

Platinum Care Solutions Limited

Platinum Care Solutions

Inspection report

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21 November 2016

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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?	Requires Improvement ●

Summary of findings

Overall summary

Platinum Care Solutions provide personal care and support to people living in their own homes. At the time of our inspection there were 35 people using the service.

This inspection took place on 16 and 21 November 2016 and was announced. We last inspected this service in November 2013, at which time we found them to be meeting all the regulations.

The service had a manager who intended to apply to become the registered manager with the Commission. However the service had been without a registered manager since April 2016 which is a condition of their registration. 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 told us they felt safe living at their homes with support from staff. Staff understood their responsibilities to report any safeguarding concerns to the manager.

People and staff told us they felt there were enough staff employed at the service and we confirmed this through records.

Risks had been identified and measures put in place to minimise the risks to people and staff, although the process around risks needed to be updated. We have made a recommendation about this.

Policies and procedures were in place to support the smooth running of the service and these were in the process of being updated. Personal emergency evacuation plans were in place and regular checks on the safety of people's homes were carried out.

People told us that staff managed their medicines safely although records needed to be improved. We have made a recommendation about this.

Accidents and incidents were recorded and monitored and where appropriate, care records showed that risks associated with individual care needs had been assessed and were monitored.

There was evidence to demonstrate that regular reviews of people's needs were carried out and the information was passed onto the support workers and other health and social care professionals where appropriate. Regular surveys were used to gather feedback from people about the service they received.

People told us they were supported by staff to maintain a well-balanced healthy diet. We found staff were trained and received induction, supervision and annual appraisal from the management team.

People were respected and their dignity was maintained. Staff displayed kind and caring attitudes and treated people as individuals. People's care needs were detailed, recorded and reviewed by staff with input from people, relatives and other relevant individuals. Three staff were nominated for the regional 'Great British Care Awards', with one making it through to the finals after winning the regional event.

Staff offered people a choice in all aspects of daily life. Staff promoted social inclusion and supported people to maintain links with family and friends where possible. People told us they knew how to complain and would feel confident to do so if necessary.

Staff told us they worked well as a team. They felt supported by the manager and the provider who staff said were approachable and made them feel valued.

Audits and checks of the service were in place to monitor the quality and safety of the service, although the provider did not always fully record the checks that they had completed. We have made a recommendation about this.

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.

People told us they felt safe. Medicines were managed safely, although we have recommended that documentation be reviewed.

Safeguarding procedures were followed correctly and staff understood their role.

Risk assessments were completed and emergency procedures were in place.

Safe staff recruitment procedures were followed.

Is the service effective?

Good ●

The service was effective.

Consent to care and support was sought in relation to people's needs. People and their relatives had involvement in care planning.

Staff were suitably trained and were supported by the manager through supervision, annual appraisal and team meetings.

People were supported to eat and drink to ensure their health and well-being. Healthcare needs were met and other health professionals were involved when appropriate.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring with friendly attitudes.

People told us that all staff treated them with dignity and respect and treated them as an individual.

Staff encouraged independence and supported people to be fully involved in decisions about their care.

Is the service responsive?

The service was responsive.

Care records were person-centred and people's needs were assessed and regularly reviewed.

Feedback was sought from people and their relatives to ensure their satisfaction of the service.

A complaints policy was in place and people were aware of how to complain.

Good 

Is the service well-led?

The service was not consistently well led.

The manager planned to register with the Commission as 'registered manager'. However the service had been without a registered manager since April 2016, which is a condition of registration.

The manager held a set of records which showed the monitoring of quality at the service, although records were not always kept to show the checks that the provider had completed.

Meetings took place between the provider, the manager and the staff team.

The service worked in partnership with other stakeholders to ensure that people received the best possible care.

Requires Improvement 

Platinum Care Solutions

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 inspection took place on the 16 and 21 November 2016 and was announced. We gave the provider 24 hours' notice of the inspection because we needed to seek permission of people who used the service and let them know that we would be either visiting them in their own homes or calling them on the telephone. We also needed to be sure staff would be available in the local office to access records.

The inspection was conducted by one inspector.

Prior to the inspection we reviewed all of the information we held about the service, including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of. We used this information in the planning of the inspection.

