

Care Inspection Report

22 August 2016



Platinum Support and Care Services Ltd

Type of service: Domiciliary Care Agency
Address: 27 Ann Street, Ballycastle BT54 6AA
Tel No: 07702496662
Inspectors: Caroline Rix and Olive Macleod

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Platinum Support and Care Services Ltd took place on 22 August 2016 from 09:30 to 15:45 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary care agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care with the exception of the area of recruitment records. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. However, two written references had not been obtained for one domiciliary care worker; therefore a requirement has been made in this regard. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust.

One area for quality improvement was identified. The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. However, two areas for improvement were identified during the inspection.

The registered provider is recommended to review their annual quality assurance procedure to include requesting staff views along with the views of the commissioning trust as part of their annual quality review process.

The registered provider should review their staff supervision and appraisal policy and procedure to specify the frequency of each process and ensure records of each meeting are completed.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with the Registered Manager, Mary Gillan and Director, Geraldine O’Cleary, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Platinum Support and Care Services Ltd/ Shaun McCook	Registered manager: Mary Gillan
Person in charge of the home at the time of inspection: Mary Gillan	Date manager registered: 18 December 2015

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- previous inspection report
- record of notifiable events for 2015/2016

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager and director
- consultation with service users/representatives
- consultation with four care workers

- examination of records
- file audits
- evaluation and feedback

On the day of inspection the inspector spoke with three service users and two relatives in their own homes to obtain their views of the service. The service users/relatives interviewed informed the inspector that they received assistance with the following:

- management of medication
- personal care
- meals
- sitting service

The inspector met with four care staff, on the day of inspection, to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The inspector's questionnaires asked for staff views regarding the service, and requested their return to RQIA. Ten completed staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- four service user records in respect of referral, assessment, care plan and review
- agency initial visit information regarding service user guide and agreements
- four service user daily recording logs
- four service user records in respect of the agency quality monitoring contacts
- four staff recruitment and induction records
- staff training records
- staff quality monitoring records
- minutes of staff meeting in January 2016
- service user compliments received from April 2015 to March 2016
- complaints log
- annual quality surveys for 2016
- the agency's statement of purpose
- policies and procedures relating to: staff recruitment, induction, safeguarding, whistleblowing, recording, incident notification, management of missed calls and complaints
- record of incidents reportable to RQIA in 2015/2016

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 29 February 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.2 Is care safe?

The agency currently provides services to 53 service users living in their own homes.

A range of policies and procedures were reviewed relating to staff recruitment and induction training, and found to be in compliance with relevant regulations and standards.

Four staff files were sampled relating to recruitment of care workers which verified that the pre-employment information and documents had been obtained as required for three of the four care workers. One of the four domiciliary care workers had been employed and introduced to service users prior to receipt of full and satisfactory pre-employment information relating to them in line with Regulation 13 (d) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. While two written references had been obtained for three domiciliary care workers, records evidenced that the agency had not obtained a satisfactory second reference for one domiciliary care worker. The registered manager and director described their actions to obtain the second reference, and subsequent arrangement where this care worker is only supplied when accompanied with a more experienced care worker into service users' homes. However, the staff record did not reflect their decision process as described during inspection. The inspector was disappointed to find that the agency's Recruitment and Selection Policy and Procedure had not been followed. The failure to complete adequate pre-employment checks has the potential to place vulnerable service users' safety at risk. This area was discussed with the registered manager and director who gave an assurance that all of their current staff records would be reviewed, and if identified, written references would immediately be sought.

The remaining pre-employment information and documents had been obtained for each of the four domiciliary care workers.

An induction programme had been completed with each staff member. A competency assessment had been carried out for each new care worker and subsequent monitoring records maintained. Two of the four care staff interviewed, who had commenced employment within the last year, described the recruitment and induction training processes to be in accordance with those found within the agency procedures and records.

The inspector was advised by all of the service users/relatives interviewed that there were no concerns regarding the safety of care being provided by Platinum Support and Care Services. New carers had been introduced to the service user by a regular member of staff or management; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the care required.

No issues regarding the care workers' training were raised with the inspector; service users/relatives discussed examples of care delivered by staff that included use of equipment and supporting service users with memory loss and limited communication.

All of the service users/relatives interviewed confirmed that if they had a concern they could approach carer workers and/or management staff. Examples of some of the comments made by service users or their relatives are listed below:

- “The carers are reliable and I can count on them for everything I need.”
- “Doing a great job, they couldn’t do more for us.”
- “They are all very caring girls who often go the extra mile.”

