

Platinum Healthcare Services Limited

Platinum Healthcare Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Platinum Healthcare services is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 30 people using the service. 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.

People's experience of using the service and what we found

The service was not well-led. There was a lack of governance and oversight to ensure the service was continually assessed and monitored to improve safety and quality in care. An absence of audits and quality assurance meant shortfalls in risk management and care planning were not being routinely identified. We received mixed feedback from staff about the working culture and leadership. Due to management carrying out a lot of care calls, the service was not being managed effectively .

Records relating to risk assessments and care plans required improvement. Some known risks for specific health conditions did not have required risk assessments or care plans with guidance to manage those risks. Staff received safeguarding training and were confident identifying and reporting concerns. However, timely action was not always taken in response to potential safeguarding incidents.

Where people's capacity to make decisions about their care or treatment was changing, mental capacity act assessments were not carried out by the service; families were signposted to request assessments from the G.P. However, 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.

Staff were recruited safely and spoke positively about their training. We received positive feedback from people about staff skills and competencies. People were supported to attend and access healthcare appointments and services.

People felt safe and were well cared for by staff familiar to them. People and their relatives gave us positive feedback about staff who were kind, caring and compassionate. Staff treated people with respect and recognised the importance of promoting their independence and individuality.

People and their relatives were included in care planning to ensure their care was provided based on their preferences, wishes and choices. A variety of resources was provided in an accessible format including a mobile library which offered audio and large print books. Visual charts were designed and implemented to help those who struggled to communicate their needs verbally.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The service was registered with us on 28 January 2021 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not been inspected or rated.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to Regulation 17 Good Governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

See details in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Platinum Healthcare Services

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

The inspection team consisted of two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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 8 March 2022 and ended on 14 March 2022. We visited the location's office on 10 March 2022.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three relatives and one person about their experiences of care. We spoke with four members of staff including the director, office manager, administrator and field care supervisor and received written feedback from three care staff. We looked at three care plans, two recruitment records and a variety of documents relating to the management of the service.

After the inspection

We spoke with three members of staff by telephone and continued to review information sent to us by the provider.

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 Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and staff received safeguarding training to help them identify types and signs of abuse. They said they would report potential safeguarding concerns to management.
- However, timely action was not always taken in response to potential safeguarding concerns when reported. One staff member said, "I have gone to [person] a week ago and raised these [safeguarding] concerns with [person] but nothing has been done."
- A safeguarding concern had not been reported to the local authority or notified to CQC as required. We raised this with the provider who confirmed that a safeguarding referral was made shortly after our inspection.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Risk assessments were not always in place. Some risks to people's health and safety were not assessed or guidance included in care plans. This included risks relating to catheters and people at risk of skin breakdown. We found no evidence this impacted on the care people received. In response to these omissions the provider implemented risk assessments and care plans shortly after our inspection.
- Staff told us care plans weren't always up to date and some staff had not had time to read people's care plans. One staff member said, "Some service users don't have care plans and we sometimes have to contact management to find out information for the service users."
- People and their relatives told us they felt safe and reassured with the care staff. One person said, "Oh yes, I feel safe. I'd soon tell them if I didn't. They don't make me feel that I can't tell them." A relative said, "I'm glad we picked them. I've seen them in action, we did right."
- 'Grab sheets' which contained key information about risks to people's health and medical history, their next of kin and advanced decisions were included in folders alongside people's care plans in their own home. This provided a snapshot of information in the event of an emergency or hospital admission.
- The provider told us they learnt from their mistakes. They said, "The rota system is only done a day in advance. We're aiming to increase this to a week when the new team leader comes in."

Staffing and recruitment

- We received mixed feedback about staffing. Some staff felt there were not enough of them because management completed a lot of care calls. One staff member said, "I wouldn't say there is enough staff because [manager] is out doing calls every day and night. They take on packages and they need to stop until they have got more staff."
- The provider did not always staff according to their risk assessments. One person assessed as needing two members of staff to support them safely with certain needs, was supported by one member of staff. We

raised this with the provider who advised that discussions took place with the social worker due to ongoing difficulties supporting this person according to their risk assessment. Following our inspection, the provider arranged a meeting with the social worker and occupational therapist to review this person's care.

