

Platinum Nursing Care Ltd

# Platinum Nursing Care

## Inspection report

McDonnell Drive  
Coventry  
CV7 9GA

Tel: 02477103374

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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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Platinum Nursing Care Limited is a residential care home providing personal and nursing care to 29 people aged 65 and over at the time of the inspection. The care home accommodates 32 people across three wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia. People with nursing needs were supported on other units. Not everyone in the home was receiving nursing care.

### People's experience of the service and what we found

Some improvements were made since our last inspection to mitigate risks to people's health and well-being. However, further improvements were still required to ensure risks were consistently managed. Auditing and quality assurance checks were carried out by the deputy manager. However, further time was needed for these systems to embed and ensure effective oversight and monitoring of risks. The registered manager recognised that the inspection identified areas of governance that could be further improved, to ensure identified risks to people are communicated back to the management team in a timely way and measures to mitigate those risks implemented.

On the day of our inspection there were enough staff on duty to meet people's needs and there was improved oversight of communal areas to maintain people's safety. Staff were recruited safely. Staff knew how to protect people from abuse and when concerns should be raised with the manager and the provider. Improvements were made to the storage and administration of medicines. We were assured by infection, prevention and control processes. There were improvements to the recording and monitoring of accidents and incidents. Staff understood their responsibility to record accidents and incidents and there was a system to monitor these for trends or patterns.

Assessments were carried out to identify people's needs, choices and wishes regarding their care. Mandatory training in The Care Certificate was provided and staff were encouraged to undertake qualifications in health and social care. Improvement has been made to make lunch time a positive experience that encouraged people to socialise and eat more. Staff had a good understanding of the Mental Capacity Act and the importance of respecting people's right to make their own choices and decisions. Records showed that referrals were made to external health professionals including the G.P, Speech and Language Therapist and Dieticians to ensure people had access to the support they needed. Improvements had been made to encourage people to use and enjoy the communal areas in the home.

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.

Some positive and caring interactions took place between people and staff. Assessments showed that people's views and wishes had been gathered regarding decisions about their care. Staff protected people's

privacy and dignity and recognised people's desire to retain their independence as much as possible.

The service had 'getting to know you' information about people in care plans which contained information about their past lives, hobbies and interests. This encouraged meaningful conversation between staff and people. Visual communication aids were available for staff to promote people's understanding if they struggled with the spoken word. There was a range of activities and entertainments to provide people with opportunities for social engagement. There was a system to record and respond to complaints. Staff received online training in end of life care. The deputy manager was in the process of arranging more specialised, face to face training to improve staff confidence and emotional resilience.

There was a positive approach to the whole team sharing expectations and identifying when practice may have fallen short of expectations during staff meetings. The registered manager understood their responsibility to notify us about important events that affected people living at Platinum Nursing Care. The provider worked with other health professionals in response to changes in people's needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 8 July 2021). This service has been rated requires improvement for the last two consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The provider took immediate action during and after the inspection to mitigate risks to people.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Platinum Nursing Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to Safe Care and Treatment and Good Governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Information is in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Platinum Nursing Care

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of two inspectors, a Specialist Nurse Advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Platinum Nursing Care is a 'care home'. People in care homes receive accommodation, nursing and/or personal care as a single package under one contractual agreement, dependent on their registration with us. Platinum Nursing Care is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 6 July 2022 and ended on 18 July 2022. The first day of the inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people and 14 relatives about their experiences of care. We spoke with 10 members of staff including the registered manager, nominated individual, deputy manager, nursing staff, lead care staff, care staff, activities coordinator and maintenance person. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records including five care plans, risk assessments and care records, medicine records, two recruitment files and a variety of documents relating to the management of 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

