

Platinum Care Services Limited

Platinum Care Services - Learning Disability & Autism

Inspection report

24 Raymond Avenue
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14 September 2018

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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

Raymond Avenue is a 'care home' for eight people with learning disabilities and/or autism. There were eight people living in the home when we visited. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The Care Service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

At our last inspection in December 2015 we rated the service as 'good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People told us and we observed that they were happy about living in the home. Relatives and healthcare professionals were equally positive. One relative told us, "They [the staff] know [person's name] as well as I do." One healthcare professional told us, "The staff are experienced in managing complex service users based on their care needs. The team always act upon any issues I raise."

Staff had a shared understanding of people's needs and were motivated by their work. One member of staff told us, "The staff work well as a team here; they are motivated. Caring is done for the support you give and not for the financial reward. I would place a family member here."

Staff had a good understanding of how to protect people from abuse and risks and worked well as a team to help people with behaviours that can be challenging to others. People's medicines were managed so that they receive them safely and on time.

There was sufficient staff to ensure people were safe and the staff team were recruited safely and trained to ensure they were suitable and had the right skills to meet people's needs. People were treated with respect and were encouraged to become as independent as possible, as well as accessing the local community on a daily basis.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were encouraged to take part in making decisions about how the house was run.

The registered manager and senior managers knew people's needs and this enabled them to offer the right

support, guidance and resources to the staff team. Managers reflected on lessons learnt when things went wrong and took prompt action to implement new plans and support for people.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Platinum Care Services - Learning Disability & Autism

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 comprehensive inspection took place on 10 September 2018 and was unannounced. The inspection team consisted of two inspectors. We agreed with the registered manager to return on 14 September 2018 to complete the inspection when the inspection team consisted of one inspector.

When planning our inspection, we looked at information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. 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 also contacted the local authority and commissioners of people's care who purchase the care on behalf of people to ask them for information about the service.

During our inspection we met with all of the people living at Raymond Avenue. We also saw how staff supported people throughout the inspection to help us understand peoples' experiences of living at the home.

We spoke with the registered manager, the operations manager, the nominated individual and three staff. We spoke with two relatives of people and three professionals who were visiting the service during our inspection. We looked at a range of records. This included three people's care plans, two people's medicine records, two staff recruitment records and quality assurance systems that were in place.

Is the service safe?

Our findings

People and their relatives told us that they had complete trust in the staff team and felt safe at Raymond Avenue. One person told us, "I feel safe here; I have made lots of friends." One member of staff told us, "The people here are safe; we keep a close eye on them." Staff knew who to talk to if they had any concerns about people's safety. One member of staff told us, "I have never had to speak to manager or contact CQC here, but I did in a previous job so I know how to whistleblow."

The operations manager told us that some of the people living in the home had been in services where they had been heavily medicated or placed with service providers that had been unable to meet their needs. The staff team had worked hard to reduce people's reliance on medication and help them to find ways of managing their behaviour more safely. One relative told us, "[Person's name] was really challenging when he first came. They have calmed down a lot since then and I have seen a tremendous difference."

We saw that staff knew people's behaviour support plans well and the strategies for helping people manage their day. One person's plan stated that their anxiety would be reduced by going out every day and they enjoyed having a cup of tea at set times during the day. We observed staff following this guidance during our visit.

Systems were in place to identify and assess the risks to people living in the home. We saw that people's care files had detailed risk assessments which had been reviewed when people's needs had changed. These included easy to follow guidance for staff on how to manage these risks. We saw one person's file identify a potential risk of choking when swallowing food. We observed this person being supported by staff when they were eating in line with the relevant risk assessment.

We saw that there were sufficient staff on duty during our visit to meet people's needs and to keep them safe. One relative told us, "There are enough staff; [Person's name] is always happy to go back there after a visit home." Staff files contained reference and employment checks which proved that steps had been taken to ensure suitable staff were recruited to work in the home.