- Due to staffing pressures the provider was actively recruiting and operated a waiting list for new packages of care.
- Staff were recruited safely. References and Disclosure and Barring Service (DBS) checks were carried out before people commenced work with the service. The DBS helps employers make safer recruitment decisions, so only suitable people work with those who are vulnerable.

Using medicines safely

- Staff were trained in how to administer medicines safely.
- Mock medicine administration records (MAR) and photos of incorrect prescriptions were given to staff as part of their training. A staff member responsible for medicine training said, "This gets staff used to spotting what's wrong and checking the right prescription is for the right person."

Preventing and controlling infection

- Staff were trained in infection control and provided with Personal Protective Equipment (PPE).
- Lateral flow tests were carried out before each shift to minimise the risk of COVID-19 spreading in the community.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Due to a lack of understanding of responsibilities, Mental Capacity Act assessments were not carried out for people identified as potentially needing them and families were directed to the G.P to request this. However, people were supported to have choice and control regarding how their care was provided.
- We provided feedback on this issue and the provider assured us that in future Mental Capacity Act assessments would be carried out for those people whose capacity to consent and make informed decisions was compromised.

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

- Support plans contained information about people's nutritional likes and dislikes and the support they needed to ensure they ate and drank enough to maintain their health.
- Where people required their food and drinks to be prepared in a certain way due to swallowing difficulties or nutritional needs, care plans included guidance for staff on supporting those people safely and the types of food and drinks to encourage.
- Fluid charts were used to monitor the amount people drank when required. However, there were unexplained gaps in some of these charts so it was unclear whether people were offered drinks on that day or the amount consumed. We raised this with the provider who confirmed fluid charts were not currently monitored but plans were in place to implement these.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's needs and choices before they began using the service. This was done in consultation with people and their family members.

Staff support: induction, training, skills and experience

- Staff were trained in the Care Certificate and encouraged to undertake further qualifications in health and social care. A period of induction included shadowing experienced members of staff. Spot checks allowed the provider to monitor staff skills, care standards and competencies.
- We received positive feedback from staff about their training. One staff member said, "From my perspective I feel that the service is safe as all the staff I have worked with are very caring, trained and experienced." Another said, "The training we had was good, we met the service users and got to know them before we worked alone. If we were stuck with anything we would ring management and they would support us with anything we weren't sure of. I have used my training to better understand service user's conditions and how to deal with them."

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

- People were supported to access other healthcare services when they needed it. One staff member said, "In regards to concerns about changes in a service users health condition, I would report this to management and contact their GP surgery to get advice on what we should do and act accordingly."
- We received positive feedback from people and their relatives. One relative said, "[Person's] been in hospital a few times and always worse when [person] comes home. [Staff member] went ahead and got all the equipment needed without hesitation and arranged for a hoist. They call the doctor when needed. Amazed they have that much care."

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

- We received positive feedback from people and their relatives about care staff. One person said, "I like them, I think they're marvellous. Totally, absolutely lovely people." A relative said, "Couldn't wish for better, absolutely brilliant. They're part of the family and organising [person's] 100th birthday."
- People were supported by staff familiar to them and the provider aimed to introduce new staff before they provided care. One person said, "I'm so comfortable with them. They introduce new people to me and ask me how I feel about them." A staff member said, "I went in with [provider], I don't like going into a home unless I have been introduced."
- People's cultural and religious beliefs were identified during the assessment process.

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

- People were involved in assessments and care planning to ensure it was person centred and reflected their wishes and choices. One relative said, "During the initial assessment they treated [person] as an individual." A person said, "I have to say, I haven't had a problem at all. They accommodate anything I ask them to do and if it's something different they adapt to me."
- When people struggled to contribute to decisions about their care their next of kin or Lasting Power of Attorney were encouraged to be involved. A Lasting Power of Attorney is a legally appointed representative who can help make decisions about a person's finances, their health and welfare, or both.

