

Platinum Care For You Ltd

# Platinum Care For You LTD

## Inspection report

Enterprise House  
Foleshill Enterprise Park, Courtaulds Way  
Coventry  
West Midlands  
CV6 5NX

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Tel: 02476278859

Website: [www.platinumcareforyou.co.uk](http://www.platinumcareforyou.co.uk)

## 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

Platinum Care for You is a domiciliary care agency which provides personal care support to people in their own homes. At the time of our visit the agency supported 60 people with personal care and employed 28 care workers.

We visited the offices of Platinum Care For You on 14 December 2015. We told the provider before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

The service has a registered manager. 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 felt safe using the service and care workers understood how to protect people from abuse. There were processes to minimise risks to people's safety; these included procedures to manage identified risks with people's care and checks on care workers to ensure their suitability to work with people who used the service.

The managers understood the principles of the Mental Capacity Act (MCA), and care workers respected people's decisions and gained people's consent before they provided personal care.

There were enough care workers to deliver the care and support people required. Most people had consistent care workers who stayed long enough to complete the care people required, although two people said some care workers rushed to finish and move on to the next person.

Care workers received an induction when they started working for the service and completed training to support them in meeting people's needs effectively. People told us care workers were caring and had the right skills to provide the care and support they required.

Care plans and risk assessments contained relevant information for staff to help them provide the personalised care people required. People knew how to complain and information about making a complaint was available for people. Care workers said they could raise any concerns or issues with the managers, knowing they would be listened to and acted on.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys, spot checks on care workers and a programme of other checks and audits.

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## 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.

Care workers understood their responsibility to keep people safe and to report any suspected abuse. There were procedures to protect people from risk of harm and care workers understood the risks relating to people's care. There were enough care workers to provide the support people required. People received their medicines as prescribed and there was a thorough staff recruitment process.

### Is the service effective?

Good ●

The service was effective.

Care workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. The managers understood the principles of the Mental Capacity Act 2005 and care workers respected decisions people made about their care. People who required support with their nutritional needs had enough to eat and drink during the day and people had access to healthcare services.

### Is the service caring?

Good ●

The service was caring.

People received care and support from consistent care workers that understood their individual needs. People were supported by care workers who they considered kind and who promoted their privacy and independence.

### Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. Care workers understood people's individual needs and were kept up to date about changes in people's care. People knew how to make a complaint and the managers dealt promptly with any concerns or complaints they received.

## Is the service well-led?

Good 

The service was well-led.

People were satisfied with the service and said they were able to contact the office and speak to management if they needed to. Care workers received support and supervision to carry out their work and felt able to raise any concerns with the management team. There were systems to monitor and review the quality of service people received.

# Platinum Care For You LTD

## **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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

The office visit took place on 14 December 2015 and was announced. We told the provider we would be coming so they could ensure they would be available to speak with us and arrange for us to speak with care workers. The inspection was conducted by one inspector 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.

We contacted people who used the service by telephone and spoke with 15 people, (ten people who used the service and five relatives). During our visit we spoke with three care workers, a training assessor, the registered manager and the provider.

We reviewed three people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

# Is the service safe?

## Our findings

People we spoke with said they, or their relatives felt safe with their care workers. When asked if they felt safe, people told us they had regular care workers that helped them feel safe and at ease, comments included, "Yes. I do feel safe. It's nice to know they're coming." People said they knew what to do if they did not feel safe, "I would speak to the manager," and, "I would ring up the office of the Platinum people."

Care workers we spoke with had a good understanding of abuse and how to keep people safe. We gave care workers scenarios of abuse and asked what they would do, for example, unexplained bruising on people, financial mismanagement and staff attitudes. They understood what constituted abusive behaviour and their responsibilities to report this to the managers. One care worker told us, "If I have any concerns I would report it to the managers and record it, but I wouldn't record it in the book as family and visitors have access to this. The managers would look into it and refer it to social services." Prior to our visit we received positive feedback from a social worker about the sensitive and professional way the provider had dealt with a safeguarding concern.

We asked people if their care workers arrived when expected and stayed long enough to do everything that was required before they left. Comments from people included, "The majority of time they do," and, "Mostly they arrive within reasonable time, they said it can be half an hour either way. Some people told us their care workers sometimes stayed longer than their allocated time, but two people said their care workers rushed, "They do what's needed but it's a rush," and "Some of them are in too much of a hurry." We referred comments people had made about staff rushing to the provider, who agreed to look into this. The managers confirmed there were enough care workers to allocate all the calls people required.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. For example some people told us they needed equipment to move around, we were told, "She has a hoist, the care workers know how to use it safely," and, "He uses a hoist and an electric wheelchair. They have filled in a risk assessment and it's in the care plan."

