

Unannounced Care Inspection Report 23 January 2020



Platinum Support and Care Services Ltd

Type of Service: Domiciliary Care Agency
Address: 27a Ann Street, Ballycastle, BT54 6AA
Tel No: 028 2076 8777
Inspector: Corrie Visser

www.rqia.org.uk

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

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, mental health, learning disability and physical disability. These services are commissioned by the Northern Health and Social Care Trust (NHSCT).

3.0 Service details

Organisation/Registered Provider: Platinum Support and Care Services Ltd	Registered Manager: Mrs Mary Gillan
Responsible Individual(s): Mr Shaun Patrick Joseph McCook	
Person in charge at the time of inspection: Mrs Mary Gillan	Date manager registered: 18 December 2015

4.0 Inspection summary

An unannounced inspection took place on 23 January 2020 from 09.30 to 15.30 hours.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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 be seeking 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 choices and freedoms associated with any person living in their own home.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff knowledge of adult safeguarding, training and development for staff, management of incidents, staff recruitment and induction and maintaining good working relationships with staff.

Areas requiring improvement were identified in relation to the monthly monitoring reports, record keeping, ensuring daily records are signed by both care workers and appraisals of staff.

Comments from service users are included throughout the report.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Mr Shaun McCook, responsible person and Mrs Mary Gillan, registered manager, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 14 December 2018

The completed QIP was returned and approved by the care inspector.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 December 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- unannounced care inspection report and quality improvement plan dated 14 December 2018
- incident notifications which evidenced that no new incidents had been notified since the last care inspection on 14 December 2018

The following records were examined during the inspection:

- Recruitment and induction records for four members of staff.
- Records relating to the registration of staff with the Northern Ireland Social Care Council (NISCC).
- Policies and procedures.
- A sample of the agency's monthly quality monitoring reports.
- A sample of the agency's record of incidents and accidents from December 2018
- A sample of the agency's monthly reviews with service users, relatives and key stakeholders.
- The agency's Statement of Purpose.
- A sample of minutes from team meetings.
- The agency's supervision and appraisal matrix.
- Four service users' care records and daily logs.

At the request of the inspector, the manager was asked to display a poster prominently within the agency’s registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

The inspector requested that the person in charge place a “Have we missed” you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Ten questionnaires were also provided for distribution to the service users and their representatives; three responses were returned and comments are included within the report.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately in the setting.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially met.

The inspector would like to thank the registered manager, service users, service user’s relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 14 December 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d)</p> <p>Stated: First time</p>	<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 in respect of each of the matters specified in Schedule 3.</p> <p>This relates specifically to:</p> <ul style="list-style-type: none"> the requirement to obtain two references, including one from an applicant’s most recent employer, prior to commencement of employment 	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Four staff recruitment files were reviewed and there was evidence of two references, one from the most recent employer which were received by the agency prior to the employee commencing post.</p>	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<p>Area for improvement 1 Ref: Standard 12.4 Stated: First time</p>	<p>The registered person shall ensure that the training needs of staff are met in a timely manner. This relates to those staff identified and relates to the mandatory and non-mandatory training which was highlighted during this inspection.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed the training matrix and it was evident that all training for staff was up to date.</p>	Met
<p>Area for improvement 2 Ref: Standard 8.12 Stated: First time</p>	<p>The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <p>This relates to the agency ensuring that annual review/monitoring visits are undertaken with service users and/or that records are retained relating to NHSCT annual care reviews which are conducted.</p> <p>Action taken as confirmed during the inspection: The inspector was provided with evidence that sample reviews are undertaken with service users and key stakeholders on a monthly basis. Action plans are recorded on the reviews if the agency has to follow up any issues.</p>	Met
<p>Area for improvement 3 Ref: Standard 16.3 Stated: First time</p>	<p>The registered person shall promote safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in the following areas:</p> <ul style="list-style-type: none"> • accident prevention • a safe and healthy work environment 	Met

	<p>and safe</p> <ul style="list-style-type: none"> • systems of work • Control of Substances Hazardous to Health (COSHH); • fire safety awareness • infection control • food hygiene (as appropriate to the agency's services) • maintenance and use of all equipment • moving and handling <p>This relates to ensuring that staff work practices are monitored by means of spot checks to ensure that safe, effective and compassionate care is being delivered to service users.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff have recorded formal supervision/appraisals meetings in accordance with the agency's procedures.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed the supervision matrix held within the agency and it was evident that these are occurring as per the agency's policy and procedure. Appraisals are also undertaken with staff on a yearly basis, however six staff members were overdue their appraisals. Spot checks are also completed with staff and there is an open door policy within the agency. This area for improvement will be stated for the second time.</p>	<p>Partially Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 8.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that as employers of social care workers they adhere to the standards set out in the Northern Ireland Social Care Council Code of Practice for Employers of Social Care Workers, support staff in meeting their relevant codes of practice</p>	<p>Met</p>