### Assessing risk, safety monitoring and management

- Some improvements had been made since our last inspection to mitigate risks to people's health and well-being. Wound care plans were detailed and enabled the service to effectively monitor whether wounds responded positively to treatment. However, further improvements were still required to ensure risks were consistently managed.
- Many people had bed rails without bed rail bumpers. When we checked those people's care records, we found the risks of bed rails without bumpers had either not been identified, or the person had been assessed as requiring bumpers and they were not in place. This meant the risks of skin damage and/or entrapment had not been mitigated. In response to our feedback all bed rail risk assessments were reviewed and bed bumpers were implemented for those identified as needing them.
- One person who lacked capacity had diet controlled diabetes and two staff we spoke with were unaware the person was diabetic. There was no care plan with guidance on nutrition and staff gave this person lots of puddings. A diabetic care plan was implemented in response to our feedback.
- Where people had catheters, these were not always positioned according to NICE guidelines. Two people's catheter bags were lying on their beds when they should be strapped to the person's leg. This was to ensure the catheter bag was below the bladder so the catheter could drain properly.
- Risks around people's oral health were not managed consistently. One person had an oral health risk assessment which stated they needed full support with oral care and a gel to be applied to their mouth and lips before every meal and at bedtime. We spoke with two staff who were not aware of this required action and records evidenced the person had only received support with their oral care on three occasions in six days. The person had developed oral thrush, but this had not been identified until we brought it to the attention of the nurse on duty.

Systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service were not operating effectively. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider carried out regular checks of the premises and equipment to ensure they were maintained.
- Relatives gave positive feedback about the care and felt their loved ones were safe. One relative said, "[Person] is very safe indeed. They watch over them which gives me confidence. [Person] is bedridden, but they put [person] in a chair and wheel them to the lounge or to lunch." Another said, "This is a very good place. [Person] is looked after so well. [Person is] happy and safe. When they came in [person] was in a bad place: a lost soul, troubled. They are brilliant, they have turned [person] round. They're thriving."

#### Using medicines safely

- Following our last inspection, improvements had been made to the storage and administration of medicines. Sharps were disposed of according to best practice guidance, and application charts supported the safe administration of patch medicines.
- However, medicines to be returned to the pharmacy because they were no longer required were kept in an unlabelled, open box on the floor and there were some gaps in clinic room temperature checks. It is important to ensure medicines are kept at the right temperature to maintain their effectiveness. In response to our feedback, immediate action was taken to store these medicines in a locked and labelled box and staff were reminded to keep regular records of temperature monitoring.

#### Staffing and recruitment

- On the day of our inspection there were enough staff on duty to meet people's needs and there was improved oversight of communal areas to maintain people's safety. Feedback from staff and relatives confirmed this.
- The registered manager had recently reviewed people's dependency and increased staffing levels during the morning. This was when people required more intensive support, particularly in respect of their personal care.
- Staff told us the current staffing levels enabled them to provide safe and effective care. One staff member commented, "The staffing levels are not bad at all. We have two agency staff come in the morning and they are a great help."
- Staff were recruited safely. Recruitment checks included reference and Disclosure and Barring Service (DBS) checks.

#### Systems and processes to safeguard people from the risk of abuse

- Staff knew how to protect people from abuse and when concerns should be raised with the manager and the provider. One staff member told us, "I would report it to [registered manager], and I would take that member of staff to one side and say it was inappropriate and I was reporting it."
- Staff told us they would escalate their concerns if they felt immediate action had not been taken to safeguard people.
- Contact details for the local authority safeguarding team and CQC were displayed in staff offices.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Overall, the home was clean but we found one communal bathroom had not been cleaned effectively and some clinical waste had not been disposed of in clinical waste bins. There was an occasion when a member of staff did not wash their hands after removing their PPE. This was shared by the provider

at their monthly team meetings to ensure all staff understood expectations in relation to infection prevention and control.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The home was allowing visitors according to current government guidance.

#### Learning lessons when things go wrong

- There were improvements to the recording and monitoring of accidents and incidents. Staff understood their responsibility to record accidents and incidents and there was a system to monitor these for trends or patterns.
- The deputy manager checked whether falls occurred during specific times or locations and took action to minimise the risk of them happening again. For example, one person was identified as being at higher risk of falls because of the chair they sat in, so they were provided with a lower level chair.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were carried out to identify people's needs, choices and wishes regarding their care.
- The registered manager recognised the importance of gathering information about people's past histories and encouraged relatives to contribute information.

Staff support: induction, training, skills and experience

- Mandatory training in The Care Certificate was provided. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- New staff received an induction which included working alongside experienced staff for a number of days. As staff progressed into their role, they had opportunities to obtain nationally recognised vocational qualifications. Supervision provided staff with an opportunity to discuss and identify ongoing training and development needs.
- The deputy manager recognised the value of face to face training to improve staff confidence and competence with more specialised areas of care. Staff received face to face training in continence care and the deputy manager was in the process of arranging an external trainer to deliver training in end of life care and specialised diets. One staff member said, "The continence team have been in to do training with the staff and the nurses about continence and making sure people are in the right pads and the right type of pad. They have been quite supportive the continence team."