Before the inspection we contacted the local authority commissioning and adult safeguarding teams to obtain their feedback about the service. We also contacted the local Healthwatch. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. Where people responded, we used their views to support the planning of the service.

We asked for a Provider Information Return (PIR) prior to the inspection. The PIR 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. This information also informed our planning of the inspection.

As part of the inspection we contacted 17 people and had communication with 11 of them. This was through telephoning people in their own homes and contacting them via a questionnaire. We spoke with the manager, the provider (owner), three senior care staff and one coordinator. We contacted three health and

social care professionals to gather their views of the service. We reviewed a range of four care records and information regarding the management of the service, including reviewing the information on three staff personnel files, service audits and health and safety information and meetings.

Is the service safe?

Our findings

The people we spoke with told us they felt safe with the support they received at home from staff. They made comments like, "I like it here, I feel safe, and they look after me and my stuff." And, "I enjoy it, I'm happy, I think I am safe." A relative told us, "I have never worried about (Person), she is really safe, I'd hate for her to go anywhere else."

Staff displayed an understanding of safeguarding and how to protect people from harm and improper treatment. One staff member said, "I'd have no hesitation reporting anything to (manager)." Policies and procedures were in place to assist the staff to carry out their duties responsibly and provided guidance on how to raise a concern. Staff told us they had regular safeguarding awareness training and the training matrix confirmed this.

We saw in people's care files, that the service had assessed risks associated with individual care needs. This included risk profiles involving for example, medicines needs, moving and handling and staff working within the property. We saw evidence that these were reviewed regularly and monitored by the manager. We spoke with the manager about how risk was calculated as it was not clear in the documentation. The manager said that she would look into this issue and ensure the procedures were updated to include this level of detail for all risk assessments in use.

We recommend that the provider review their risk monitoring procedures and ensure they follow best practice.

The service had assessed each person's ability to safely leave their home in an emergency and personal emergency evacuation plans (PEEPS) were in place. Staff told us they were confident with the emergency procedures and displayed an understanding of what was required of them in the event of an emergency. The manager confirmed that they were in the process of updating the PEEPS to be clearer on staff expectations if an emergency occurred.

People confirmed that staff supported them well with their medicines, whether they took them themselves or had them administered. One person said, "I don't know what I would do if staff did not help me." Another person said, "They remind me and I take them myself." Staff supported people to take their own medicines. The manager told us and records confirmed that only a small handful of people were supported by staff and had their medicines administered to them. Staff told us they received accredited training in the safe handling of medicines and had checks carried out on their competency by senior staff. We were able to confirm this through the training records we saw. One staff member told us, "I am confident with the (administration) procedures, confident with the reporting procedures and understand my responsibilities". The staff displayed a solid understanding of safely managing medicines and a clear understanding of the people who they supported; however records were not always fully detailed. The medicines administration records (MAR) were not always well maintained and completed up to date. There was evidence that medicine which were only needed as and when required, such as for pain relief were recorded and monitored, although protocols were not always in place. The manager told us they were in the process of

updating staff signature lists and ensuring that medicines lists were kept up to date at all times.

We recommend that the provider review their record keeping processes to ensure they are in line with best practice.

The people we spoke with and a relative confirmed that they felt there was enough staff employed by the service to manage their care and support needs. Staff also told us that they were appropriately staffed to ensure there was consistent and continual cover. One person told us, "I have no problem with the staff; they are a lovely group of carers." Another person told us, "I understand that you cannot always get the same carers.....they have to have time off at some point!" We received one comment from a relative through the questionnaires we sent out, "Timings can be erratic at tea time and my relative is not inclined to ask them why. [Person] also does not ask them [staff] to do things and so at tea time they [staff] do not always fill their time slot. It would be nice if they used a little initiative at this time. Having said that, the mornings and weekends are brilliant and the company have never let us down." This relative went on to say that they would recommend the service. We saw staff rotas which were planned in advance and sent to care staff via a mobile IT system. The service coordinator managed staffing rosters to ensure that there was consistency. They told us, "It's important to try and ensure that the same staff visit people, but sometimes; due to holidays or sickness, this is not possible. We do try our best though to keep change to a minimum." This meant the provider was ensuring staffing levels were appropriate and that people knew who to expect.

