Platinum Care At Home Ltd

# Platinum Care At Home Ltd

## Inspection report

15 Swiss House
St Georges Walk
Waterlooville
Hampshire
PO7 7TU

Tel: 02392251478251478

Date of inspection visit:
27 March 2019
01 April 2019

Date of publication:
16 April 2019

## 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 Care At Home Ltd is a domiciliary care agency providing personal care and support to people living in their own homes. Not everyone using the service receives the 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. There were 52 people being provided with personal care at the time of our inspection.

People's experience of using this service:
• People's needs were met in a personalised way by staff who were kind and caring.
• Individual and environmental risks were managed appropriately, which meant people were kept safe from avoidable harm.
• Medicines were managed safely and people received their medicines as prescribed.
• People's rights were upheld. They were empowered to make their own choices and decisions and involved in the development of their care plans.
• People knew how to raise concerns. They had confidence in the registered manager and told us they would recommend the service to others.
• A quality assurance system was in place to continually assess, monitor and improve the service.

The service met the characteristics of Good in all areas. More information is in the full report which is on the CQC website at www.cqc.org.uk.
Rating at last inspection: This was the first rating of the service since it was registered at its current location in November 2017.

Why we inspected: This was a planned inspection based on the length of the time the service had been registered at this location.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service was safe<br>Details are in our Safe findings below. | **Good** |
| **Is the service effective?**<br>The service was effective<br>Details are in our Effective findings below. | **Good** |
| **Is the service caring?**<br>The service was caring<br>Details are in our Caring findings below. | **Good** |
| **Is the service responsive?**<br>The service was responsive<br>Details are in our Responsive findings below. | **Good** |
| **Is the service well-led?**<br>The service was well-led<br>Details are in our Well-led findings below. | **Good** |

# Platinum Care At Home Ltd

**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. 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 conducted 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:
Platinum Care At Home Ltd is a domiciliary care agency providing personal care and support to people living in their own homes. 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.

Notice of inspection:
We gave the service three working days' notice of the inspection site visit because we needed to be sure that key staff would be available in the office.

Inspection site visit activity started on 27 March 2019 and ended on 1 April 2019. We visited the office location on 27 March 2019 and 1 April 2019 to see the registered manager and office staff; and to review care records, staff files, policies and procedures.

What we did:
Before the inspection we reviewed information we held about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we gathered information from:

• Telephone interviews with 11 people and three relatives
• Visiting and speaking with three people and two relatives in their own homes
• Speaking with the registered manager, the office manager, the recruitment manager, the care coordinator, three team leaders, a trainer, and 11 care workers.
• Six people's care files
• Five staff files
• Records of accidents, incidents and complaints, audits and quality assurance reports

Good

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

Systems and processes to safeguard people from the risk of abuse:
• Appropriate systems were in place to protect people from the risk of abuse. People told us they felt safe being supported by Platinum Care At Home staff; for example, one person said, "The main [staff] are very good and I don't feel in any danger with any of them."
• Staff knew how to prevent, identify and report allegations of abuse. They gave examples of how they were alert to potential signs of abuse and how they had reported concerns in the past.
• Records confirmed that all safeguarding concerns had been reported and investigated appropriately, in liaison with the local safeguarding team.

Assessing risk, safety monitoring and management:
• People's care plans contained detailed risk assessments linked to people's support needs, including their skin integrity, nutrition and hydration. These explained the action staff should take to promote people's safety and ensure their needs were met.
• Environmental risks posed to people and the staff visiting them were assessed, monitored and reviewed regularly. These included the safety of electrical appliances, trip hazards inside and outside the home, and lighting levels.
• There was a business continuity plan to deal with foreseeable emergencies. This included plans to support people during periods of adverse weather, using 4x4 vehicles or staff on foot when roads became impassable. A rating system had been developed to identify people whose care visits were a high priority and those where family members could step in to support the person in an emergency.

Staffing and recruitment:
• Staffing levels were based on people's needs and the number and length of visits required to support them. There were enough staff to support people safely and to complete all care visits. Travelling time was built in between each visit to help ensure staff arrived on time.
• People told us staff were reliable. Comments included: "Mostly, the carers arrive on time, but I get a phone call from the office to say if they are going to be late" and "They usually get here on time and they do send me a rota of who is coming and when".
• The provider had robust recruitment procedures in place. Records confirmed these were followed fully to help ensure only suitable staff were employed.

