

Platinum Care For You Ltd

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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

The inspection site visit was announced and took place on 26 November 2018.

Platinum Care For You Ltd is a domiciliary care agency. It provides personal care to children, younger adults and older people living in their own homes, including people with learning and physical disabilities, eating disorders, mental health conditions, sensory impairments and substance misuse problems. It operates across Coventry and Warwickshire in the West Midlands.

There were 147 people using the service at the time of this inspection who were in receipt of the regulated activity personal care.

At our last comprehensive inspection of this service in December 2015, we rated the service as 'Good'. At this inspection, we found the service provided continued to be safe, effective, caring, responsive and well-led. The rating remains Good.

The service had 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. The provider is also the registered manager for the service and is referred to as the provider throughout this report.

People were supported by care workers they knew and who had the skills and training to meet their needs. Care workers were recruited safely to ensure they were of suitable character to support people who used the service. Where people required support to take prescribed medicines, care workers had received training to assist people safely. However, information about people's prescribed medicines was not always available to care workers and some medicine records had omissions. Action was taken to address this.

There were enough care workers to provide all planned care visits within the expected time scales. People received care which protected them from avoidable harm and abuse. Care workers understood people's needs and knew how to protect them from the risk of abuse. Risks associated with people's planned care were identified and plans were in place to inform care workers how to manage risks.

The management team and care workers worked within the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives. People were involved in making decisions and choices about how they wanted to live their lives.

People were supported by a team of regular care workers who they described as caring. Care workers respected people's privacy and dignity and promoted their independence.

People were provided with care and support which was individual to them. Care plans were personalised and provided guidance for care workers about how to support each person in the way they preferred. People's care and support needs were kept under review and staff responded when there were changes in these needs. Where required, people were supported to have sufficient to eat and drink and to access health care professional when needed.

People and relatives were complimentary about the service they received and the way the service was managed. Care workers felt supported and valued by the management team who were always available to give advice. The provider had systems to monitor the quality and safety of service provided. However, some checks were not effective. Action was taken to address this.

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 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 inspected the service because it was previously rated 'Good' and it was time for us to return to check whether the rating continued to be 'Good'.

This inspection site visit took place on 26 November 2018. The inspection was announced. The provider was given 48 hours' notice because the service provides a domiciliary care service and we needed to be sure care workers and the provider would be available to speak with us about the service.

This was a comprehensive inspection and was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of care service.

Before our inspection visit we looked at information received from statutory notifications the provider had sent to us, and contacted commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or the NHS. They had no further information to tell us that we were not already aware of.

We used information the provider had sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. During our visit we found the PIR was an accurate reflection of the way the service operated.

We conducted telephone interviews with 11 people and two people's relatives to obtain their views of the service they received.

During our site visit we spoke with the provider, the director, the branch manager, a care co-ordinator and two care workers.

We looked at four people's care records and other records related to people's care, including risk assessments, medicines records and daily diary's (records books completed by care workers). This was to see how people were cared for and supported and to assess whether people's care delivery matched their records.

We reviewed two staff files to check staff were recruited safely and were trained to deliver the care and support people required. We looked at records of the checks completed by the management team to assure themselves people received a consistent good quality service.

Is the service safe?

Our findings

At our last inspection, we rated the safety of the service as 'Good'. At this inspection we found people continued to receive safe care and support. The rating continues to be Good.

People told us they felt safe with their care workers. One person explained this was because they 'trusted and felt comfortable' with them. A relative described how knowing their family member was safe gave them 'peace of mind'. They add, "[Name] is 100% safe."

Care workers had completed safeguarding training and knew how to protect people from the risk of abuse. Discussion with care workers assured us they understood the different types of abuse people could experience and their responsibility to report any concerns. One told us, "[Provider] would immediately deal with any concerns. But I know I can go to the police or CQC (Care Quality Commission) if I'm still worried."

There were procedures to identify risks related to people's care, such as risks within their home or risks to the person. Risk assessments were up to date, regularly reviewed and included information care workers needed to provide people's care in the safest possible way. Care workers knew about the specific risks associated with people's support needs and were able to describe the actions they took to manage these risks.

Care workers were recruited safely which minimised the risks to people's safety. Records confirmed the provider completed pre-employment checks before care workers started working at the service. This included obtaining information from the Disclosure and Barring Service (DBS) and references from previous employers. The DBS is a national agency that keeps records of criminal convictions.

People confirmed enough care workers employed to ensure people received their care calls from care worker they knew and within the timescales agreed. One person said, "I have never have a problem with my times. They have never let me down." Records confirmed care workers were allocated sufficient time to provide the support people required without having to rush.

