

PLATFORM (HULL)

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Inspection report

Rear of Frederick Holmes School
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09 November 2022

14 November 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

About the service

Platform (Hull) is a domiciliary care service providing personal care and support to people with learning disabilities or autistic spectrum disorder, physical disability and younger adults in their own homes. The service currently supports one person with personal care in their own home.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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; however, the policies and systems in the service did not always support this practice. We have made a recommendation about this.

The service did not have an end of life policy in place should they be required to support someone in the end stages of life. We have made a recommendation about this. The service was not supporting anyone at the end of their life during inspection.

Right Support:

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people to take part in activities and pursue their interests in their local area. Staff wore personal protective equipment (PPE) appropriately which helped to protect people from the risk of infection.

Right Care:

Staff understood how to protect people from poor care and abuse. There were enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. We observed positive interactions between people and staff. People's care and treatment support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Relatives told us they were involved in care planning and could attend meetings. Staff assessed people's risks appropriately and encouraged and enabled people to take positive risks.

Right Culture:

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality of life of their choosing. Staff told us they enjoyed their job and making a positive difference to someone's life.

Staff turnover was low, which supported people to receive consistent care from staff who knew them well. People and those important to them were involved in planning their care and staff evaluated the quality of care supported to people, involving the person, their families and other professionals as appropriate.

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

Rating at last inspection

This service was registered with us on 21 October 2020 and this is the first inspection.

Why we inspected

This was a planned inspection to rate the service.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Platform (Hull)

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff. We visited the service user in their own home and observed staff practice.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 November 2022 and ended on 16 November 2022. We visited the service

user's home on 14 November 2022.

What we did before the inspection

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

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with staff, and electronic file sharing to enable us to review documentation.' The assessment was carried out 9 November 2022 to 16 November 2022. A home visit was carried out 14 November 2022.

We spoke with one relative, two care staff and the registered manager.

We reviewed a range of records. This included one person's care records and medication records. We looked at three staff files in relation to recruitment and supervision. We reviewed a variety of records 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Risk assessments and care plans were detailed and provided guidance for staff to respond to and manage risk effectively.

Staffing and recruitment

- There was enough staff to safely care and support people.
- Staff recruitment and induction training processes promoted safety. Staff knew how to take into account people's individual needs, wishes and goals.
- The care plan contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

Using medicines safely

- Medicines were managed safely.
- Staff received training to administer medicines and had their competency checked.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely

Preventing and controlling infection

- People were protected from the risk of infection.
- We observed staff compliance with personal protective equipment (PPE) and staff understood the importance of wearing PPE.

Learning lessons when things go wrong

- There had not been an adverse incident within the service, so the provider had not needed to undertake a lessons learnt report. We discussed with the manager how lessons would be learnt if an incident did occur and the manager was able to give examples of this within another service they manage.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.
- The service had clear procedures for team working and peer support that promoted good quality care and support.

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

- People's nutrition and hydration needs were effectively met.
- Staff worked closely with the dietician to support with nutritional needs. Clear guidance in the care plan ensured that people's dietary requirements were effectively met. This included support and guidance for specialist feeding equipment such as PEG feeding.

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

- People had health passports which were used by health and social care professionals to support them in the way they needed.
- Multi-disciplinary team professionals were involved in support plans to improve care.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. However, capacity assessments and best interests decisions had not been completed by the service to provide care within people's homes.

We recommend the provider seeks training and guidance from a reputable source in relation to MCA and takes action to update their practice accordingly.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; respecting equality and diversity

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff were patient and used appropriate styles of interaction with people.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities.
- Staff members showed warmth and respect when interacting with people.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments.
- Staff knew when people needed their space and privacy and respected this.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people.
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- Staff offered choices tailored to individual people using a communication method appropriate to that person.

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.

- Staff ensured people had access to information in formats they could understand.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs. They knew how to facilitate communication and when people were trying to tell them something.

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; Improving care quality in response to complaints or concerns

- People were encouraged and motivated by staff to reach their goals and aspirations.
- People were supported to participate in their chosen social and leisure interests on a regular basis.
- The service had not received any complaints. A complaints policy was given to people to inform them how to do so if needed. One relative told us they knew how to make a complaint should they need to and found the manager and staff approachable.

End of life care and support

- The provider was not currently supporting anyone with end of life care (EOL). However, processes were not in place should this be required.

We recommend the provider seeks training and guidance from a reputable source in relation to EOL care and takes action to update their practice accordingly.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management were approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Care was centred around the needs and preferences of people and staff were led by the pace of the individuals they were supporting.
- Staff felt respected, supported and valued by the registered manager, which supported a positive and improvement-driven culture.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- People, and those important to them, worked with managers and staff to develop and improve the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.

Continuous learning and improving care; Working in partnership with others

- The provider kept up to date with national policy to inform improvements to the service.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The provider engaged in local forums to work with other organisations to improve care and support for

people using the service.

- The provider was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.