Using medicines safely:
• Where staff were responsible for supporting people with their medicines, suitable arrangements were in place to do this safely and in accordance with best practice guidance. One person said of the staff, "They give me my medication and it is always on time and done well."
• Staff had been trained to administer medicines and had been assessed as competent to do so safely.

• Medicines administration records confirmed that people usually received their medicines as prescribed. Medicines audits were used to identify any cases where this had not occurred and prompt action was taken to address these; for example, a staff member told us they had received extra training after making a medicines error.

Preventing and controlling infection:
• Staff had been trained in infection control techniques. They had access to personal protective equipment, including disposable gloves and aprons, and assured us they used these whenever needed.
• This was confirmed by people and their relatives, one of whom told us, "Yes, they [staff] always use gloves and aprons."

Learning lessons when things go wrong:
• Incidents and accidents were reviewed to identify any learning which would help to prevent a reoccurrence. For example, new arrangements had been put in place to ensure people's catheter bags were changed regularly, following an occasion when this had not been done.

Good

# 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

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

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.
• Where people did not have capacity to make decisions, staff had consulted with those close to the person and had made decisions in the best interests of the person. However, we found the assessments and the decisions made were not always recorded in line with the MCA code of practice. Example included the provision of personal care and the administration of medicines. We discussed this with the registered manager and by the end of the inspection this had been done.
• Where people had capacity to provide consent, we saw they had signed their care records to confirm their agreement with the proposed plan of care.
• Staff described how they sought verbal consent from people before provided support. One person told us, "They ask before doing any personal care and show great respect."

Staff support: induction, training, skills and experience:
• People were supported by staff who had completed a wide range of training to meet their needs. Staff spoke positively about the quality of the training and records confirmed it was refreshed and updated regularly. Most people described staff as "confident" and "competent". For example, one person said of the staff, "They take their time in what they do and do it well" and another person said, "I think the care I get is excellent."
• However, some people were critical of the less-experienced staff. Their comments included: "Some of the young ones don't have a lot of common sense and don't always see what they have to do for themselves", "I don't think some of the youngsters are up to scratch and are not quite confident" and "They do everything we ask them, but if there are two new ones together, they are not sure about what they are doing".
• We discussed these concerns with the registered manager who showed us a newly developed induction programme they had implemented to address the concerns. They also described the steps they had taken to avoid placing two inexperienced staff together wherever possible.
• Staff told us they felt supported in their roles by managers. A staff member told us, "If I need support, I can always go to the team leaders or one of the managers." Another staff member said, "I feel valued and am always told when I do a good job."
• Staff received regular one-to-one sessions of supervision. These provided an opportunity for one of the managers to meet with staff, discuss their training needs, identify any concerns, and offer support. In addition, staff received an annual appraisal to assess their performance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• Comprehensive assessments of people's needs were completed before care packages were accepted. These identified people's needs and the choices they had made about the care and support they wished to receive.
• Care records confirmed that people had been supported in line with their care plans. They also confirmed that all support had been provided in the person's best interests or with their consent.
• People told us staff delivered care and support in line with best practice guidelines; for example, two staff were always used to operate mobile hoists. Comments from family members included: "When [my relative] is moved, the [staff] hoist him and they do that job well" and "The [staff member] who trains them comes in as a carer sometimes and she is lovely. I cannot fault any one of them".
• Staff also followed best practice guidance when supporting people living with epilepsy, for whom clear support plans were in place for when they experienced seizures. In addition, staff described how they supported people living with dementia by "not rushing and having patience" and by "using simple questions that won't confuse people".
• The provider maintained people's care files on a secure, computer system that was backed up daily. The registered manager described new technology that was about to be introduced to enable staff to access people's care files remotely. This would allow them to fully prepare for each care visit in advance and to record the care they delivered in real time, thus allowing office staff to immediately pick up on any calls or tasks that were missed.