People received their medication at the right time and it was stored safely in people's rooms. Staff told us and records showed that staff gave medication in pairs to reduce the risk of errors. Where people had been prescribed medicines "as and when required", guidance was in place for staff to help them decide if these were needed. People were protected from the risk of infection through the use and availability of Personal Protective Equipment (PPE). The home was generally clean and tidy.

Lessons were learned when things went wrong and improvements and changes were made for the benefit of the people living at the home. For example, one person living in the home found the change of staff at the afternoon handover very difficult to manage and this had had an impact on their behaviour. The provider had therefore changed staff's shift patterns to long days in order to avoid a handover period in the afternoon. Staff told us that this had resulted in less incidents.

Is the service effective?

Our findings

People's relatives consistently told us that the staff team knew people's needs well. One relative told us, "I could not wish for a better place – it feels like home from home." We saw that care files contained detailed behaviour and support plans which were informed by people's past experiences and current needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005(MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that DoLS authorisations were in place and that staff had a very good working knowledge of the DoLS and how they should be working with them. For example, one person had a condition attached to their DoLS which required a communication passport to be in place to reduce their anxiety. We saw that this was in place and that staff were using it during our visit.

Where people lacked capacity to make a specific decision, staff had consulted with others to make a decision that was in the best interests of the person. For example, one meeting had been held to decide whether purchasing specialist bedroom furniture was in a person's best interests. People's consent was obtained before care and support was given. We saw staff involved people where possible in making some decisions and choices about everyday life, such as where they wanted to sit, whether they wanted to go out and food and drink choices.

Records showed that people were seen regularly by their Relevant Person's Representative(RPR). A RPR is appointed to support a person who is deprived of their liberty under the MCA. One relative told us that they regularly attended the reviews of the DoLS authorisation. Another person's advocate was visiting the home during our inspection to check the person was still happy living there.

Records showed us that all staff received regular training to enable them to provide people with the appropriate support. One member of staff told us that, "I do all the mandatory training here – I am up to date with it all." Some staff had also completed additional training such as a senior development programme to help them prepare for leadership roles.

People's health and wellbeing was promoted through food and drink and access to health services. One person told us, "I love it here – the food and drink is very good." Another person told us, "The food is nice here, I am allowed to go into the kitchen with staff and make my own lunch." We saw that people were encouraged to eat and drink on a regular basis throughout the day and that individual preferences were catered for at lunchtime.

One healthcare professional told us, "The staff are always helpful and friendly when I visit. They follow up with any medication issues and make sure they stick to any new prescriptions. Generally, this is one of the better homes." One person's file contained records of a range of health visits and appointments including opticians, dentists and dietician.

People had their own individual bedrooms and were involved in decisions about how to decorate the rooms. One person told us, "I am choosing a new picture at the shops with my sister next week. My room is going to be re-decorated then."

Is the service caring?

Our findings

People and their relatives told us that they appreciated the caring and compassionate approach of the staff team in the home. One person told us, "The staff are good here; they are nice to talk to." One relative told us, "I couldn't be happier with the staff team and the keyworker – she is so caring and considerate. The staff team are always making them laugh." One member of staff told us, "This is the only place where I have worked where the staff and the manager genuinely care." We observed staff being very patient with one person throughout the day and they were aware of the possible impact this was having on the other people living at the home.

People were actively encouraged to express their views and need for support in ways they felt comfortable with. One person showed us a wrist band they had bought with staff, which was coloured with traffic light colours. The person told us that they used these colours to let staff know how they were feeling as this was sometimes easier than finding the right words. People were encouraged to learn new skills and become as independent as possible. One person told us how they had been supported to learn how to make a hot drink. They told us, "I can make my own cup of tea here; I don't need any help."

We observed staff treating people with dignity and respect. For example, we saw one person's trousers becoming loose around their waist and a member of staff promptly stepped in and helped the person adjust their clothing to maintain their dignity. One person told us, "I like it here; I don't want to leave because it is a lovely home." Another person told us, "I have a key to my bedroom so that no-one can get in." One relative told us how the staff team had supported one person through the loss of their parents. They told us, "[The staff team] handled the death of our parents really well; it was such a big loss and they have helped [person's name] through a very difficult period."

Is the service responsive?

