The Regulation and Quality Improvement Authority

Inspection Report

18 December 2023

Platinum Support and Care Services Ltd

Type of service: Domiciliary Care Agency
Address: 5a Ann Street, Ballycastle, Co.Antrim, BT54 6AA
Telephone number: 02820768777

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Platinum Support and Care Services Ltd **Responsible Individual:** Mr. Shaun Patrick Joseph McCook	**Registered Manager:** Mrs. Mary Gillan **Date registered:** 18 December 2015
Person in charge at the time of inspection: Registered Manager	
Brief description of the accommodation/how the service operates: Platinum Support and Care Services Ltd is a domiciliary care agency based in Ballycastle which provides a range of services including personal care, practical and social support and sitting services. Service users have a range of needs relating to dementia, learning disability and physical disability. Services are commissioned by the Northern Health and Social Care Trust (NHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 18 December 2023 between 10.30 a.m. and 4.10 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, Deprivation of Liberty Safeguards (DoLS), service user involvement and Dysphagia management was also reviewed.

One area for improvement was identified in relation to the checking of staff's professional registrations. Two areas for improvement identified at the previous inspection in relation to the annual update of care plans and the inclusion of accurate Speech and Language Therapist (SALT) recommendations within care plans were assessed as not met and have been stated for the second time

Good practice was identified in relation to service user involvement.

The inspector would like to thank the manager, service users and staff for their support and assistance in the completion of the inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "The staff are the best ever. They are joy to have them coming into my home. They are very well trained and know exactly what they are doing. I would not hesitate to talk to them if I was worried about anything. The managers of the company should be proud of what they have achieved too."
- "My staff are all excellent and easy to talk to. It's very seldom I need to ring the office but when I do, staff there are polite, helpful and follow everything up."

Service user's relative's comments:

- "Couldn't say a bad word about them."

Staff comments:

- "I love working here."
- "I feel the care is safe."
- "I'm well supported. I know what to do about a safeguarding issue."
- "The office is very good at sorting out any issues."

One questionnaire was returned that indicated that the respondent was very satisfied with the care and support provided. No written comments were included.

No staff responded to the electronic survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 9 March 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 9 March 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 13(d) Schedule 3 **Stated:** Second time	The registered person shall ensure they have a robust recruitment process which ensures all gaps in employment are explained. **Action taken as confirmed during the inspection**: Inspector confirmed that a robust recruitment process has been implemented. Any gaps in employment noted were explained.	**Met**
Area for improvement 2 **Ref:** Regulation 15(3)(b) **Stated:** First time	The registered person shall ensure that every service user's care plan is kept under review. This should be completed on an annual basis or if the service users' needs change. **Action taken as confirmed during the inspection**: Inspector confirmed not all reviews were up to date at the time of inspection.	**Not met**

Area for improvement 3 **Ref:** Regulation 15(2)(a) **Stated:** First time	The registered person shall ensure that the risk assessments and care plans are reflective of the International Dysphagia Diet Standardisation Initiative (IDDSI), as indicated on the Speech and Language Therapist (SALT) care plan.	**Not met**
	Action taken as confirmed during the inspection: Inspector confirmed that not all care plans reflected the current SALT recommendations.	
Area for improvement 4 **Ref:** Regulation 23(2)(a)(4) **Stated:** First time	The registered person shall ensure that the information contained in the monthly quality monitoring reports is robust and a full review of records is undertaken. The reports are to contain action plans of any improvements the monitoring officer identifies and these actions are to be reviewed at the next monitoring visit to ensure improvement is being driven and embedded into practice.	**Met**
	Action taken as confirmed during the inspection: Inspector confirmed reports were available and up to date at the time of inspection. There was evidence of a monthly review of action plans.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 5.2 **Stated:** Third time	The registered person shall ensure that the service users' daily logs are fully completed and should include dates, times or arrival and departure and contain both staff members' signatures where applicable.	
	Action taken as confirmed during the inspection: Inspector confirmed that a sample of daily logs were fully completed, contained two staff signatures and arrival and departure times.	