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

- Improvement had been made to make lunch time a positive experience that encouraged people to socialise and eat more. People were encouraged to eat in the dining room with others and staff were available to assist people and encourage them to eat more. However, we found people's shared mealtime experience did not promote a relaxed experience. In one dining room both the television and the radio were on which made it very noisy and confusing.
- At lunch time we saw staff recorded what people had eaten and drank as they cleared away their plates which helped to ensure dietary intake was accurately completed.
- Relatives gave positive feedback about the food based on conversations with their loved ones and observations when they visited. One relative said, "The food is brilliant. [Person] eats everything. It's well cooked and tasty; edible for certain. They'll find [person] something else if [person] isn't happy." Another relative said, "The food is good and [person] enjoys it. They'll ask them for their preferences and do something else if necessary."

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had a good understanding of the MCA and the importance of respecting people's right to make their own choices and decisions. A staff member told us, "I would try and gently persuade them and if they are adamant, I would record it and I would go back throughout the day and see if I could persuade them to have personal care as the day goes on."
- Staff understood when they needed to act in people's best interests to ensure their health and safety was maintained. One staff member explained, "If the person doesn't have capacity and their skin is at risk, I would liaise with the nurse as to what was best for the person to maintain their health."
- Mental capacity assessments were carried out for those identified as needing them. Some improvements were needed to ensure a consistent approach in recording how these decisions were made.
- When someone was identified as potentially being deprived of their liberty, applications were made to the authorising body for consideration as per legal requirements.

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

- Records showed that referrals were made to external health professionals including the G.P, Speech and Language Therapist and Dieticians to ensure people had access to the support they needed. One person had Parkinson's disease and the service worked closely with the Parkinson's nurse to ensure their care and condition was closely monitored and reviewed in response to changes.
- Staff spoke positively about communication within the team. There were daily handovers and monthly staff meetings so information could be handed over to the next shift. One staff member said, "If there are any changes then we are informed. We have a resident who was put on thickener last month and we were told if he is chewing, we encourage him to take his time."

Adapting service, design, decoration to meet people's needs

- Improvements had been made to encourage people to use and enjoy the communal areas in the home. We saw people spending time together in the lounges and staff encouraged and supported people to move between different areas of the home.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Some positive and caring interactions took place between people and staff. When people approached staff, staff responded with both verbal and physical reassurance.
- Some staff took care in their own actions to make sure their approach was caring toward people. One person wanted to go into the garden. The staff member advised the person they would get them a hat and some sun cream because it was very hot outside.
- Staff understood the importance of seeing the person before their health condition. When speaking about people staff made comments such as, "[Name] has got the most beautiful smile." When speaking about a person who could become anxious when receiving personal care, a staff member told us, "If one person (staff member) is just holding his hand, stroking his hand, taking that extra time to give him the reassurance he needs, he is okay."
- One staff member told us of the importance of supporting people to maintain relationships with their family. They explained, "I knew it was [Name's] daughter's birthday, so I bought a card and got [Name] to write it out for her. Her daughter was so pleased and said she hadn't had a card from her in a while."
- Staff told us the registered manager and senior staff were supportive. One staff member told us how the registered manager had checked their well-being after they had recently provided end of life care to a person.

Supporting people to express their views and be involved in making decisions about their care

- Assessments showed that people's views and wishes had been gathered regarding decisions about their care.
- We received mixed feedback from relatives about being involved in care planning. Some relatives told us they had contributed to the care plan whilst others had not. This is important because relatives can provide information about people's backgrounds and histories which can help with person centred care planning and as conversation prompts for staff.