The agency’s policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The ‘Safeguarding Vulnerable Adults Policy and Procedure’ provided information and guidance as required; however, it did not reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: ‘Adult Safeguarding Prevention and Protection in Partnership’. This was discussed with the registered manager who provided satisfactory assurances in relation to a timely update of the agency’s procedure in line with the DHSSPSNI guidance document.

The agency’s whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2015/16 confirmed care workers had completed the required mandatory training as part of their induction programme. The inspector viewed the staff training record and plan for 2016; this recently computerised scheduling tool clearly highlights when refresher/update training is due for all staff on each mandatory training subject. Training records confirmed update training had been provided in line with their procedure timeframes. A competency assessment tool is in place post staff training for all areas including the area of safeguarding adults. The records were reviewed in four care worker files which confirmed appropriate post training assessments had been completed.

All of the staff questionnaires received by the inspector confirmed that they had received appropriate training for their role and that they felt service users were safe and protected from harm.

Each of the four care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They each described their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure on whistleblowing.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency’s policies and procedures.

The agency’s registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

Areas for improvement

One area for improvement was identified during the inspection. The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him.

Number of requirements:	1	Number of recommendations:	0
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4.3 Is care effective?

The inspector was informed by the service users/relatives interviewed that there were no concerns regarding carers' timekeeping and that care was not felt to have been rushed. The service users/relatives also advised that they had not experienced any missed calls from the agency. It was also confirmed that new carers had been made aware of the care required.

The service users/relatives confirmed that management from the agency carry out regular home visits and phone calls asking for their views on the service. Two of the service users and relatives interviewed by the inspector confirmed that they were involved in trust reviews regarding the care package. Examples of some of the comments made by service users and relatives are listed below:

- "The care workers are fantastic; nothing is too much trouble for them."
- "Very happy with the service; they know what I need and I enjoy our chats."
- "This service is my life line; I could not continue without their support."

Service user records viewed in the agency office included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated.

A sample of four service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The registered manager explained that the agency is usually invited to attend or contribute in writing to the commissioning trust arranged care review meetings with service users/representatives. The registered manager confirmed they receive an amendment form from the trust detailing any agreed change to the original care plan. Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans.

Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. Staff described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

One staff member who returned a questionnaire commented:

- "The care needs of all service users are constantly kept up to date and reviewed on a regular basis. All staff are informed immediately of any changes to the care needs".

The agency's policy and procedure on 'Recording and Reporting Care Practices' was viewed and found to contain clear guidance for staff. The inspector reviewed four completed daily log records returned from service users' homes.

These records confirmed an audit of recording practice had been carried out by the registered manager, with no practice issue identified.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users' needs were identified.

As part of the home visits, the inspector reviewed two of the agency's files and it was noted that each contained all the required information, with daily records completed fully by each domiciliary care worker.

Staff interviewed on the day of inspection discussed their roles and responsibilities in recording and reporting circumstances where calls are running late or may be missed and demonstrated a clear understanding of their reporting processes in these circumstances. The registered manager confirmed that no service user calls had been missed in the past year. Staff also described the action to be taken in the event of being unable to gain access to a service user's home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care compassionate?

All of the service users/relatives interviewed by the inspector felt that care was compassionate, that care workers treat the service user with dignity and respect, and care was not being rushed. Service users/relatives reported that, as far as possible, they were given choice in regards to meals and personal care.

Views of service users and relatives were sought through home visits and phone calls on a regular basis to ensure satisfaction with the care being provided. Examples of some of the comments made by service users and relatives are listed below:

- "The service provided is excellent; all the girls are so good, I trust them completely."
- "The girls are all caring and fantastic at their job. We couldn't manage without them."
- "The staff couldn't be better to me."

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. From the records reviewed by the inspector and discussion with the responsible person, no staff practice issues were identified during spot checks and monitoring visits.

The complaints log was viewed for April 2015 to inspection date 22 August 2016, with no complaints received during this time. The agency's details of compliments received for the same period was viewed with three recorded; the registered manager and director confirmed verbal compliments have been received but not recorded.

The value of recording and sharing feedback with care workers was discussed with the registered manager and director. The registered manager described how she is often part of the hands on care delivery team, and she described how positive feedback from service users and relatives are communicated with relevant staff verbally.