We checked to see if medicines were safely managed by the service. People who required support from the service told us they received their medicines as prescribed. Records confirmed care workers had received medication training and their competency to administer medicines safely was regularly assessed by the management team.

We saw medicine administration records (MARs) for prescribed medicines dispensed from 'blister packs' (container for storing scheduled doses of medicines) had been fully completed in line with the providers policy and procedure.

However, MARs for creams prescribed 'as required' which needed to be applied directly to the skin did not included details of how often the cream should be applied. Furthermore, there was no information documented on people's files about why the cream had been prescribed or which part of the body it should

be applied too. This information is important to ensure care workers do not apply too much or too little of these types of medicines. We discussed this with the provider who assured us this would be addressed immediately.

Despite omission in medicine records care workers demonstrated they had a good knowledge of 'as required' medicine's. One told us, "The customers [people] we visit are able, and will tell us when they want their cream applied." Following our visit the provider sent us a detailed breakdown of the actions taken to address this shortfall.

A system to record accidents and incidents that occurred was in place. The provider reviewed accident and incident reports to identify any patterns or trends, so appropriate action could be taken to reduce the likelihood of them happening again.

Care workers were trained in the prevention and control of infection and understood their responsibilities in relation to this, including how to reduce the risk of cross infection. For example, by the use of single use disposable gloves.

Care workers knew what action to take in the event of an emergency when they were working within people's homes. One commented, "First you make sure the customer is safe. Then you contact the office." They added, "A manager would come out straight away if needed."

Is the service effective?

Our findings

At our last inspection, 'effective' was rated as 'Good'. At this inspection people continued to receive effective care and support. The rating continues to be Good.

People received effective care because their care and support was provided by a small stable team of trained care workers who had a good understanding of people's needs. One person told us, "I have a small team of carers. They're all regulars." Another person said, "They [care workers] are all very competent, know what I need and know what they are doing."

The provider's systems and processes ensured new care workers completed an induction linked to the Care Certificate when they started working at the service. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. Records showed a programme of on-going training supported care workers to update and further develop their knowledge and skills.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) provides a legal framework for making 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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider understood the relevant requirements of the Act and confirmed no one using the service had restrictions on their liberty.

Care workers had completed MCA training and described how they worked within the principles of the Act. For example, one told us, "You always get the customers [people's] permission before you do anything. Customers have the right to agree to our help and to refuse it. We respect that." People confirmed care workers always gained their consent before providing support. Care records showed people using the service had capacity to make decisions.

People told us they received the support they needed with meal preparation or eating and drinking. One person told us care workers prepared their meals based on what they 'fancied' eating. A relative described how care workers took the time to encourage their family member to eat because they had a poor appetite. They told us this was important to maintain the person's nutritional needs.

People we spoke with told us they made or had a relative who supported them to make health care appointments. However, records showed support was available when needed. For example, following feedback from care workers office staff had arranged for a person to be visited by the district nursing service because their feet were swollen. When discussing working in partnerships with health and social care

professionals. The director commented, "We have built good relationships with clinicians...It is paramount for our customer's [people] that we work together."

Is the service caring?

Our findings

At this inspection, we found people continued to have their rights to privacy and dignity upheld and their support was provided by care workers who were caring. The rating continues to be Good.

People were positive about the standard of care they received and the care workers who supported them. Comments included, "I am very happy with them [care workers]. They do an excellent job and look after me well." "I think they understand my needs very well... I have a good team of carers." "...they [care workers] are kind and caring people."

There was a caring culture within the service driven by the provider. They told us, "We are a family run service which has been based on the care and support we would expect if it was my mom or dad receiving care." A care worker said, "[Provider] genuinely cares about the staff and our customers [people]. It's a good place to work."

Care workers demonstrated they cared about people and had taken time to get to know the people they supported. One told us, "Spending time really listening and learning is the only way you fully understand what they [people] need. What's important to them." Another told us, "My priority is making sure each customer [person] feels special. We want to make their life's the best they can be."

The management team and care workers told us they were 'passionate' about and enjoyed their work. The branch manager said, "It is so rewarding when you have helped them [people], made sure they are comfortable and happy. Building relationships and friendships is so lovely." The director described how providing a service to people they supported made them feel 'privileged'.

People's privacy and dignity was respected and, where possible, their independence promoted. For example, people told us care workers closed curtains and bathroom doors before assisting with personal care. A care worker described how they supported a person to maintain their independence by encouraging the person to join them in the kitchen 'for a chat'. They told us this approach helped the person to 'keep mobile' which was important because the person wanted to remain living at home.