Respecting and promoting people's privacy, dignity and independence

- Staff protected people's privacy and dignity and recognised people's desire to retain their independence as much as possible. Feedback from relatives and our observations confirmed this.
- Staff knocked on people's doors before entering and greeted them by their name. Feedback from relatives was positive. One relative said, "The carers are lovely. They know me. They are so kind. They are so respectful of person", another said, "The carers are great; really helpful and very respectful. They know me by name which is a nice touch."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service had 'getting to know you' information about people in care plans which contained information about their past lives, hobbies and interests. This encouraged meaningful conversation between staff and people. One relative said, "They do talk to [person] about the past because she'll bring up names and talk about them. We know this because the carers ask us who these people are."
- People were supported to make choices. During mealtimes people were offered choices of food and drinks and care plans included information about their preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Visual communication aids were available for staff to promote people's understanding if they struggled with the spoken word. This included symbols to communicate pain and picture cards with words in other languages.
- Two people did not have English as their first language. One person was supported by playing them music in their first language which was observed to give them comfort and reassurance. Another person was supported to communicate with picture cards.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a range of activities and entertainments to provide people with opportunities for social engagement. An activities co-ordinator told us, "They (registered manager) expressed the importance that this is people's home and they are here seven days a week. Enrichment (of their lives) is what they went with, so that could be anything from playing games, doing their nails or just keeping them company."
- During the day we saw the activities co-ordinator spent time with people on a one to one basis to ensure those people who did not benefit from group activities had opportunities for social engagement.

Improving care quality in response to complaints or concerns

- There was a system to record and respond to complaints. When complaints were made, these were responded to in writing.

#### End of life care and support

- Staff received online training in end of life care. The deputy manager was in the process of arranging more specialised, face to face training to improve staff confidence and emotional resilience.
- Where people needed end of life support, the provider had procedures in place to meet people's health needs and their wishes.
- People's choices for their end of life were recorded in their care plan, when they wished to share this with the provider.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection we found systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Auditing and quality assurance checks were carried out by the deputy manager. However, further time was needed for these systems to embed and ensure effective oversight and monitoring of risks.
- Audits of care plans did not identify gaps in care records relating to diabetes and catheters. Systems did not identify where 10 people were assessed as needing bed bumpers due to the risk of harm, injury or entrapment and those bumpers were not in place.
- Systems did not always ensure the timely sharing of information in response to changes in people's health. Staff were unaware that one person had risks associated with their oral hygiene and required specific treatment before eating and drinking. Care plans for a person with a catheter that had been removed had not been updated, to ensure staff had relevant guidance on checking for signs of urinary retention.
- Systems to ensure catheters were positioned according to NICE guidance were not always effective and did not identify two people whose catheters were placed incorrectly on their bed and not secured to their leg.

Systems to assess, monitor and improve the quality and safety of care did not always operate effectively. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When audits identified issues these were shared with the team during staff meetings. For example, infection prevention and control audits identified issues related to staff coming to work wearing their uniform. To ensure staff read the minutes, a copy was printed and left in the staff room and staff had to sign to confirm they had read it.
- The registered manager recognised that the inspection identified areas of governance that could be

further improved, to ensure identified risks to people were communicated back to the management team in a timely way and measures to mitigate those risks implemented.

- There was a positive approach to the whole team sharing expectations in staff meetings and identifying when practice may have fallen short of expectations. Staff reminded each other of the importance of ensuring people were given personalised and dignified care, and to treat all team members as part of the team if they were working different shifts, promoting a culture of inclusivity.
- Staff were positive about their role and the support of the registered manager. One staff member told us, "They listen to what you have to say and if you need anything, they will do their best to get it for you. I have always found them to be very understanding and very approachable."
- We received positive feedback from relatives. One said, "The staff make this place- they always seem so happy and engage with you. They have taken the time to learn about mum- even the food she likes. The place is clean and tidy."

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

- The registered manager understood their responsibility to notify us about important events that affected people living at Platinum Nursing care. Relatives told us they were informed straight away if their loved one experienced an accident or injury.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider tried to encourage people to give feedback on care using questionnaires, but the response rate was often poor. The registered manager said, "We have informal conversations with relatives. We've tried emails, surveys, but the response is often poor, that's why I like to speak to people directly and get issues sorted if there are any. I like to try and sort things out quickly there and then."

Continuous learning and improving care

- Improvements and learning have taken place since the last inspection. Wound care plans effectively monitored people's wounds and their response to treatment and there was a greater focus on people's experience during mealtimes, to promote the social element of eating together.
- There was an improved atmosphere to the home and staff were observed to engage with people positively, and were caring, attentive and respectful in their approach. Audits and quality assurance checks were now in place.
- However, improvements were still needed to ensure governance systems effectively monitored identified risks and ensured timely action was taken to mitigate those risks.

Working in partnership with others

- The provider worked with other health professionals in response to changes in people's 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems did not consistently ensure that all practicable steps were taken to mitigate risks to people's health and safety.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Governance and quality assurance systems were not robust enough to demonstrate safety was effectively managed.