

Platinum Home Care (South Coast) Limited Platinum Homecare (South Coast) Limited

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 Homecare [South Coast] Limited, is a family run care at home, domiciliary care provider in the West Sussex town of Selsey, which is situated close to the coast. At the time of this inspection 52 people received personal care support from the service. The service supported older people, some of who were living with dementia and people with physical disabilities, within their own homes.

Not everyone using Platinum Homecare [South Coast] Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

People received a consistently good service and felt safe with the support they received from the staff. One person told us, "It's certainly safe. I've never had any worries at all, and I trust the staff completely."

Staff understood how to raise concerns both within and outside of the service should they need to. People and staff felt they were listened to and that their ideas and any concerns they may have were addressed.

People received their medicines safely and medicines that were prescribed on an 'as required' basis were given safely.

Staff knew people well and provided support in the way people wanted. People's individual needs and preferences were known and understood by staff which meant that they received a person-centred service. Support was provided which ensured people received food and drink when they needed this.

Training and observations of staff practice, as well as supervision with the management team ensured that staff were competent in their roles.

People were involved in decisions about their care and staff sought appropriate consent and asked people what help they needed. People received care that respected their privacy and dignity as well as promoting their independence wherever possible.

Staff supported people with timely access to external healthcare when people were unwell and supported with access to medical appointments as needed.

The service was well-led by a dedicated management team who demonstrated compassion and commitment to the needs of the people who used the service as well as the staff who worked for them.

The registered and deputy managers worked professionally with agencies outside of the service and ensured a transparent, honest and open approach to their work which as valued by others.

Rating at last inspection: Good (23 June 2016).

Why we inspected: We inspected the service as part of our inspection schedule methodology for 'Good' rated services.

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 Homecare (South Coast) Limited

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was completed by one inspector and one expert by experience [ExE]. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

The service had a manager registered with the Care Quality Commission. 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.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 10 and ended on 14 January 2019. It included speaking with people and their relatives and visiting people in their own homes. We visited the office location on 10 and 14 January 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about and we sought feedback from the local authority and health professionals who worked with the service. We used information the provider sent us in the Provider Information Return [PIR]. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before, during and following the inspection we reviewed and spoke with;

- Three people were visited in their own homes and we reviewed their care records and risk assessments
- Reviewed staff recruitment, training and supervision records for three staff
- Records of accidents, incidents, complaints and compliments
- Audits, quality assurance reports and surveys
- Spoke with the registered manager, deputy manager, a senior care supervisor and four care staff
- The expert by experience [ExE] telephoned and spoke with six people using the service and three of their relatives.
- We also spoke with and obtained feedback from a West Sussex County Council; support broker and assistant care manager.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely; systems and processes; assessing risk, safety monitoring and management; preventing and controlling infection:

At the last inspection in May 2016, we found that some people did not always receive safe support with their medicines. Records of administration for some people were unclear and guidance for 'as needed' (PRN) medicines and topical creams was insufficient. At the end of the last inspection the provider had put systems in place to address this. This key question was rated as 'Requires improvement' because of these shortfalls. However, at this inspection we found that people received their medicines safely when they needed them, and records were completed clearly. Medicines that included any creams prescribed on an 'as required' basis were clearly documented.

- People and their relatives said they felt safe with the staff who supported them. One person said, "It's an excellent service and very safe. We couldn't cope without it." A person's relative told us; "I think the Service is very safe and I wouldn't have allowed [my relative] to stay with them so long as I have if I thought they were in any way unsafe."

People who received medication support from care staff told us they felt this was done "faultlessly." One person told us, "The way they [staff] look after my medicines is all good. Sometimes when I did it myself, I'd mess it up or take the wrong day's meds. It's much better now they do it for me."