We examined staff personnel files and found that there had been an application process. Management had interviewed potential employees, obtained two references and carried out a check with the Disclosure and Barring Service (DBS). DBS checks ensure staff have not been subject to any actions that would bar them from working with vulnerable people. Files contained evidence of a pre-employment induction process, shadowing of experienced staff and on-going training. This demonstrated that the provider was safely recruiting staff with a variety of skills, knowledge and experience who were suitable to meet the needs of the people who used the service. The staff we spoke with confirmed that the provider had obtained the necessary checks prior to their employment.

Is the service effective?

Our findings

People felt that staff offered them an effective service. One person told us, "The team of carers brighten up my day it is a pleasure to have them look after me."

We reviewed the service training plan. This was used by the management team to plan and schedule training refresher sessions over the coming weeks. The training plan recorded when training had taken place and when it was next due. We also saw staff were trained in key topics such as, moving and handling, medicines and safeguarding as well as other topics suitable to their role. The manager told us they were responsible for ensuring competency checks were carried out on the staff to ensure staff followed safe practices. Evidence of training and qualifications were seen in the staff files.

The staff we spoke with told us the company was supportive of their needs. One staff member said, "We have supervision, appraisal and support sessions, they are regular and we are involved in what is discussed." Supervision sessions included discussions about the staff's work with individuals and their care needs. It was also an opportunity for staff to request specific training.

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. 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. The manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and were working within its principals and had received training to support this. We saw evidence in people's care files that the service considered people's preferences regarding their care and support. Staff told us that they encouraged people to make decisions.

We saw evidence that the service sought people's consent wherever possible when deciding on appropriate care and treatment. In the care files which we reviewed, we saw those people had read and signed to consent to the staff providing assistance. This included support such as, assistance with medicines administration and assistance to manage moving and handling needs. Staff told us that people could choose whether they wanted male or female support workers and that if there was a clash of personality the service would change the staff team to ensure the person was happy. We saw evidence of this change being made when one person had called to ask for a change of care staff to be made.

Staff told us they felt able to manage people who displayed a behaviour which may challenge them. One staff member told us, "We get breakaway and challenging behaviour training, we learned about defending ourselves and restraint, but I've never had to use it." The staff told us they would write a report up following an incident for the manager who would use the information to review the person's care plan and decide if further measures were required.

Some people were supported by staff to prepare and cook their own food wherever their individual ability allowed it. Where this was not possible, staff had fully recorded details of the nutritional needs of each

person they supported and used this detail to ensure the person received suitable food and refreshments to meet their needs. We saw evidence in staff files that training was completed in food hygiene. Not all the people who used the service received this level of support, but we found that when it was an identified need, the staff assisted people fully. One person told us, "I have no problems with meals. The staff help me and make me sandwiches or soup or whatever I want. I don't know what I would do without them." This meant that people received suitable support at meal times when this was an identified need and meant their nutritional requirements were met.

Staff told us they contacted healthcare professionals directly from people's homes as and when necessary. One staff member said, "(Person) could do it himself if he wanted, but he prefers the staff to do it." Another staff member told us how they supported a person to visit the GP. This meant that staff supported people to access healthcare professionals should the need arise.

Is the service caring?

Our findings

Comments were made from people and relatives such as, "Fantastic whenever they come in."; "The staff are 100%, they have been ever so good, I don't worry about (person) at all, because the staff are very good."; "They are good people, especially (office coordinator) she is a lovely lass – the service is excellent." And, "(staff) and (another staff member) are the loveliest people, genuine and dedicated." One person told us, "I am very lucky to have some lovely girls coming in to help me."

All the staff we spoke with displayed caring and compassionate attitudes and we talked with them at length about the type of service they felt they delivered. They made comments such as "It's a very good service" and "We have a good team of carers". One member of staff told us how they had been asked by a person to help them with some shopping which was not in their care package. They said, "I don't mind doing those little extra things, it was nothing to me but meant a lot to them."