Our findings

People were supported by a staff team that knew and understood their individual needs and had taken care to put thought into how best to support people. For example, one person had experienced an unsettled period recently and staff had considered potential causes for this change in behaviour. It had been identified that the warm temperatures during the summer months were having an impact on the person's mood and an air conditioning unit was installed in the person's bedroom which had a positive impact on the person's behaviour. We also observed one person who had a visual impairment being guided around the house by placing their hands on staff's shoulders which was their preferred choice.

Records showed that people's care and support was regularly reviewed with staff and relatives present. Key staff prepared reports for these reviews and people were supported to attend if they so wished. One relative told us, "I get invited to all of the meetings and I attend them all. The staff would always call me in for a meeting if something needed discussing."

People had lots of opportunities to access the local community and activities had been planned in line with the wishes and preferences of the people living in the home. One relative told us, "[Person's name] has a better social life than me! They go horse riding which I know they love to do." This and other activities, such as swimming and accessing a local sensory room, had promoted the values of inclusion and independence as outlined in Registering the Right Support.

Staff we spoke with knew how to prevent discrimination and promoted equality and diversity at the home. Staff were aware of the individual wishes of people living at the home that related to their culture, gender, sexuality and faith. One person told us, "I went to church yesterday; I love going to church." Staff told us about another person who had been referred to specialist services to help them consider gender re-assignment. This person was actively supported to dress as both a woman and a man in the home. One relative told us about one person having a preference for male staff. They told us, "When we brought [person's name] back sometimes there were no female staff on duty which unsettled [person's name]. We raised it and had a meeting and there is always one male staff on duty now."

The provider had a complaints policy and procedure in place and people and their relatives knew how to complain. There had been no formal complaints about the service in the last 12 months. We saw that people had been involved in making a DVD which explained to other people in the home how to complain. This was a more accessible format than a written policy. One relative told us, "[Person's name] has bonded a lot more with the manager recently; they know they can go and speak to them if they are worried." One relative told us, "I know that if I had any concerns, I could pick up the phone and the manager would deal with it."

Is the service well-led?

Our findings

There was a registered manager in place in the home. 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.

The registered manager along with senior managers had created a culture of individualised support and person centred approaches which was tangible in the home. Managers were visible within the home and knew people and their relatives well which enabled them to assist and guide staff and model effective approaches and thinking. One person told us, "I see [operations manager's name] a lot." One member of staff told us, "The [registered] manager is a good role model." A relative told us, "[operations manager's name] is wonderful; they are very intuitive about [person's name] needs."

We saw that the registered manager was well known and respected by staff, relatives and people who live at Raymond Avenue. One relative told us, "I can phone [registered manager's name] at any time and its always sorted quickly." Staff felt supported and had access to managers for advice and guidance during evenings and weekends. The registered manager also told us that they had very good support from the provider. They told us, "No matter what time, I can always speak to them. As soon as I ask for something, I get it."

The provider had engaged with various stakeholders, including relatives and visiting professionals to encourage them to share their views and provide feedback about the service via questionnaires. People living at the home had also completed questionnaires that had been designed in an accessible format. Feedback was very positive in all questionnaires and actions had been taken in response to any concerns. For example, some privacy screens had been placed over a fire door in one of the bedrooms as a result of concerns about a person's privacy. One member of staff told us, "[Person's name] interviewed me when I came for my job interview. It was great to see a service user being involved in staff selection." Another person had been involved in making a 'Service User Guide' to the home in an audio format for people to listen to when they first come to the home. This guide welcomes people into the home and describes how the home operates.

The provider had structures in place to monitor quality and performance issues on a weekly basis to ensure actions could be taken promptly where needed. For example, wooden flooring had been installed throughout the home earlier this year as a result of one person's care needs. Managers had used the PIR to identify and implement improvements and new initiatives. For example, delivering professional development for the senior team and ensuring people could make an informed contribution to service user meetings through using accessible communication methods.

The registered manager told us that they were able to keep up to date and share best practice by attending regular manager's meetings, where registered managers from other homes owned by the provider came together.