Staff questionnaires received by RQIA indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. One member of staff who returned a questionnaire commented:

- “Platinum recognise the value of person centred values and these are addressed. The service users always have their say when it comes to the package of care they they want and require”.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is the service well led?

The agency’s RQIA registration certificate was up to date and displayed appropriately. Under the direction of the Registered Manager, Mary Gillan, a team of care workers provides domiciliary care and support to 53 people living in their own homes.

The Statement of Purpose and Service Users’ Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

Discussion with the registered manager and care workers interviewed indicated they understood the organisational structure within the agency and their roles and responsibilities.

The policy and procedure manual was reviewed and contents discussed with the registered manager. Staff confirmed that they had access to the agency’s policies and procedures. The arrangements for policies and procedures to be reviewed, every three years, was found to have been implemented with all of the policies sampled having been recently reviewed during October 2015.

The service user and relatives interviewed confirmed that they are aware of whom they should contact if they had any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The agency’s complaints procedure viewed was found to be in line with regulations and standards however should be updated to include the contact details of the Northern Ireland Public Services Ombudsman. This was discussed with the registered manager who provided satisfactory assurances in relation to a timely update of the agency’s procedure and indicated that this revised information would be shared with service users during upcoming review visits. Care workers interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

The complaints log was viewed for April 2015 to inspection date 22 August 2016, with no complaints received during this time; this was verified during discussion with the registered manager.

Discussion with the registered manager and a review of their policy and procedure on notification of events evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. No incident reports had been received during the past year; therefore, no records were reviewed.

The agency had requested the views of service users/relatives on the services being provided in June 2016 via their annual satisfaction questionnaires. The inspector viewed a sample of returned questionnaires. The annual quality assurance procedure should include the agency requesting the views of staff along with the views of the commissioning trust as part of their annual review for 2016. This area was discussed with the registered manager and director who confirmed this would be addressed.

Staff supervision processes (spot check, supervision and appraisal) were reviewed for four staff members. These records did not evidence that care workers had received regular supervision meetings or annual appraisals. The agency's policy and procedure on staff supervision and appraisal was viewed and discussed with the registered manager. It was recommended that this procedure is reviewed in accordance with Minimum Standard 13.3 to specify the frequency in which each care worker will receive supervision. The registered person was recommended to develop a scheduling tool to ensure all care workers receive appropriate supervision and appraisals in line with their procedure timeframe and retain records of each supervision and appraisal meeting.

Staff questionnaires received by RQIA indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care.

The staff interviewed indicated that they felt supported by senior staff that they described as approachable and helpful. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours; in particular, the newly appointed care workers described this as very important to them. Staff interviewed indicated that they were satisfied their current staffing arrangements met their service users' needs.

Areas for improvement

Two areas for improvement were identified during the inspection:

- The registered provider is recommended to review their annual quality assurance procedure to include requesting staff views along with the views of the commissioning trust as part of their annual quality review process.
- The registered provider should review their staff supervision and appraisal policy and procedure to specify the frequency of each process and ensure records of each meeting are completed.

Number of requirements:	0	Number of recommendations:	2
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the Registered Manager, Mary Gillan and Director, Geraldine O'Cleary, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the domiciliary care agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 13 (d) Stated: First time To be completed by: Immediately and on-going	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him.</p> <hr/> <p>Response by registered provider detailing the actions taken: No domiciliary care worker will be supplied by the agency unless full and satisfactory information is available in relation to him. The selection and appointment process has been reviewed and further checks have been included to ensure that all of this information is in place before a care worker can commence employment. This action has been completed and the review process will continue on an on-going basis.</p>
Recommendations	
Recommendation 1 Ref: Standard 8.12 Stated: First time To be completed by: 22 October 2016	<p>The registered provider is recommended to review their annual quality assurance procedure to include requesting staff views along with the views of the commissioning trust as part of their annual quality review process.</p> <hr/> <p>Response by registered provider detailing the actions taken: The quality assurance procedure will be reviewed and the views of staff and the commissioning Trust will be included in this annual quality review process. This action will be completed by 22 October 2016.</p>
Recommendation 2 Ref: Standard 13.3 Stated: First time To be completed by: 22 October 2016	<p>The registered provider should review their staff supervision and appraisal policy and procedure to specify the frequency of each process and ensure records of each meeting are completed.</p> <hr/> <p>Response by registered provider detailing the actions taken: The staff supervision and appraisal policy and procedure shall be updated to specify the frequency of each process. Records of each meeting shall be recorded. This action will be completed by 22 October 2016.</p>

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address



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