- There was a 'lead' member of staff who monitored and reviewed medicines management across the service.
- Medication audits were completed on a monthly basis. The registered manager reviewed and analysed the findings of the audits to ensure that they took action that may be required to safeguard people.
- Competency assessments were completed for all staff. Senior staff observed them in practice which ensured they were safe to give medicines to people. Staff who completed the assessments had also received relevant training to enable them to effectively competency assess other staff.
- Systems and processes protected people from the risk of avoidable harm. Staff understood how to report any concerns they may have to relevant professionals and worked in line with the local authority safeguarding policy and procedures.
- Staff received training to support their understanding of correct procedures to follow to keep people safe in their homes.
- Risks to people were assessed and managed safely. Records showed which risks were assessed. Environmental risks and medication management risks were assessed. Also, risks such as those related to 'dehydration and nutrition' were assessed. This clearly indicated why care was provided around meal times for the person.
- Staff received training which ensured the safe use of equipment. This included the use of specialist equipment to support people to live at home safely with complex healthcare needs.

- People were protected from the risk of infection. Care staff were provided with personal protective equipment [PPE] such as gloves and aprons which they used appropriately.

Staffing levels:

- People were protected by safe recruitment practices. New staff were appointed after robust checks were completed which ensured they were of good character to work with people who had care and support needs.
- There were enough staff to meet people's needs consistently. People had developed a good relationship with care staff who knew them well. This supported people to feel safe.
- One person told us, "One of the things that makes me feel safe is that I have regular staff whom I've got to know well so I trust them and know they will be looking out for me." One person's relative said, "They [staff] don't seem as over-worked as some carers are. They have time for [my relative] and will stay longer to ensure they are safe before they leave, locking the door as they go. That sort of thing."

Learning lessons when things go wrong:

- Lessons were learned when things went wrong. The provider had learned following the last inspection in May 2016 and had put checking systems and processes in place to make sure that people received their medicines safely.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection in May 2016 we rated this key question as 'Good.' We found that people received an effective service and that care staff were knowledgeable about people's care needs and had received all necessary training to carry out their roles. Staff sought consent appropriately from people and they were consulted about the care they received. People were offered choices of food and drink and had access to health care professionals when they needed it. At this inspection, we found that people continued to receive an effective service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:

- People's needs were assessed before they started to receive support from the service. The information gathered included people's preferences, backgrounds and personal histories. This enabled staff to know people well.
- One person's care plan stated that staff should ensure that the person's, "Daily routine is not altered in any way." This supported the person to maintain positive control of the way their daily care was provided and their preferred routines.
- People received timely support to access healthcare services and professionals when they needed help. One person told us, "I wasn't very well this morning and the carer was able to arrange for the doctor to come and see me at home straight away."
- The service supported people flexibly to meet people's healthcare needs. One person said, "If I let them [staff] know I have a GP appointment, or something like that, they are very flexible and will come earlier or later that day to fit around my appointment time."

Staff skills, knowledge and experience; ensuring consent to care and treatment in line with law and guidance:

- People felt staff were competent to give them the care they needed, and that staff were flexible with the support they provided. One person told us, "The carers are excellent and always check with me if there's anything else I want them to do, or stop doing, when they visit me. I just have to ask them, and they never make me feel it's any bother for them."
- A training record was kept up to date for all staff by the management team and training sessions were planned for the year ahead for care staff to attend. This ensured staff training remained up to date.
- Staff were observed in practice by senior staff and received supervision with their line manager. Records showed that staff were competent to provide care safely and effectively to people.

- New staff completed an induction programme that followed the care certificate. The care certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well.
- Staff received regular training from 'in-house' staff who were trained and who knew the organisations policies and procedures well. Staff enjoyed this training. Surveys and feedback forms were completed by care staff who attended the training. The feedback from staff was very positive. The registered manager told us that since training had been provided 'in-house' that care staff were, "a lot happier." This was reflected in the feedback seen.
- There was a dedicated training room at the office location with a range of equipment to support staff to learn how to care for people safely and effectively.
- Consent was sought from people and they were asked by care staff before care was provided. One person told us, "They [staff] will ask me first before they do it [care or support]."
- The registered manager told us that at the time of this inspection, people did not lack mental capacity to make day to day decisions and to consent to their care with the service.