The management team and care workers understood the importance of respecting and promoting equality and human rights. For example, people were asked if they preferred male or female care workers if they needed assistance with personal care. Records showed care workers had received equality and diversity training. One care worker told us, "Everyone is different. So, the way they like their care can be different. It's all about respecting difference."

The provider ensured personal information about people was treated confidentially. We saw people's records were securely stored in the office and could only be accessed by authorised staff. Discussion with care workers demonstrated they understood the importance of maintaining confidentiality.

Is the service responsive?

Our findings

At our last inspection we rated this key question as 'Good'. At this inspection we found the service continued to be responsive to people's needs. Therefore, the rating continues to be Good.

Prior to people using the service the management team completed a detailed assessment. The provider explained this ensured they were confident the service could meet people's needs and expectations. Records showed assessments involved people and their relatives in planning and agreeing their care. Information gathered during assessments was used to devise individualised care plans so care workers understood how people wanted their care to be provided.

Most people told us they had a copy of their care plan in their home for care workers to follow. One person said, "It's here but my carers know me so well they know what they need to do." We found care plans informed care workers about people's agreed call times, preferences, needs and life style choices. One care worker told us, "I read the plans when I started here. I found them so helpful because I learnt what the customer wanted, liked and how I needed to do it."

Another care worker told us about a person they supported, "[Name] has difficulty telling you what they want and can become frustrated. But if you give time and don't rush it helps [name]. It's all about knowing the customer [people]." This approach reflected the information in the person's care plan. Care plans had been reviewed and updated when a change had occurred.

Care plans included information about people's preferred method of communicate. For example, care workers used picture cards to support people living with dementia to make decision and choices. Information about the service was also available in other formats, including large print. This was in line with the 'Accessible Information Standard' which places a legal requirement on providers to ensure information is available to people with a disability or sensory loss in a way they can understand.

We looked at how complaints were managed by the provider. People and relatives told us they had no cause to complain but knew how to make a complaint and were confident any concerns raised would be addressed. A care worker commented, "If anyone was not happy I would tell the manager straightaway so it could be sorted. We want everyone to be happy with our service."

Record showed eight complaints had been received during 2018 which had been managed in line with the providers procedure. The provider told us, "We encourage customers and relatives to tell us if anything is not right. We need to know so we can deal with it immediately."

The provider also kept a copy of compliments. For example, one person wanted to thank their care workers for helping them build their confidence and independence. A relative had written to the service to thank care workers for 'putting a smile' on their family members face when they visited. They added, "[Name] looks forward to the visits."

Is the service well-led?

Our findings

At our previous inspection we found the service and staff was well-led, and at this inspection it continued to be. The rating continues to be Good.

People and relatives told us they were very satisfied with the service they received and the way the service was managed. Comments included, "We are very happy with the service. They are all very helpful and flexible." "I would recommend them... It is a very well organised service." "I do know the manager. They are always available if I need them." and "They are brilliant."

The service had 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.' The registered manager was also the provider for the service.

The provider understood their responsibilities and the requirements of their registration. For example, they understood what notifications they needed to submit and had completed their Provider Information Return when requested. However, the provider had not ensured their website included a link to their latest CQC inspection report which is a legal requirement. The director explained this was due to a technical issue and immediately added a link during our visit.

There was a clear management structure to support people and staff. The management team consisted of the provider, the director, a branch manager, senior and care co-ordinators, team leaders and senior care workers. The provider told us the management team worked well together and supported each other. Other members of the management team confirmed this with the director commenting, "We complement each other. We work as a team."

Care workers felt supported and valued by the management team. They explained this was because they had regular individual and team meetings to discuss any concerns, training needs and to share ideas. Records confirmed this. One care worker said "[Provider] is the best manager I have ever had. She is spot on. You feel like your important, listened to and appreciated." We saw a member of the management team was also available to support people and care workers outside of normal office hours. One care worker told us, "We have an on call number. I've used it lots of times... It works really well."

The management team completed audits and checks to monitor the quality and safety of the service, including inviting people and care workers to complete quality questionnaires, observations of care workers practice, audits of care plans, daily and medicine records.

However, we found some auditing process were not always effective. For example, a medicine audit had not identified the medicine recording issues we found or the lack of information about medicines prescribed 'as required' medicines. We discussed this with the provider and director who gave assurance immediate action

would be taken. Following our inspection, they sent us information to show this issue had been comprehensively addressed.

We asked the management team what they were proud of about the service. The provider told us, "We have a good team, we stand together and work together. We have built a very good reputation in the area." The director added, "We are able to make a positive difference to people's lives every day which makes us proud of what we do."