	<p>and take appropriate action when staff do not meet expected standards of conduct.</p> <p>This relates specifically to ensuring that staff are appropriately registered with NISCC and that a robust system is put in place for the agency to ensure ongoing compliance.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed the agency's matrix to record the registration with the Northern Ireland Social Care Council (NISCC) and noted that a robust system is in place to ensure compliance.</p>	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector reviewed the agency's systems in place to avoid and prevent harm to service users, which included a review of staffing arrangements in place within the agency.

The inspector viewed four staff members' recruitment and induction records. These records confirmed that all pre-employment information was obtained in compliance with Regulation 13 and Schedule 3. These checks included AccessNI, full employment history and reasons for leaving, a statement of the staff members' physical and mental fitness to undertake the duties of the job and two references, one being from the most recent employer.

It was evident from reviewing a sample of staff records that staff received an induction lasting at least three days which included mandatory training and shadowing experienced staff. Discussions with staff on the day of inspection confirmed that the induction process was appropriate and provided them with the skills to fulfil the requirements of the job. Staff had signed to acknowledge the agency's policies and procedures, staff handbook and the Northern Ireland Social Care Council (NISCC) codes of practice induction handbook.

The inspector reviewed the agency's training matrix for all staff members and it was evidenced that all training was up to date. The agency offers a range of training opportunities for staff including dying, death and bereavement, deprivation of liberty safeguards, epilepsy, stoma care, dementia care, challenging behaviour, manual handling and safe administration of medication. The agency sends reminders to staff in relation to their training. Staff members can access training online. The manager advised that if staff do not attend the training they are subject to disciplinary procedures.

There were no current or previous safeguarding issues since the last care inspection for review. The inspector discussed adult safeguarding with the director and manager and it was noted that they were fully aware of the regional 'Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. They both were knowledgeable in relation to addressing any safeguarding issues if they arise and to ensure the safety and wellbeing of the service users. It was noted that all accidents and incidents were managed appropriately and reported to the service users' relatives and NHSCT representatives and the GP if necessary. The agency had an identified Adult Safeguarding Champion (ASC). The inspector discussed with the director and manager of the requirement of the agency's safeguarding position report and they were aware that this needs to be in place for March 2020.

Discussion with staff on the day of inspection raised no concern in regards to having appropriate time to undertake their duties as per the service users' care plans. It was raised that there can be some pressure to get to the next call and consideration would need to be given to travel time, however it was reported that the service user would be contacted if the care worker was running late. This was discussed with the manager who gave assurances that this would be considered when compiling the staff rota.

Comments from service users included:

- "I am very happy."
- "The girls are very friendly."
- "I am happy enough with the care."

Comments from relatives included:

- "I am more than happy."
- "Everything is 100%."
- "The carers are very good."
- "I am very satisfied with Platinum."

Comments from staff included:

- "Induction was good. It makes you more aware of things."
- "It's so important to read all the service users' care plans."
- "The job can be physically demanding but I love it."
- "There is constant training which is good."

Three service users/relatives questionnaires were returned to RQIA. All respondents indicated that they were very satisfied that the care provided was safe.

Areas of good practice

There were examples of good practice in relation to staff recruitment and induction, management of incidents, communication with key stakeholders, staff training and development and staff knowledge of adult safeguarding.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency's arrangements for responding appropriately to and meeting the assessed needs of service users were examined during the inspection. The full range and nature of the provision is laid out in the agency's Statement of Purpose.

The inspector reviewed four service users care records. The service users' needs were detailed in the care plans which were provided by the NHSCT in consultation with the service user and their representatives. The care plans were robust and signed by the service user and/or their representative. It was evident that the care plans were reviewed as per the agency's policies and procedures or sooner if the service users' needs changed. The records included a written record of annual care reviews carried out by NHSCT representatives with service users. These records included any agreed outcomes and actions required.

It was positive to note that the agency reviewed the quality of service delivery with a sample of service users, their representative and key stakeholders on a monthly basis and evidence of this was provided to the inspector. The agency had action plans for any issues they needed to be followed up, if required.

In the four care records reviewed, there were written contemporaneous records of communication with the trust representatives which was positive to note. This evidenced good levels of communication in relation to the service users' package of care.