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). If a person is living in another setting, including in supported living or their own home, it is still possible to deprive the person of their liberty in their best interests, via an application to the Court of Protection. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Supporting people to eat and drink enough with choice in a balanced diet:

- When people required support with their meals, care staff provided this safely and considered people's choices with the meals they were given.
- One person said, "The support I receive in preparing meals, etc. all works very well. I have ready meals in freezer. In the morning they ask me to choose which one, and they put it in the fridge to defrost ready to be cooked for my dinner by whoever comes in the evening."

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection in May 2016, we rated this key question as 'Good' and found that people received person-centred care from staff who knew them well and cared about them. People were involved in making decisions relating to their care and were encouraged to maintain independence. At this inspection we found that people continued to receive a caring service.

Ensuring people are well treated and supported; supporting people to express their views and be involved in making decisions about their care:

- People felt staff treated them with kindness and were caring. One person said, "They [staff] are all lovely, smiley and caring and they cheer me up whenever they come."
- People felt they mattered and that staff had time for them. Staff were available to support people in a compassionate way when they needed support or information.
- People were treated fairly regardless of age, gender or disability. For one person who was 'registered blind', the deputy manager described how staff ensured that the person understood their care plan if they were not able to read through it. The deputy manager said, "We discuss it with them, they have family support." They also said, "She [person] likes her classical music playing all day." Which staff ensured was playing for them.
- One person said, "They [staff] always answer the 'on-call' number and let me know what is happening or talk to the carer to let them know my situation."
- Staff had time to care for people in a personal way. One person told us, "They [staff] are never in a rush, and often they stay a little longer to talk or to finish something they are doing".

Respecting and promoting people's privacy, dignity and independence:

- People's privacy was respected. Confidential information was held securely in the office location.
- People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.
- One person told us, "I've never had any problems with the carers not respecting our privacy or inappropriately sharing our confidential information, gossiping about other people they look after or anything like that."
- Dignity was respected. People were treated with compassion and by well trained staff who completed specific training for, 'understanding your role' which included a focus on, 'privacy, dignity' and how to 'respect people's different preferences.'
- Care staff treated people as individuals and knew them well. Independence was promoted and maintained as much as possible, wherever possible.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

At our last inspection in May 2016, we rated this key question as 'Good.' People received a service that was able to respond quickly to adapt or increase care to meet people's needs. People's care was planned and reviewed with them to reflect their needs and preferences. Staff knew people well and understood their wishes. People were able to share their experiences and were confident they would receive a prompt response to any concerns. At this inspection we found that people continued to receive a responsive service.

Personalised care:

- People received a person-centred service that was responsive to their individual needs and preferences. They were involved in the planning and review of their care.
- People felt they developed and maintained positive relationships with the consistent care staff who supported them.
- One person said, "I have the same people coming and I know them all very well. They are really nice to me and I don't normally get any strangers coming."
- Another person said, "Team leaders tend to discuss my needs with me, and the carers know what's needed, so they can get on with it."
- The registered manager told us, "I think we're very responsive. If people have increased needs, or need to be discharged from hospital we're quick, we work very quickly."
- An external social care support broker professional from West Sussex County Council confirmed this and told us, "I have always found them [service] to be professional, courteous and very customer focused. This includes instances of keeping care in place for vulnerable people when we were unable to find an alternative [provider] and accepting restarts from hospital."
- People were supported to maintain their 'lifelines' by care staff who checked these were in good working order on a regular basis. This ensured that people could use technology to call for help outside of normal working hours in the event of an emergency, such as a fall.
- People's communication needs were 'flagged' and understood. A 'grab sheet' had been developed to provide an 'at a glance' record of people's communication and behaviour needs.
- This information supported care staff and was also available in the event of a medical emergency to share with ambulance and hospital staff to enable them to understand how best to communicate with people.
- This demonstrated the providers understanding of the Accessible Information Standard [AIS]. The 'standard' sets out a specific approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