Three members of staff had been nominated for the yearly 'Care awards' which is a prestigious event held throughout the country with hundreds of staff being nominated into various categories, for example, 'best new starter' or best 'home care worker'. Hundreds of care providers are represented with a finale held to award the best in the country from the finalists from each region. The people we spoke with were very complimentary about particular members of staff and it was clear to see why these staff had been nominated. One particular member of staff that we spoke with showed a clear dedication to the people whom they supported and we were not surprised to learn that they had won a regional award in their category.

People told us that staff were positive when they visited them and were friendly and professional at all times. Care plans contained detailed personal information about people's likes and dislikes, their past history and their preferences which supported staff to meet the needs of people more fully in a way that they preferred.

People told us they trusted their support workers and were offered choice when being supported with tasks. For example, one person told us a staff member prepared a lunch time meal and asked them what they preferred to eat and drink.

The people we spoke with had been involved in the care planning process and felt they were involved in making decisions about their care and supported to express their views. A relative said, "I'm sure we have had surveys from (manager)." They referred to a survey which was sent to their home, they told us this was to obtain their feedback about the service.

People were respected and their dignity maintained. One person told us, "They are very helpful and treat me with respect." Another person told us, "[Two staff names] are amazing and are my main carers they really know how to take care of my personal needs with dignity and always make me laugh." Staff told us they received training in equality and diversity, privacy and dignity. They told us that they promote people to be as independent as they can be and to do as many tasks as they can for themselves. One staff member said,

"For example, if (person) is on the phone, I leave the room so they can have some privacy." Another staff member said, "We do the usual things like, close curtains, use a towel to cover intimate areas...its basic respect."

We asked staff about people's use of formal advocacy services. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. Most people had family who acted on their behalf informally. Staff told us that if any person needed an advocate at any time, they would support them locally to source one.

Is the service responsive?

Our findings

People told us that the staff team responded well to their needs. One person said, "I am just about all sorted once they [staff] leave." Another person said, "If I have ever needed anything, the girls have seen to it." We checked the daily records for one person and found staff had followed the persons care and support plan exactly. A relative told us, "Platinum Care Solutions have always been extremely helpful and supportive when we are working out the care our parents need. They have been very flexible, especially when emergencies arise e.g. one parent admitted suddenly to hospital and the other parent needing much more care. We both have confidence in the care they provide."

Staff were well informed about the people they supported. They were aware of their health and support needs and knew people well. We were able to confirm this information from looking at the care and support plans completed and by speaking with staff about individuals. One staff member was able to describe a particular person's needs and what they would do if they noticed a change in their requirements.

The provider was in the process of implementing a new pre-assessment form to run alongside the care and support plan paperwork they used. Staff told us that they used the care and support plans to find out what's important to people. One staff member said, "We read the plans, it gives us ideas to make suggestions about what a person might want to do." Staff told us that at the initial assessment stage, they speak to the person, their family and friends and other health and social care professionals to gather as much information as they can about people in order to plan appropriately.

Care and support plans included detailed information about people's health and medical conditions. Information gathered also included, details of what was currently working for the person, for example, one person's record stated they currently had no concerns regarding their own health and wellbeing. Another person had recorded, "My current medications" were not working. The staff completing the form had then detailed how help would be given and by whom and in what timescales. This meant that each care and support plan was person centred to individual needs.

Care and support plans included information about the person's communication needs, living arrangements and social interests. This enabled the service to match the person with a suitable support worker. People told us they could choose a male or female worker and in one care record we saw an entry which read, "I would like a female care worker." We were able to confirm with the person that this was the case. We saw evidence that care needs were regularly reviewed and reassessed when there were changes to people's needs.

People told us they were given choice and control. In the care records we reviewed, we saw people had signed in agreement to staff supporting them and they had been involved with decisions such as how that support would be delivered. Staff told us they involved people in decisions about their care by giving them autonomy. People were encouraged to choose their meals and make decisions about how they preferred support to be given. For example, documented in one person's care and support plan were details on the routine the person preferred. This included, running the bath, putting medicines within easy reach and

standing behind the person as they walked to the bathroom. This meant people were receiving care which they had chosen to be delivered in a particular way.