Respecting and promoting people's privacy, dignity and independence

- Information about people's abilities helped to maintain a focus on people's independence as much as possible.
- Staff treated people with respect and told us what caring meant to them. One staff member said, "Caring is about allowing people who need some form of help to live their lives, to do that in a supportive and kind way, according to their wishes. I would always talk to people in a professional but friendly way, respecting that every person has different ways, wishes, opinions and therefore I will always ask them how they would like something done."

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's preferences and choices regarding their care was gathered as part of care planning.
- Information about people's histories, interests, families and preferences supported personalised care planning and recognised the individuality of the people receiving support.

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.

- The provider was committed to providing information and services in an accessible format.
- Visual pain charts were designed and implemented to help people who struggled to communicate their needs verbally.
- Information leaflets on common ailments or medical concerns were available in large print. A mobile library offered large print and audio books and large print wordsearches were available.

Improving care quality in response to complaints or concerns

- People were informed of how to raise a concern or complaint about their care including how to contact us, CQC, to give feedback.
- Some improvements were needed to ensure robust records were kept when staff reported concerns about care, to demonstrate actions the provider had taken in response.

End of life care and support

- Staff received end of life awareness training as part of their induction.
- Where people agreed to take part in discussions about end of life care planning, their wishes and choices regarding this were gathered.
- Care plans included information about whether people had a DNACPR decision in place.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A lack of robust governance systems meant there was no oversight, routine quality assurance processes or audits to monitor the safety and quality of care. One staff member said, "There are gaps in particular areas that are not being identified. They have got no quality assurance and no auditing is taking place."
- Due to staffing pressures, management spent a lot of time providing care calls which impacted on their ability to manage and oversee the service. Feedback from staff supported this. One staff member said, "I wouldn't say there is enough staff because [manager] is out doing calls every day and night. They take on packages and they need to stop until they have got more staff."
- There were mixed views on the support provided by management. One staff member said, "Management are very approachable." Another staff member said, "If I'm honest I don't feel very supported by management as everyone that is higher up are either friends or family so they protect each other and not staff."
- Not all staff were confident management listened to their concerns or took action in response. One staff member said, "We have learnt about whistleblowing but I feel that when we put concerns across they are not dealt with and the problem is still ongoing."
- Staff reported concerns about rotas and call times but not all staff were confident their concerns were listened to. One staff member said, "It is hectic, I get a rota the day before I am due to go out." Another said, "The times of some of the calls don't add up which results in us being late for our next call. I'm not 100% confident that management listen to this but we report it anyway."
- We received mixed feedback about the working culture and a lack of clarity over roles and responsibilities and taking ownership of tasks. One staff member said, "There is no team working and they are always trying to throw each other under the bus. There is a little bit of a blame culture."

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. We found no evidence that people were harmed as a result however, this placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider recognised the need for more staff and planned to reduce the amount of time they spent delivering care to free up their time for management. They said, "I want to continue being out in the community quite a lot so I can get feedback from people and not lose sight of what's going on. I don't want

to be out as much as I am now, but I will always want to keep an eye on what's going on in the community."

- The provider was passionate about providing good quality care to people and wanted staff to feel valued. They said, "I want them [staff] to feel they can contact me. And we're also open to ideas, learning new things. Our hearts are in the right place and people are getting the care they deserve."
- Staff were issued with 'grab bags' in response to lone working, particularly at night in the event of an emergency and where they worked in areas with poor street lighting. This included personal alarms, blankets and torches.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Surveys for people and staff were used to gather feedback on the safety and quality of care provided. The results were being analysed and the provider planned to share these with people and staff.
- The team administrator responsible for training had plans to deliver future dementia awareness training to families.

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

- Some important events and incidents were reported to CQC as per regulatory requirements. However, one incident was not referred to the local authority safeguarding team or notified to CQC as required.

Working in partnership with others

- The provider worked closely with external health professionals and the local authority to promote positive outcomes for people.
- Information sharing aids were designed and implemented by staff to ensure key information about risks to people's health was available to other health professionals. This included grab sheets in care plans and an allergy card. The provider received positive feedback about these systems.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems to monitor and improve the safety and quality of the service were not in place. A lack of audits and quality assurance systems meant shortfalls gaps in assessments, care planning and records were not routinely identified. The service was not effectively managed.