Supporting people to eat and drink enough to maintain a balanced diet:
• Where staff were responsible for supporting people to eat and drink, we found people's dietary needs were assessed and met consistently. One person told us, "The one thing I enjoy in my life is food, and they [staff] do it very well. I have no complaints about what I eat or the way it is prepared." Another person said, "There's always a choice of what to eat."
• Staff were aware of people with special nutritional needs. For example, one person told us, "Today I was supposed to go to hospital so carers weren't needed, but then the hospital cancelled the appointment. The [office] manager turned up to give me some breakfast because she was concerned that as I was diabetic I would have a hypo (hypoglycaemia) if I didn't eat."
• People who needed a modified diet or required encouragement to eat or drink were supported appropriately. Staff described how they did this consistently, in a dignified way and said they always made sure people had a good supply of drinks to hand before leaving them.

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

• People told us they received all the support they needed at the time they needed it.
• People were supported to access healthcare services when needed. A family member said of the staff, "They spotted [my relative] was developing some moisture lesions and consulted the district nurse."
• Care records confirmed that staff strictly followed any guidance issued by healthcare professionals, including specialists. A family member told us, "We recently had a GP review and the agency are now changing what they do to meet the needs stipulated by the GP."
• When people were admitted to hospital, staff provided essential information about the person to the medical team, to help ensure the person's needs were known and understood. This was highlighted on an "emergency sheet" at the front of everyone's care file. Where needed, fresh assessments were completed before the person was discharged from hospital, to check that staff would still be able to meet their needs.

Good

# 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

Good: 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:
• Everyone we spoke with said they found staff were "kind" and "caring". Comments about the staff included: "They are all very pleasant, very good and very kind. I enjoy their company", "They are very friendly, chatty and kind. We feel relaxed with them and have a laugh and a joke" and "They always give me a hug and a kiss when they come and when they go. They are all lovely and will do anything for me".
• People told us staff sometimes went "that extra mile" and supported relatives as well as the people being cared for. A family member said, "The carers are really good with me as my [relative's] main carer. When it was my birthday, they even bought a card and chocolates for me, balloons and everything! It was really lovely." Another person, "Care workers always have time to chat to my [relative], she loves it."
• Staff spoke fondly about the people they supported and said it was "rewarding" and "a privilege" to care for people. Comments from staff included: "If I can make someone smile, then I've done my job" "It's nice to see how you impact people's lives, for example when you arrive and see a massive smile on their face because they know they've got you for the rest of the shift" and "I have lovely clients, I absolutely adore them".

Supporting people to express their views and be involved in making decisions about their care:
• People, and relatives where appropriate, were fully involved in discussions about their care and support. A family member told us, "We've just done that recently. Following a GP review, we have had a meeting to incorporate changes to [my relative's] care."
• People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments before they started receiving the service. Action was then taken to help ensure positive outcomes for people. For example, staff provided information to people in accessible formats to support choice and understanding. These included the use of flash cards for a person with impaired speech; a large-print, picture-based leaflet about safeguarding; and a braille birthday card which staff had sent to a visually impaired person.

Respecting and promoting people's privacy, dignity and independence:
• When asked if they were treated with respect, one person told us, "Yes definitely. If they are cleaning me, they really do treat me with dignity." Another person said of the staff, "They make me feel comfortable when they do things for me."
• People told us their privacy was protected at all times. One person said, "When new staff shadow, they always ask if that person is okay to stay while personal care takes place." Staff were conscious that they were working in people's homes and told us they tried to be as discreet as possible.
• People said staff encouraged them to be as independent as possible. Comments included: "I am supported to maintain my independence. [Staff] make sure they put everything I might need on a table in front of me; pen, paper, nail file, cup of tea etcetera; anything I need to do things for myself when they are not here" and

"They let you get on and do what you are able to, but step in when they need to."
• Care plans also encouraged staff to promote independence, describing tasks people could do on their own and those for which they needed support. For example, one said, "Please hand me my brush, so I can brush my own hair." A staff member told us, "Sometimes, the more you do for someone, the more they want you to do, so we have to guard against that."