Staff knew about individual risks to people's health and wellbeing and how these were to be managed. Records confirmed that risk assessments had been completed and care was planned to take into account and minimise risk. For example, care workers used equipment to support people who needed assistance to move around and undertook checks of people's skin where they were at risk of skin damage. We asked care workers about monitoring people's skin to make sure it remained healthy. One care worker told us, "I check when I provide personal care to see if the skin on their bottom is red or sore. Any concerns I would document it, complete a body map to show where the area of concern was and report it to the office. I would let the family know and ask them to phone the district nurse if one was involved. If not the office would phone the district nurse."

The provider had an out of hour's system when the office was closed. One care worker told us, "I will phone if I need help or advice, there is always someone on call." Care workers told us this reassured them that

someone was always available if they needed support.

Recruitment procedures made sure, as far as possible, care workers were safe to work with people who used the service. Care workers said they could not work in people's homes until their disclosure and barring certificates had been returned and references received. The Disclosure and Barring Service (DBS) assists employers by checking people's backgrounds and police records to prevent unsuitable people from working with people who use care services. Records confirmed staff had DBS and reference checks completed before they started work.

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines or their relatives helped them with this. Where care workers supported people to manage their medicines it was recorded in their care plan. Care workers told us, and records confirmed, they had received training to administer medicines safely which included checks on their competence. Care workers recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. MARs were checked by care workers during visits and by senior staff during spot checks for any gaps or errors. Completed MARs were returned to the office every month for auditing. These procedures made sure people were given their medicines safely and as prescribed.

## Is the service effective?

### Our findings

We asked people and their relatives if they thought care workers had received the training needed to meet their needs. People said staff seemed well trained but some did not know for sure. People told us, "Yes, they seem to be, they both know what they're doing," and "Definitely," another said, "I think they are. Some of the new ones take time to get into the routine."

Care workers told us they completed an induction, shadow shifts and training before they supported people. People we spoke with confirmed new care workers shadowed experienced workers before working on their own. One person told us, "If they are training up new people they will send senior staff with them until they know what they're doing."

Care workers told us they felt confident and suitably trained to effectively support people. The induction training included the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Records confirmed care workers received regular training to keep their skills up to date and provide effective care to people. This included training in supporting people to move safely, medicine administration and safeguarding adults. One care worker told us, "I completed lots of training when I first started and have just had refresher training in medication and manual handling to keep me up to date with any changes."

Care workers told us their knowledge and learning was monitored through supervision meetings with their manager and unannounced 'observation checks' on their practice. The provider and registered manager told us that during spot checks senior staff looked to see if care workers worked to procedures and training. They checked to see if care workers were dressed appropriately and had their ID badge. They also checked care plans and made sure care workers recorded what they had done accurately. They said during observations of care workers they talked to the person about the care they received and asked them if they were satisfied with their care workers. Records confirmed care workers were observed working in people's homes to ensure they had put their learning into practice.

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager understood their responsibilities under the Act. They told us there was no one using the service at the time of our inspection that lacked capacity to make their own decisions about how they lived their daily lives. We were told some people did lack capacity to make certain complex decisions, for example how they managed their finances, they all had somebody who could support them to make these decisions in their best interest.



Care workers we spoke with had completed training in MCA and knew they could only provide care and support to people who had given their consent. We asked care workers what the MCA meant, they told us, "It's about people's right to make their own decisions." Another said, "All the people I visit have capacity to make decisions, but I still get their consent before I do anything." A relative confirmed care workers respected people's decisions, "He can be stubborn at times. They do take into account how he's feeling. He's not forced to do anything" Care workers said everyone they supported could make everyday decisions for themselves. We asked people if care workers asked for their consent before they provided care, comments included, "Yes, they do," and, "Oh yes, they're very good like that."

Most people told us that they or their relative provided all their meals and drinks. People who were reliant on care workers to assist with meal preparation told us choice was given whenever possible and drinks were offered where needed. No one we spoke with was dependent on their care worker to provide all their food and drinks. Several people said care workers always left them with a drink before they left, for example, "They make me a cup of tea and leave a flask of coffee". One person required their nutrition to be administered through a percutaneous endoscopic gastroscopy (PEG) tube. A PEG is a way of introducing food substitute, fluids and medicines directly into the stomach. A risk assessment had been completed and there were detailed instructions for staff about how to manage the PEG. There was also information for staff about maintaining and checking the PEG regularly. Care workers we spoke with knew how to administer food through the tube and said they had received training so they could do this safely. Care workers knew how to monitor and manage people's nutrition and hydration if this was required to make sure people's nutritional needs were maintained.

