

Platinum Community Care Limited

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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

About the service: Platinum Community Care Ltd is a domiciliary care service that was providing personal care to 11 people in their own homes.

People's experience of using this service:

People were supported by staff who had been recruited safely, and who had the knowledge and skills to provide effective support. There were enough staff available to meet people's needs and Staffing levels were regularly reviewed. Medicines were managed safely, and staff followed infection control procedures.

Risk management plans were in place which guided staff to provide support that met people's needs and in line with their preferences. People were supported to have choice and control over their lives.

People were supported by staff who promoted choices in a way that people understood and had control and choice over their lives. Staff provided dignified care and respected people's privacy.

People and their relatives were involved in the planning and review of their care. Staff used care plans to ensure they provided support in line with people's wishes. This ensured people received personalised care in line with their preferences and diverse needs.

Systems were in place to monitor the service, which ensured people's known risks were mitigated and lessons were learnt when things went wrong. People and staff could approach the registered managers who acted on concerns raised to ensure improvements to the delivery of care.

Rating at last inspection: This was the first inspection for this service following their registration on 26 April 2017.

Why we inspected: This was the first inspection for this service following their registration as per our methodology.

Follow up: ongoing monitoring; possibly more about how we will follow up

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

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 Community Care Limited

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 carried out by one inspector and an Expert by Experience. 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:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. At the time of the inspection there were 11 people using the service.

The service had two managers 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.

Notice of inspection:

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

Inspection took place on 24 and 30 April. It included telephone calls to people and relatives to gain feedback about the service and telephone calls to staff who provided support to people. We visited the office location

on 30 April 2019 to see the registered managers and office staff; and to review care records and policies and procedures.

What we did:

We used the information we held about the service to plan our inspection. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, serious injuries and safeguarding incidents that had occurred at the service.

We spoke with two people who used the service and two relatives to gain their experiences of the service provided. We spoke with three staff and the registered managers who are also the providers.

We viewed five people's care records to confirm what people and staff had told us. We also looked at documents that showed how the service was managed which included induction and training records for staff employed at the service and records that showed how the service was monitored by the registered managers.

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.

Assessing risk, safety monitoring and management

- People told us they felt safe when staff provided support. They told us, "Very safe. They (staff) ensure I am safe when washing or showering me, so I cannot fall over, and I do feel safe with all of them when they are in my property caring for me." And "Safe, yes I would say. They give me assistance to get me out of bed and to wash as I have mobility problems and need a double up call. Quite safe in the way that they do this for me."
- People's known risks had been assessed and detailed plans were in place to ensure staff had guidance to support people safely. Staff were able to tell us about people's risks and explained how they supported people to remain safe in their own home whilst promoting their independence

Systems and processes

- People were safeguarded from the risk of abuse because staff understood how to recognise the signs of abuse. Staff explained how they would report suspected abuse in line with the provider's policies.
- The registered managers understood their responsibilities to act on reports of suspected abuse and were able to explain their actions and how to alert the local safeguarding authority.

Staffing levels

- People told us staff arrived on time and they were informed if a visit was going to be delayed. One person said, "Timing is good, and I have had no missed calls." Another person said, "They are mostly always on time but will always call me to let me know if held up for any reason. They have never missed coming to me."
- The provider had safe recruitment practices in place to ensure people were supported by suitable staff. The provider had a system in place to monitor staffing levels to ensure people received the support they needed, and this was reviewed regularly.

Using medicines safely

- People told us staff supported them with their medicines. One person said, "Yes they give me my tablets with a drink when they come around."
- We saw Medicine Administration Records (MARs) were used to show staff had supported people with their medicines. Staff told us they were trained in the administration of medicines and training records confirmed this.

Preventing and controlling infection

- Staff followed infection control guidance and ensured personal protective equipment (PPE) was used when they supported people such as gloves and aprons. This meant people were protected from the spread of infection.

Learning lessons when things go wrong

- The registered managers had systems in place to learn when things went wrong. Issues that were raised by people, staff or other professionals were dealt with by the registered managers. These were discussed with staff to ensure improvements were made to people's care.
- The registered managers had listened to feedback. We saw that where one person had raised a problem on the feedback survey the registered managers had addressed the issue.

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.

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

- People's needs had been assessed, planned and reviewed to ensure they received care that met their needs.
- People and their relatives had been involved with the development of their care plans and contained details of people's diverse needs and preferences. This included the characteristics under the Equality Act 2010, such as age, disability and religion.

Staff skills, knowledge and experience

- People told us they felt confident staff were trained. One person said, "Yes quite happy with this as they are most careful when lifting me, they seem to know how to manoeuvre me correctly." And a relative told us, "I am quite happy with all their skills and training that they show toward [relative]."
- Staff told us they had received training and had shadowed an experienced member of staff before they provided support to people. One staff member said, "I felt ok to support people after I'd get to know people's needs and had been out with another carer."
- Staff felt supported in their role and received supervision and spot checks from the registered managers to ensure any issues or areas of development were identified and discussed.