Good

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• People told us their needs were met and staff knew how to support them according to their individual needs and wishes. One person said, "[Staff] seem to understand me and what I need. I feel comfortable in their care." Another person said, "They do my personal care exactly as I want it." A staff member told us, "You have to work with [people] and go with their choices; it's about what they want." Another staff member confirmed this and said, "I ask [people] what they want and am led by them. I don't tell them what to do."
• People complimented staff on their flexibility. For example, one person told us, "[My care plan] is regularly reviewed, because my health needs change and therefore the care I receive needs to change." Another person said, "I am talking to the carers all the time and they make notes about what we say or do and [my support] changes, depending on what I need."
• Family members echoed these views. One said, "I think the care workers are very adaptable in their approach. My [relative] has many psychological difficulties and sometimes needs to be jollied along and they do this well. I fully agree with their approach and it proves positive." Another family member said, "Next week I am away from home for a few days and the company came out last week to discuss what extra support was required while I am away."
• People's likes, dislikes and preferences were recorded in detailed, person-centred care plans; for example, one care plan included photographs of how the person liked their bed made and they confirmed staff did this exactly as they wished. Care plans were reviewed and updated regularly and whenever people's needs changed.
• People were consistently empowered to make their own decisions and choices. For example, for a person who was partially sighted, staff explained how they described the clothes in the person's wardrobe to help them choose which they wanted to wear each day.

Improving care quality in response to complaints or concerns:
• There was a complaints procedure in place and people told us they felt able to raise concerns. One person said, "I've not had many occasions to complain but when I did, they dealt with it straight away."
• The complaints policy was available in the care files kept in people's homes and was available in a large-print format if needed.
• We viewed the complaint records and saw each had been investigated and responded to promptly, in accordance with the provider's policy.

End of life care and support:

• Most staff had experience of delivering end of life care. Some had received relevant training and fresh training was planned for the coming year. Staff expressed a commitment to supporting people to have a comfortable, dignified and pain-free death. They described the key aspects of end of life care, including

comfort, symptom control, mouth care and supporting the people close to the person.
• One staff member told us they had been with a person when they had died recently and described the support they gave the family afterwards; they said, "It was a privilege to be there."

Good

# 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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:
• People and their relatives spoke positively about the management of the service. Comments included: "They are excellent. I would recommend this organisation to others", "I like this company a lot" and "They seem to do things very well".
• The registered manager told us the service's values included promoting independence and treating people as individuals. From discussions with staff, it was clear they had a shared commitment to meeting these values in their daily working lives.
• The registered manager demonstrated an open and transparent approach to their role. Where people had come to harm, relevant people were informed, in line with the duty of candour requirements, and CQC were notified of all significant events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• There was a clear management structure in place, consisting of the provider's representative, the registered manager, the office manager and team leaders. Staff understood their roles and communicated well between themselves to help ensure people's needs were met.
• There was an appropriate quality assurance process in place, consisting of a range of regular audits, together with supervisory checks of staff practice. A staff member said of the spot checks, "All have been really good and I've been praised. They do explain and advise if anything could be improved."
• Audits had been effective in identifying and bringing about improvement. For example, they had led to more consistent completion of medication administration records by staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• The provider consulted people in a range of ways; these included regular quality assurance surveys and one-to-one discussions with people. They then acted on feedback; for example, at the family's request, they had stopped staff undertaking 'shadowing shifts' with the person as they were finding these intrusive.
• Staff felt listened to and spoke positively about the management. Comments from staff included: "They are there for you, I feel appreciated", "The managers are amazing" and "They're a lovely company to work for, they make you feel so welcome."
• The provider supported each staff member's individual needs; for example, one had been given supportive aids to help with their dyslexia. Others had had their work schedules altered to accommodate their faith needs, health needs or child care commitments.

• The provider ran an incentive scheme to reward staff who performed well and consistently delivered high standards of care to people.

Continuous learning and improving care:
• The provider had recently opened a training centre to support staff with their learning and development needs. The centre included a purpose-built room to enable staff to learn how to use moving and handling equipment safely, such as hoists and stand-aids.
• The registered manager analysed all forms of feedback from people and used the findings to monitor and improve the service. As most feedback was positive, they were exploring new ways to identify improvements that might benefit people, for example by forming small focus groups of people and staff.
• A recent review of the risk assessment process had led to the development of enhanced risk assessments to manage health and safety risks. More detailed moving and handling assessments had also been introduced to help ensure people were supported to move and reposition safely.

Working in partnership with others:
• Staff had links to other resources in the community to support people's needs and preferences. These included healthcare services and voluntary support organisations.
• The provider also engaged in charitable work, which people using the service engaged with or benefited from. For example, staff ran a small food bank which they used to support people in need. They also raised money, with the support of people using the service, for national charities related to people's on-going conditions.