People we spoke with managed their own health care appointments. Care workers said they helped people manage their health and well-being if this was part of their care plan. Care workers said they would phone a GP and district nurse if they needed to but would usually ask the family to do this. Records confirmed the service involved other health professionals with people's care when required including district nurses, speech and language therapists and GPs. People were supported to manage their health conditions where needed and had access to health professionals when required.

# Is the service caring?

## Our findings

Most people told us care workers were kind and caring, comments included, "Oh yes, they are very pleasant." "Yes, always very polite and very considerate" "The majority are lovely. They're all so different. They're mostly very caring. You get the odd one or two who have to go quickly." "They're pretty good, really caring."

We asked care workers, what 'caring' meant to them. One care worker told us, "This is very important to me, I treat people as if they were my Mum or Nan. You should always talk to people not at them, listen to what they tell you and take your time, don't rush people."

We asked people if care workers treated them with respect, the majority of people said they did, although three people said the younger care workers tended to rush. We were told, "They do, yes." "Oh yes, definitely." "Some do, some don't. There's a lady who's been a colonel in the army, a lovely lady, wonderful, and another girl, she treats her with respect. It's the younger girls that rush."

We were told care workers made sure people's privacy and dignity was respected. Comments from people included, "Oh yes. They cover him if he's naked on the bed, very dignified," and "Excellent, definitely professional." Care workers told us they completed, 'Rights, choices and dignity' training during their induction so they knew how people should be treated. Care workers we spoke with told us how they upheld people's privacy and dignity, "I make sure I treat people how I would like to be treated myself." "I make sure their bottom half or top half is covered while I'm washing them," and, "I make sure curtains or doors are closed when people use the commode or the bathroom." Another said, "You need to remember you are in someone else's home and treat this with respect." The managers told us it was part of the spot check to observe how care workers spoke to people to ensure they were polite and treated people respectfully. Care workers told us they were always introduced to people before they provided personal care so people did not receive personal care by someone they had not met before, the registered manager told us, "People don't like taking their clothes off in front of strangers." This made sure people's dignity was maintained.

We looked at the call schedules for three people who used the service and three care workers. These showed people were allocated regular care workers where possible. The managers told us they tried to make sure people were supported by the same team of staff, "Where possible people have regular care workers who they can get to know and build up trust." Care workers we spoke with had a good understanding of people's care and support needs. Care workers supported the same people regularly and knew people's likes and preferences. Care workers said they were allocated sufficient time to carry out their calls and had time to talk to people as they didn't have to rush. Most of the comments from people confirmed this, "Oh yes, we always have a chat." "They don't really stop and chat because they won't have time. They do chat when they're helping me." "Sometimes they'll have a little chat"

Care workers we spoke with were proud of the care they provided to people. It was important for them to do a good job and to get to know the people they provided care and support to. "I enjoy my job, I like meeting different people. I think we do make a difference to people's lives they look forward to seeing you, and I look

forward to seeing them."

We asked if people were supported to maintain their independence people told us they were. Comments from people included, "Yes. I do as much for myself as I can." "Yes they do. I am an independent person." Relatives said, "Yes they do. She does try to do as much as she can," and, "Yes, he is very much encouraged to direct his own care." Care workers told us they had enough time allocated for calls to encourage people to do things for themselves where possible. "We do have time restraints but we do try and encourage people to do as much for themselves as they can." Another said, "We have equipment to support people to remain independent, like hoists and things so they can stay at home."

Most people or their relatives said they were involved in making decisions about their care and were able to ask carer workers for what they wanted. People said, "I can make my own decisions." "Yes. I know what I want and I tell them." A relative told us, "They always ask her if there's anything else they can do." Most people said they had been involved and consulted when their care was put in place, at the planning stage.

Care workers understood the importance of maintaining people's confidentiality. Care workers told us they would not speak with people about others, and ensured any information they held about people was kept safe and secure.

## Is the service responsive?

### Our findings

People told us their support needs had been discussed and agreed with them when the service started and that their regular care workers knew their likes and preferences. Comments included, "Yes, they know what I like," and a relative told us, "Oh yes. They spent a lot of time getting to know him before starting his care. They talk to him constantly."

Care workers told us they had regular clients so they got to know how people liked their care provided. One care worker told us, "We have regular clients so we are able to identify any changes quickly, for example, if people are unwell and we will let the family know."

Care workers we spoke with had good understanding of people's care and support needs. They told us there was information in care plans about how people liked to receive their care and to inform them what to do on each call. We were told, "We have time to read care plans and we have regular clients so you get to know what they need and what they like." Care workers told us if people's needs changed they referred the changes in care to the managers so plans could be updated. They said plans were reviewed and updated quickly so they continued to have the required information to meet people's needs.