Area for improvement 2 **Ref:** Standard 12.3 **Stated:** First time	The registered person shall ensure that all staff have completed the mandatory training. **Action taken as confirmed during the inspection**: A review of records indicated a rolling programme of staff mandatory training was in place and monitored by office staff. Any staff with outstanding training had dates booked for completion of same.	**Met**

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme. It was noted that one service user's care plan did not provide direction to staff on when to use the two pieces of moving and handling equipment that had been prescribed. This issue was resolved after the inspection.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

The previous inspection found that not all care plans had been reviewed on an annual basis or when changes occur. The agency had set up a system to monitor when reviews were required. However, an analysis of a sample evidenced that one review was outstanding. This area for improvement is recorded as partially met and is stated for a second time.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Upon reviewing a sample of service users' care plans, it was noted that in the majority the care plans reflected the SALT assessment. However, one service user had an updated SALT assessment on 25 April 2023 and the care plan dated 4 July 2023 did not make any reference to this assessment. This area for improvement was identified at the previous inspection regarding this and will be stated for the second time.

Staff were familiar with how food and fluids should be modified.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

There was not a robust system in place for professional registrations to be monitored on a regular basis. Contact with staff regarding the status of their registrations was not recorded centrally or followed up in a timely way. An area for improvement has been identified in this regard.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures.

There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. The manager agreed to implement a more detailed recording system of the shadowing component of staff's induction. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. Action plans were in place in the monitoring reports and these were satisfactorily reviewed each month.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) procedures.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. It was positive to note that the agency had received a range of compliments from various sources. These included:

- "The staff go beyond."
- "Carers are great."
- "Platinum care is exceptional."

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

Where staff are unable to gain access to a service users home, there is an operational policy, that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	3*	0

*the total number of areas for improvement includes two that have been stated for a second time.

The areas for improvement and details of the QIP were discussed with Mrs. Mary Gillan, Registered Manager, Mr Shaun McCook, Responsible Individual, Mrs Kelly Croskery, Operations Manager and Mrs. Geraldine O'Cleary, Working Director as part of the inspection process. The timescales for completion commence from the date of inspection.

<table>
<tr><th colspan="2">Quality Improvement Plan</th></tr>
<tr><td colspan="2">Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation: 15(3)(b)

Stated: Second time

To be completed by:
Immediate and ongoing from date of inspection</td><td>The registered person shall ensure that every service user's care plan is kept under review. This should be completed on an annual basis or if the service users' needs change.

Ref: 5.2.2</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Annual spreadsheet has been created which will highlight the RAG (Red, Amber and Green) status of Care plans requiring review. A warning has been set to inform us that a care plan is within four weeks of a review date. Management will review the status of this spreadsheet on a weekly basis.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Regulation 15(2)(a)

Stated: Second time

To be completed by:
Immediate and ongoing from date of inspection</td><td>The registered person shall ensure that the risk assessments and care plans are reflective of the International Dysphagia Diet Standardisation Initiative (IDDSI), as indicated on the Speech and Language Therapist (SALT) care plan.

Ref: 5.2.3</td></tr>
<tr><td>Response by registered person detailing the actions taken:
A system has been set up to review the current SALTS risk assessment, a check is then carried out to ensure that the care plan is updated to reflect the current SALTS risk assessment. We have also requested that the level is stated in the care plan to ensure that any changes in the SALTS care plan are highlighted to the care workers.</td></tr>
<tr><td rowspan="2">Area for improvement 3

Ref: Regulation 13(d)

Stated: First time

To be completed by:
Immediate and ongoing from date of inspection</td><td>The registered person shall ensure that a system is developed and implemented to demonstrate robust, regular and on-going oversight of staffs' NISCC registrations.

Ref: 5.2.4</td></tr>
<tr><td>Response by registered person detailing the actions taken:
There is now a system in place to review the NISCC status of each member of staff, highlight when they are within four weeks of their renewal date and also record the communication with the staff concerned to ensure that this information is always up to date. Staff have been reminded that</td></tr>
</table>

	they will not be allocated shifts if either their NISCC registration is not up to date or if they have confirmation that their registration has been renewed and the have not updated the Management team. This system is reviewed on a weekly basis.

Please ensure this document is completed in full and returned via Web Portal

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