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

- People were happy with the way staff supported them to eat and drink sufficient amounts. One person said, "They ask what I would like and get it for me. I decide if I want a cool meal or something cooked."
- Staff supported people with their nutritional needs in line with their preferences and health needs. For example; some people had specific dietary needs due to their difficulties with swallowing. Staff told us how they support these people to ensure their risk assessments were followed.

Staff providing consistent, effective, timely care

- The staff group was small, and people told us they were usually supported by the same staff who they knew well. This ensured people received consistent care and helped staff build relationships with people.
- Text messages were used to pass any urgent changes to staff about people's needs, before care plans were up dated. This meant that staff had up to date information which helped them to provide the correct support.

People are supported to have healthier lives and have access to healthcare services

- People were supported to have access to healthcare professionals. We saw that when carers identified that a person wasn't well, or their needs had changed that the registered managers made referrals to the relevant healthcare teams.
- Staff understood emergency procedures to follow if people were unwell and needed medical assistance.

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 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 told us consent to their care was gained and staff asked what support was needed.
- Where people were unable to consent to certain aspects of their care mental capacity assessments had been completed in conjunction with family member and professionals. This ensured people's care was provided in their best interests.
- Staff had a good understanding of the principles of the MCA and explained how they supported people to have choice and control of their lives.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported, Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were kind, caring and respectful. One person said, "Yes they're very nice and caring in what they do for me. We always have a nice laugh and natter, and this means a lot to me being on my own quite a bit." And another person said, "Most respectful; no problem with this at all. They ensure I am covered so I don't get cold when either washing or giving me a shower and very respectful when assisting to dry me making sure the curtains are drawn."
- Staff told us they were able to provide care without being rushed and were given enough time on their rotas to chat with people as well as completing support tasks. One staff member said, "We get given time in-between calls to get to the next one so we're not rushing, and we get time to talk to people as well as providing their care."

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

- People were involved in their care and were encouraged to make choices about how they wanted their care provided.
- Staff explained how they supported people who had limited communication to make choices. One staff member told us, "You have to look for gestures and when you know the person it's easy to understand them and know what they want."
- Care plans contained guidance for staff to follow when supporting people to express their views.

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.

How people's needs were met:

- People received personalised care from a consistent staff group that knew people well. Care plans were developed with people and their relatives which ensured people received care in line with their preferences.

Personalised care

- People and their relatives told us they were involved in the planning of their care. One person said, "Yes I have input into that with my daughter. It is completely up to date and I have a copy here with me. They always write in it too when they have finished."
- People told us they received care in line with their preferences. For example; people received their care at a time they preferred and where they had stated a preference for a male or female member of staff this had been planned for in line with their wishes.
- Staff knew people well and explained how they supported people, and this had been recorded in their care plans.
- The registered managers were responsive to people's needs and staff were made aware when people's support needs changed.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain and who they needed to contact. One relative told us they'd had an issue, but this had been sorted immediately.
- The provider had a procedure in place to act on written complaints received at the service. At the time of the inspection there had been no formal written complaints.

End of life care and support

- At the time of the inspection there was no one who needed end of life support.

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.

Leadership and management; Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Systems were in place to monitor the quality of the service and mitigate risks to people. The registered managers had audits in place which included care plans, daily records, MARs and infection control to ensure people received their care as planned.
- The registered managers carried out unannounced spot checks on staff performance. This ensured staff understood how to support people effectively.
- The registered managers understood the responsibilities of their registration with us (CQC).

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- People, relatives and staff told us the registered managers was approachable and supportive. One person said, "Both are very nice and approachable." One relative said, "Very nice and they both run it well. You can ask then about anything."
- Staff we spoke with were positive about the registered managers. One staff member said, "The managers regularly check in with me and I have supervisions. I feel supported by them and yes if I did go to them with a problem I know they would sort it for me."

Engaging and involving people using the service, the public and staff

- People and relatives were encouraged to share their feedback about the service. We saw surveys were completed and any comments were acted upon.
- Staff told us they were encouraged to be involved in the service. One staff member said, "The registered managers want people to getting a good service and we discuss how we might be able to improve during meetings."

Continuous learning and improving care

- Staff told us they completed training and received refresher courses. One member of staff said, "We have training every year, and when we get a new person to support that has a specific piece of equipment. Also as a team we decided that we wanted more medication training so the managers arranged for us to have some training with some nurses."

Working in partnership with others

- The registered managers maintained good links with relevant health and social care professionals and sought advice from them when needed.
- The registered managers passed on updates and shared good practice through staff meetings and supervisions with staff.