

## Platinum Living Care Limited

# Platinum living care

### Inspection report

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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

Platinum Living Care is a domiciliary care agency based in Chatham, Kent. The service provides personal care to people living in their own houses or flats who required support due to needs relating to their age or living with a physical disability. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. The service was supporting five people at time of the inspection with four receiving personal care.

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

Feedback on the care provided was positive with people and their relatives telling us, "The service is very good, although we have only had them for a short time the care is certainly best I have experienced" And "I'm glad we have this service; My carer is very good, They do everything I need them to and we have a laugh together."

People felt safe with care and support provided by regular staff who had been recruited safely. Staff had completed a company induction, mandatory training and shadowing of experienced staff to get know how people wished to be supported. Staff were monitored and checked by the provider regularly to ensure they were completing all tasks and meeting people's needs. Risks to people were identified and actions taken to reduce the risk of harm to people.

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. All people being supported at the time of inspection were able to make their own decisions about their care.

People and their relatives told us they felt the provider and the care staff were caring, People were treated with respect; dignity was maintained, and independence was encouraged. Staff told us they are able to get to know who they are supporting as a person. Feedback from people and their relatives told us people were supported in a person-centred way.

The provider worked closely with the staff teams and staff told us they can always contact the provider if they need something. Checks and audits of the service were appropriate for the level of support being provided and were completed to ensure people were receiving good care and support. The provider had developed appropriate policies and procedures which provided guidance to staff and people using the service. Staff told us they felt valued and supported by the provider and staff we spoke with were happy working for the service.

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

This service was registered with us on 30 March 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this 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?

The service was safe.

Details are in our safe findings below

Good ●

### 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.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below

Good ●

# Platinum living 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.

#### Inspection team

This 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 houses and flats.

#### 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 who was also the provider.

#### Notice of inspection

We gave the service 48 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 28 April 2022 and ended on 04 May 2022. We visited the location's office on 29 April 2022.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and their relatives about their experience of the care provided. We spoke with four members of staff including the provider, co-coordinator and care workers. We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and quality assurance records.

# 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

- People were protected from the risk of abuse and told us they felt safe with the staff from Platinum Living Care. One person told us, "Yes I feel safe. The staff are good, If I'm in pain I tell them, and they help me to control it."
- Staff demonstrated knowledge of the different types of abuse people may be at risk of and knew how to report concerns within the service and externally.
- The provider had appropriate policies and procedures in place to protect people from the risk of abuse. They had raised safeguarding concerns to the local authority safeguarding teams appropriately and knew what actions were needed to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people being supported were identified and assessed appropriately. People had personal risk assessments which were relevant to the risks present to them as individuals.
- The risk assessments were regularly monitored and reviewed, to ensure staff had the most up to date assessments which informed them of what actions to take to reduce the risk identified.
- Actions were taken where risks had been identified about a person's skin and appropriate healthcare professionals such as community nurses were contacted to advise on ways of minimising the risks re occurring.

Staffing and recruitment

- People were supported by staff who had been recruited safely. Full employment history was checked, and gaps in this history were discussed and recorded. References obtained were appropriate and helped the provider to ensure new staff were good character and safe to support people in a community support setting.
- All staff had appropriate right to work checks completed and checks with the Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives told us they received care from regular staff who arrived on time, stayed the duration expected and had built good relationships with them. One relative told us, "They are all very punctual and we have the same few carers every week. We know they will be there, and they don't leave until everything is done."

Using medicines safely

- People received their prescribed medicines on time and in a safe way. People were assessed on their own

ability to manage their medicines safely and staff only assisted with medicines if the person was unable to complete this themselves. Only one person at time of the inspection was receiving direct support with their medicines.

- Where medicines were being administered by staff, records were detailed of what medicines were required, a description of what the medicines were for such as spasms or blood pressure, and when they were to be given was recorded on the persons care plan.
- All staff had been trained in administering medicines and had their competency with this regularly monitored and reviewed to ensure correct procedures were being followed.

#### Preventing and controlling infection

- People told us the staff who supported them wore appropriate personal protective equipment (PPE) such as gloves, aprons and face coverings when supporting them with personal care.
- The provider had an up to date infection prevention control policy which had been shared with staff. This had been updated to include latest COVID-19 guidance and information.
- Staff understood their personal responsibilities relating to infection control and were able to source extra PPE from the provider when required.
- The registered manager audited PPE within the service. This was to ensure there were enough stocks available and that care staff were wearing PPE appropriately. These checks helped to reduce the risk of cross infection.