Improving care quality in response to complaints or concerns:

- People felt able to raise concerns if they wished to and none of the people we spoke with as part of this inspection said they had raised any formal complaints.
- People felt listened to and said that staff took their concerns seriously and addressed them quickly. One person told us, "I have sometimes had to mention about little things, but they [staff] always take me seriously and do something to sort the problem out, so it never gets to the formal complaint stage."
- Information about how to raise a complaint was given to people.

End of life care and support:

- People received end of life care from compassionate staff who knew them well.
- Systems ensured that people who did not wish to be resuscitated when this had been formally agreed with them, or in their best interests, by a medical professional and appropriate others, were known to staff. This meant that people were able to die with dignity. This is known as a 'DNACPR' which means; Do Not Attempt Cardio Pulmonary Resuscitation.
- Care staff knew which people had DNACPR's so that people's wishes were known and respected.
- At the time of this inspection the management team were sourcing additional end of life care training for care staff.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in May 2016, we rated this key question as 'Good.' We found that the culture of the service was open and friendly. People and staff felt able to share ideas or concerns with the management. Staff understood their responsibilities and felt they were listened to and valued. At this inspection we found that the service continued to be well-led.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; engaging and involving people using the service, the public and staff; continuous learning and improving care:

- The service was led by an open and transparent management team who actively supported the care staff in their roles.
- People and their relatives told us they were happy with the way the service was organised and managed. They said it was well led in their opinion. They all said they had good communications with the 'head office.'
- Staff felt that the management team listened to them. One member of care staff told us, "It's got a lot better over the years.' 'they did listen to us when we had no travelling time and it changed. We get travelling time now. We don't feel under pressure, we're not frazzled and you can do your job better because you have time."
- Another member of care staff said, "Management are very supportive. We have our supervision and appraisals. Training is now more varied in-house. I enjoy it. I get on very well with them [management] they're really nice."
- Team meetings were held on a monthly basis for staff. This supported them to contribute towards the day to day running of the service and to receive regular updates about the service.
- The registered manager told us that they were implementing a new electronic monitoring system which would monitor visits to people in the community. The systems were being improved to ensure that people received a consistently reliable and timely service. This would also enable people to be informed in a timely way if their call would be late. People had commented that at times if their calls were late that they had not been informed by the office. The registered manager was taking action to remedy this promptly.
- Technology was used by the management team staff to ensure that actions were completed, with a record of who completed action and when.
- People's views were sought of the service they received. Surveys were sent to them and their views were also clearly recorded during annual care plan reviews. The management team were developing ways of improving the ways the results would be analysed and fed back into the daily running of the service.

- In a recent survey completed by people, the majority stated the service was either 'excellent' or 'good.'
- Systems and processes such as, monthly audits of accidents and incidents, were completed. These were also reviewed by the registered manager. This ensured that there was clear oversight of any negative trends and any actions taken to avoid or reduce the risk of incidents happening again.

Working in partnership with others:

- The provider worked professionally with external agencies such as West Sussex County Council [WSCC] social services.
- A WSCC support broker told us, "My experience of Platinum has been excellent" and "[Deputy manager] attended a lengthy meeting and addressed every issue with honesty, offering solutions and reassurances. I was impressed."
- This demonstrated that the management of the service conducted themselves in an open and transparent way.
- The provider was also a member of the 'United Kingdom Homecare Association' [UKHCA]. The UKHCA aims to support providers of homecare services to promote high quality, sustainable care services so that people can continue to live at home and in their local community. It does this by sharing up to date information to providers to support them to run their services in line with current best practice standards.