when using equipment to help people move safely, the plans contained clear instructions which were easy to follow. One care plan we looked at contained step by step instructions including photographs to show staff how to use equipment safely.

Staff offered people support where necessary to contact health professionals or attend medical appointments. This was always carried out with the person's full agreement. One person told us they did not need staff support to contact medical professionals as they could do this themselves. Another person's care plan said, "Enablers are required to support X to communicate with health care professionals and other agents as well as attend appointments with X to offer support and encouragement."

People were supported to lead active and fulfilling lives. The provider and staff had worked with people to develop a wide range of resources people could participate in. They had worked closely with each person to find out what they were interested in, their hopes and aspirations. They arranged group activities including parties and outings. A quarterly newsletter was sent out with articles written by people who used the service. The newsletter included information about activities people had participated in, as well as activities planned for the future.

The range of recent activities included swimming lessons, charity fundraising work, tenpin bowling and an outing to a local Bingo hall. People had provided survival packs for homeless people and knitted 'possum packs' which were sent to an Australian charity. Group activities had helped people develop peer support and friendship. This was continued through social media contact.

People has been supported to find and maintain employment, either paid or voluntary work. They also supported people to attend university or college courses.

Relatives described how happy people were with their social lives. One relative said the person had started attending 'cheerleading' classes with support from the agency. They also talked about plans for outings to places such as Monkey World.

Some people had their own car which enabled them to get out and about whenever they wanted, with support from staff to drive them. One person told us how the provider and staff had consulted with them about the things they wanted to do and the places they wanted to go. They were very happy with all aspects of their social life and the support from the agency to help them achieve this.

A member of staff talked about the support people were given to help them participate fully in the local community. They gave examples, such as, accompanying people to go to the shops, go out for coffee, and to find a job.

People were encouraged to speak out and raise any concerns or complaints. A person told us, "There is no doubt in my mind if there were any problems (the provider) would come and see me and she would sort it out."

Is the service well-led?

Our findings

The service was well-led. Staff were well supported and there was good communication, supervision and peer support.. A member of staff spoke positively about the providers, saying, "Opportunities and ideas are always listened to, and they are happy to try out new ideas." The culture of the service was open and positive. Staff meetings were held regularly.

People were encouraged to be involved and have an active voice in all aspects of the service. The provider encouraged people to speak out and not to be afraid of raising a complaint or making a suggestion for improvement. They consulted people individually and as a group to find out how they wanted the service to be run, and any areas where improvements could be made. Satisfaction surveys had been sent out and the results from the most recent surveys has been entirely positive. There had been lots of compliments for the service and no complaints.

The service was managed by the providers. One of the providers carried out the main day-to-day management of the service with support from her husband with specific tasks, such as first aid training for staff. People and relatives praised the providers, saying they had always been willing to listen, and take action where necessary, to make sure people received a service that met their individual needs. A relative told us, "We have had such a positive transition (from the person's previous care provision."

The providers carried out checks and audits on all areas of the service to make sure people received a safe and reliable service. Monthly checks covered medication records, accidents and incidents, handling of money, risk assessments and care plans, staff concerns, compliments and complaints, communication with people, staff observations, training records and staff sickness. Spot checks were carried out to observe staff and make sure they were providing effective and caring support.

There were effective systems in place to make sure people received a reliable service. Staff were expected to log in and log out when they visited people by ringing the agency office. The provider told us this was a 'fail safe' procedure just in case for any reason a member of staff was unexpectedly delayed, or forgot to visit a person. The provider was alerted if staff had not arrived, and they were able to provide alternative cover quickly to make sure the person was safe, and had the support they needed. A relative we spoke with told us the service was, "Reliable? On the whole, yes." They said there had been a mix-up some time ago when the person was left without help and as a result the provider had put in place the logging in and out system for staff. The relative was confident this system had worked and there had been no further incidents of missed or late visits.

The provider told us "Our ethic is to deliver consistent support to young adults with a complex disability to run their own homes safely and successfully." Staff and people who used the service confirmed that the service was all about promoting their independence and enabling them to make real choices about their lives. A person told us they were very happy with the way the service was managed. They said the service had helped them gain complete control of their life and their support needs.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Safe recruitment practices were not always followed before new staff began working with people who used the service.</p>