#### Learning lessons when things go wrong

- Incidents of things that had gone wrong had been reported by staff and correctly recorded.
- The provider understood their responsibilities to record, investigate and report any accidents or incidents which had happened. These were discussed in team meetings so staff could understand what had gone wrong and what needed to be changed to ensure they did not happen again.

# 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's needs were reviewed before they started to use the service. Referrals from appropriate healthcare professionals were reviewed by the provider and coordinator to ensure people's needs could be met. Within 24 hours of the service commencing the provider completed an extensive assessment of needs once the person was back in their own home.
- People's care plans and risk assessments were kept under review and updated whenever there had been a change in need. This ensured staff had access to the most current and relevant information needed to be able to provide care and support.
- A relative told us, "Yes my [relative] and I have been fully involved in developing the care plan. I have created a list of things I think should be done and [the provider] has included this in the care plan for the staff."

Staff support: induction, training, skills and experience

- People and their relatives told us staff knew how to support them or their loved ones in a personal and respectful way. One relative told us, "[Staff member] is fabulous. Nothing is too much trouble and they are very responsive to [relative] needs. [staff] recognise things without having to be told."
- Staff completed a company induction via video call, due to government restrictions in place during the COVID-19 pandemic, which gave them the background on the service and its expectations of new staff. Policies and procedures had been issued to all staff and the provider checked these had been reviewed.
- Staff had completed training in mandatory modules of care which was based on the Care Certificate. 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
- Staff told us they were able to contact the provider at any time for support and guidance. The provider had a schedule of one to one supervision in place and had regular team meetings to ensure staff were able to raise any concerns or make suggestions.

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

- People were supported to eat and drink enough to remain well and in accordance with people's care plans.
- Not all people receiving care and support required meals to be prepared and served by the staff as their relatives completed this. However, there were records of drinks and snacks being offered by care staff in between these times.
- People's relatives told us the staff are very proactive in reporting when food or drinks ran low for their

loved ones. Staff would contact them directly or through the provider to request stocks were replenished as soon as possible so people had access to enough supplies of food and drinks.

- Staff recorded in people's care plans what had been drunk, eaten or offered so intake could be monitored and ensure people were eating and drinking enough. This information was also shared with healthcare professionals when necessary.

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

- People's care plans contained details of the healthcare professionals involved in their care such as GP or consultants and people were supported to contact them when necessary by staff.

- Risk assessments and referrals from specialists such as occupational therapists or physio therapists were included in a person's care plan record, assisting staff to have access to the most up to date guidance required.

- One relative we spoke with told us, "If there is an issue with [relative's] skin they always tell me or they contact the manager who arranges for the nurses to visit."

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.

- All people being supported at time of the inspection were able to make decisions about their care and support for themselves and did not require a legally nominated person to make decisions on their behalf. The provider understood what would be required if a person were unable to make decisions for themselves.

- Details of relatives who could support with decision making or advocate on their behalf was present in care records.

- People were asked for consent before completing care plans and assessments and these documents were signed and in place on people's care records. Daily notes of visits completed by care staff had records of them seeking consent before supporting people's needs.

# 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 and their relatives told us staff were caring and supported them in a personal way.
- Staff knew people and their preferences well, and the provider knew each person the service supported as they had completed care visits to them enabling them to guide new staff to treat people in a personal way whilst respecting equality and diversity.
- One relative explained that their loved one had been recently discharged from hospital and the local authority had sourced Platinum Living Care to provide support. They told us, "This wasn't necessarily the agency we would have chosen but given the quality of care provided it is certainly the agency we have chosen to keep."
- Another relative we spoke with explained, "My [relative] has serious problems with their skin. The carers are so proactive with staying on top of this and ensuring that my [relative] is comfortable and cared for."

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

- People and their relatives we spoke with told us they had been involved in making decisions about their care. They were involved in initial planning and management of their care.
- People told us staff took time to get to know them and involved their relatives in day to day care and support. One relative told us, "If carers were concerned, they would come and tell me, and we would discuss the issue with my [person] to decide the best action to take."
- The provider and the co-coordinator completed monthly telephone calls with all people and their relatives. This was in place to ensure quality issues could be identified quickly and dealt with. The provider told us there will be formal satisfaction surveys sent to people and their relatives every 6 months once the service has been operating for that duration.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treat them with respect, dignity and promoted independence. One relative said, "My [loved one] is very happy with the support given. They come on time and they have really good banter between them. Its lovely." With another relative telling us, "They do everything that is needed to support my [loved one] but they do it in a way that doesn't take over."
- People's care records were kept in their home and another copy was stored securely in the office to ensure people's information was kept confidential and in line with General Data Protection Regulations.