The service dealt with complaints in a thorough manner. One person told us, "If there is an issue it is sorted out immediately." The service had received two complaints in the last 12 months and we saw these had both been resolved. The company had a complaints policy and procedure which we saw had been followed. The people we spoke with knew how to complain but told us there had been no need to. One person told us that they complained once many years ago and this was resolved by the registered manager immediately. They said, "(Registered manager) took it seriously, they knew I was upset. It was dealt with straight away."

The service provided people with formal information about the complaints procedure and also asked for regular feedback by sending people regular surveys. We saw a comment on one form which read, "Girls are always very kind and friendly. Care for all needs very well." The person had put their name on the form and agreed that the information could be published.

Is the service well-led?

Our findings

At the time of our inspection there was no registered manager in post. Our records showed that the last manager deregistered on 24 April 2016. The current manager told us they were about to apply to register with the Commission "Once their DBS checks came through". However, it is a condition of the providers registration that a registered manager be in place and the service was not meeting this requirement as the application had not yet been fully made. The manager had worked at the service for a number of years and was present during the inspection and assisted us by liaising with people who were using the service and staff members.

The manager was aware of the need to submit statutory notifications to us as and these had been submitted correctly.

The manager was supported by a care coordinators and a team of senior support workers and care staff. Staff told us they enjoyed work, comments included, "I like working here, I enjoy my job so much"; "I think if I won the lottery, I'd still come to work here" and "It's a good variety, so much going on". Staff told us they felt the management were supportive and approachable and believed their views mattered and they were listened to and valued.

We found out that the coordinator and two other members of care staff had been nominated to the regional stages of the 'Great British Care Awards'. Just before this report was finalised we found out that the coordinator had won the regional award for the best care coordinator and was now through to the finals next year. When we spoke with the manager and other senior staff, it was clear that they were very proud of these staff achievements, as was the provider.

The provider had purchased a small fleet of vehicles for the use of staff. These were used to visit people in their homes and complete assessments and used by staff when transport was an issue. The coordinator explained that she sometimes ferried staff to people's homes when there was an issue with transport.

Staff demonstrated an understanding of their role and responsibilities. They were able to tell us what these were. One staff member said, "We help people lead an independent life and to do as much as possible for themselves. We keep people safe and meet their needs. Ideally, our aim is to support them to leave services, but most won't generally be able to do that because of their age and health."

'Client' surveys were undertaken by the service. Overall the manager had noted a positive response. The results were collated by the manager and were used to improve the service through discussion at staff meetings. We were told that the provider also received a copy of this information.

We reviewed incident and accident records and saw that the manager thoroughly investigated these and shared learning with staff through regular team meetings. We reviewed the minutes from several staff meetings and saw that staff were given the opportunity to discuss the outcomes, share best practice and understand where improvements could be made. A staff member told us, "We have good communication,

when things change we sign to say we have understood and if you don't take it in, they support you to understand."

Regular items on the staff meeting agenda included updates on any changes within the service, safeguarding or concerns, complaints and compliments, care planning and holidays and shift patterns. We saw the registered manager shared information from the local commissioners and CQC with staff regarding updates and best practice. The provider also contributed with matters arising and used the meetings to cascade company information such as policy changes.

Platinum Care Solutions worked in partnership with other stakeholders. Stakeholders are people or businesses with an interest or concern in (usually) another business, which could include other providers or commissioners of the service. One stakeholder said, "We have worked with the provider now for nearly two years and we can say that their staff have always turned up on time and given an excellent standard of care," A healthcare professional told us, "I have every faith that this agency carry out their clients care to the best of their ability. ...personally have had good experiences from using their service." This meant that the service worked in partnership with other stakeholders to ensure that people received the best possible care.

Audits and checks of the service were in place to monitor the quality and safety of the care people received. The senior staff, manager and provider carried out regular checks of the service provided, which included talking to the people and their relatives receiving it. Senior staff completed care plan audits to monitor recordings and check care staff had completed paperwork and followed suitable procedures. Medicines and infection control audits were completed but we found they needed to be more robust. The manager oversaw all of the audits. We discussed this shortfall with the manager who confirmed they would look into this issue immediately.

The provider visited the service regularly and we were told by staff attended meetings, reviewed records and spoke with people who used the service. However we were not always able to find recorded quality assurance oversight documentation which the provider had completed.

We recommend that the provider record all checks completed within the service to evidence their quality assurance visits.