Care workers told us they had regular clients who had scheduled call times. They said they had enough time allocated to carry out the care and support required. We looked at the call schedules for the people whose care we reviewed. Calls had been allocated to regular care workers and scheduled in line with people's care plans. The managers told us some people had asked for a copy of their call schedule. They said these were sent to people well in advance of their care being provided so they knew which care workers would be arriving.. Most people said they received their care around the times expected. Care workers told us if there was an unexplained delay for example, traffic hold ups, they may arrive later than expected. Care workers said they either phoned the person or asked the office to let people know they were running late. People confirmed this happened, a relative told us, "Yes they do, and they notify me if the call will be early or later than planned."

We looked at three care records. Care plans provided care workers with information about the person's individual preferences and how they wanted to receive their care and support. There were clear instructions for staff about how to provide the care people required. For example; how staff should support people who required assistance or equipment to move around. Records of calls completed by staff confirmed these instructions had been followed.

People confirmed their care plans were reviewed regular. Comments from people included, "There was a lady who came out a few weeks ago to check if everything was still alright." Plans we viewed had been reviewed and updated as needed and had been signed by people or their relative which showed they had been involved in planning their care.

We looked at how complaints were managed by the provider. People and their relatives said they would raise any concerns with the managers in the office. People told us, "I've nothing to complain about," and

"I'm never shy of saying something, but I haven't had any cause." Care workers knew how to support people if they wanted to complain, we were told, "There is complaints information in the folders in people's homes. It tells them exactly who to complain to." Several people said they had contacted the office to raise concerns and these had been resolved to their satisfaction. "There have been a couple of times I've had to speak to the management. The concern was dealt with. It couldn't have been better," and "Quite a while ago. The complaint was dealt with satisfactorily." Records showed complaints received had been recorded and investigated in a timely manner.

## Is the service well-led?

### Our findings

People said they were happy with the service they received, comments included, "Absolutely," "Yes it's very good," and "It all depends on the age of the person. Overall it's quite good."

Care workers told us they felt well supported by the provider and the registered manager. They said they could contact or visit the office at any time to discuss any issues. Care workers said they had regular supervision meetings to make sure they understood their role and spot checks to make sure they put this into practice safely. We were told, "We have regular spot checks; you don't know when managers are coming. They always give you feedback about your practice." Another told us, "I had a spot check the other day, they checked to make sure I was wearing my disposable gloves and apron. They looked at the records I had completed and talked to the client about the call." People who used the service confirmed senior staff checked on care workers during care calls. Comments included, "They come round to spot check them to make sure they're doing everything right," and, "Funnily enough, one came yesterday, she just watched what she did and asked if I was alright."

Care workers knew who to report concerns to and were aware of the provider's whistle blowing procedure. They were confident about reporting any concerns or poor practice to the managers. One care worker told us, "If I had any queries or concerns I would contact the office and let them know, there is always someone available by phone." The provider told us they encouraged and supported care workers to report concerns. We were told, "There have been several occasions when staff have reported concerns and [registered manager] has gone out to offer staff support. We have a duty of care to our staff as well as our clients."

People we spoke with told us there was someone available in the office if they needed to speak with them. We were told if people had to leave a message on the answer phone this was responded to. Comments included, "There is always someone there and they're always approachable," and "Yes, we've got a mobile number as well as a landline. You can always get somebody" A relative said, "Generally there is someone to speak to, but sometimes it's just the answer phone. They get back but I wouldn't say straight away."

We asked people if they thought the service was well managed. People said they did, comments included, "Up to now, very well managed." "Yes I do. Considering what they have to do, I think it's well managed," and "It's not called Platinum for nothing." A relative told us, "I don't ever want him to be cared for by any other agency. They are always so utterly professional."

Care workers said they enjoyed working for the agency and that it was managed well. None of the care workers we spoke with could think of anything that could be improved, they said the service worked well. Comments included, "I'm happy with the way it's managed; it works well," another said, "I love my job, everything about it, it's so rewarding."

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and a provider information return (PIR) which are required by Regulations. A provider information return (PIR) had not been submitted before the inspection.

This had been completed, but the provider had difficulty uploading this to our website. We gave the provider the opportunity during the visit to tell us how the service operated and discuss what areas could be developed.

The provider and registered manager used a range of quality checks to make sure the service was meeting people's needs. Records confirmed people were asked for their opinions of the service through spot checks, telephone calls, and care plan reviews. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. Complaints and concerns were managed in a timely manner but how the provider was recording complaints and safeguarding concerns did not include the action taken in response to the concern or the outcome of the investigation. The provider told us they would devise a log to record this information and so they could monitor any trends or patterns of concerns received.