# 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

- People and their relatives had been involved in initial care plans when starting with the service. This ensured people were able to choose how they wished to be supported.
- Care and support plans had sufficient information and guidance included to ensure individual care was delivered and responded to any changes in people's needs. Care plans were kept under review and were updated as necessary.
- Staff told us any concerns or changes to people's health and welfare were reported to the provider so appropriate action could be taken. Staff told us they were confident any concerns identified would be dealt with immediately.

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.

- People's communicational needs were assessed and recorded in care plans. All people were able to communicate their wishes and preferences at the time of inspection.
- The provider told us they understood the Accessible Information Standards which was in process of being developed and could be adapted for any future people that require information in a more accessible form such as Braille or large print.

Improving care quality in response to complaints or concerns

- The provider informed us complaints and concerns were taken seriously and were investigated in an open and honest way. We reviewed complaint records which supported this.
- One relative told us, "[The provider] is extremely responsive to concerns. My [loved one] raised an issue. I didn't know anything about it but [provider] called me. Explained what had happened and what had been done about it. I really appreciated how open they were. It was all sorted very quickly."
- The provider had a system in place to identify any learning from complaint investigations and use this to improve the quality of the service. Issues identified were communicated with staff and actions taken to ensure this did not happen again.
- All people and their relatives told us they knew who they could talk to if they needed to raise any concerns or make a formal complaint.

## End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- There were sections included in people's care plans where their wishes and preferences for care at the end of their life could be documented. The provider had not completed these as all people at time of the inspection had support from family and friends who had taken responsibility for to manage this if required.
- The provider had an end of life care policy and procedure in place and this had been sent to all staff.

# 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

- Feedback on the service was positive. People and their relatives felt the service was well led, and staff were reliable and consistent. One relative we spoke with told us, "I know the provider by name. I have spoken with them and other staff in the office. They are really responsive and get back to me to reassure me things would be done." All other relatives we spoke with knew who the provider was and what their responsibilities were.
- Communication within the management and staff teams was good. Staff told us they speak with the provider daily to ensure there were no concerns.
- The provider was a registered nurse with over 20 years' experience in the health and social care sector. They had set a high standard for themselves and cascaded these down to the staff team, expecting them to support people to achieve their desired goals, such as increase independence and to improve their mobility.
- People were supported by staff who enjoyed what they did and were happy working for the service. Staff told us they, "I love working here, I can see myself doing this for a long time" and, "100% it is a good place to work. Everyone, especially [provider] is so supportive and helpful. I love that I am able to support the same person as I have got to know them and can support them well."

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 provider understood the requirements of notifying the Care Quality Commission (CQC) of important events which had happened in the service. We reviewed evidence of notifications which confirmed events had been reported to the CQC appropriately.
- The provider had a clear understanding of their responsibilities to report under the duty of candour. The duty of candour sets out actions the provider should follow when things go wrong and to be open and transparent
- The provider had completed regular effective checks and audits such as, care plan audits, spot checks, and reviews to monitor the quality and safety of the service.
- The provider, co-coordinator and staff we spoke with, all demonstrated a clear understanding of their roles and responsibilities when supporting people.

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

- People and their relatives were encouraged to be involved in the care and support provided. We were told staff support them the way they wished to be supported and also adapted the support when required.
- Reviews of people's care were completed and the provider was able to demonstrate what changes to people's needs had been identified, however completion of these were not always recorded. We made suggestions to the provider to improve the documentation to more accurately reflect this had been completed.
- The provider had held staff meetings, where issues or concerns identified were discussed. Staff were asked for feedback and suggestions to improve the service and staff told us they felt able to make these suggestions and they would be listened to.
- People, their relatives and staff all told us that the provider is open, honest, responsive and always contactable which provides reassurance to them.

#### Continuous learning and improving care; Working in partnership with others

- The provider and staff worked closely with health and social care professionals to provide effective and joined up care and support.
- The provider had kept up to date with changes in legislation and best practice. They had developed relationships with the local authority and the local community nursing teams.
- The provider was in process of improving records and documentation within the service and was open to suggestions in how to potentially streamline and improve documentation.