The inspector reviewed four service users' daily records and noted that the care workers were not recording the time the call finished and in one record dates were not included. The inspector also noted that some of the entries and signatures were illegible and care workers were not signing their full names. The inspector discussed with the manager and director that the care workers undertaking the call need to sign their own names as it was evident in one service user's records that both signatures were written by the same person. It was discussed that staff attended training in relation to record keeping and it is also discussed at team meetings and during supervisions. The manager advised that the importance of an acceptable standard of recording keeping will be reiterated to all staff and refresher training will be provided, as appropriate. Two areas for improvements have been made in relation to these.

The inspector reviewed a sample of the minutes of the agency's team meetings and noted that they were compliant with the policies and procedures. There was a written record of the staff's signatures who attended the meetings and apologies noted. The manager advised that the minutes of all meetings are retained in a file in the office, as well as being emailed to all staff. There was a vast agenda discussed at these meetings including new referrals, teamwork, call times, on call system and swapping shifts. The agency also undertook individual meetings with

the care workers to discuss specific issues. A written record of these meetings was retained in by the agency.

A review of the management of records within the agency during the inspection evidenced that appropriate storage and data protection measures were being maintained.

Comments from service users and their representatives included:

- “No complaints at all.”
- “The care could not be better.”
- “The care could not be better.”
- “No complaints about the care being given.”
- “All the carers are of an exceptional standard.”

Three service users/relatives questionnaires were received by RQIA. One respondent indicated they were very satisfied that the care being provided is effective. Two respondents indicated they were satisfied that the care is effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to audits and reviews, communication with the service users, service users’ representatives and key stakeholders.

Areas for improvement

Two areas for improvement were identified in relation to record keeping, namely dates and times being entered and staff signing their own names in full and legible.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

From reviewing records and discussions with the manager and staff it was evident that the service users’ values such as dignity, choice and respect were embedded into the culture of the organisation.

Comments from staff members included:

- “I love the job, it’s really rewarding.”
- “I like seeing the service users’ smile.”
- “You can have a laugh with the service users.”
- “I am aware of human rights; it is part of the induction.”

The service users and their relatives also confirmed with the inspector that the care provided was compassionate. The inspector was advised that it is important for the same care workers to complete the calls to service users so as to build up a rapport. It allows the service user to get to know the care worker and the care worker to know the service user.

Comments from service users and their relatives included:

- “My **** is treated with dignity.”
- “I am given choices.”
- “**** (care worker) is very friendly and speaks to **** as soon as they arrive.”
- “Very diligent and very respectful with personal care needs.”
- “It’s good that it’s the same person each week. If there is a change of carer, Platinum should ring to advised so that I can prepare my ****.”
- “If **** is up during the night, **** makes a cup of tea to try to settle ****.”
- “The carers are good, I couldn’t manage without them.”
- “Brilliant service, carers are caring and professional.”

The inspector discussed the feedback with the manager in particular to relatives being contacted if the care worker would be changed. The manager gave assurances that this would be actioned.

Service users are provided with the agency’s Statement of Purpose which contains the contact details and organisational structure of the agency. The details of RQIA, the patient and client council (PCC) and the Northern Ireland Public Service Ombudsman (NIPSO) are included in this document should service users wish to raise a concern in regards to service provision.

The inspector reviewed the agency’s supervision and appraisal matrix which included spot checks. It was noted that the agency has improved the template for the spot checks to include a more robust assessment and spot checks for staff were up to date. It was also evidenced that supervisions with staff were up to date however there were outstanding appraisals for six care workers. This has been identified as an area for improvement.

Three service users/relatives questionnaires were received by RQIA. Two respondents indicated they were very satisfied that the care being provided is compassionate. One respondent indicated they were satisfied that the care is compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care, spot checks and supervisions.

Areas for improvement

One area for improvement was identified in relation to staff appraisals.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector assessed the agency's management and governance systems in place to meet the needs of service users and drive quality improvement.

The RQIA certificate was up to date and displayed appropriately.

The members of staff consulted with during the inspection could clearly identify their roles and responsibilities within the agency, including the director, manager and care workers. Staff advised that they were well supported and could approach the management if required.

The inspector reviewed a sample of the agency's monthly quality monitoring reports. The records demonstrated a monthly audit of the conduct of the agency, including an action plan agreed with timescales for completion. The inspector noted, however, that the reports lacked consultations with service users, their representative and key stakeholders and they did not include a focus on quality improvement by reviewing the quality improvement plan in place for the agency. This was discussed with the responsible person and assurances were given that these would be actioned. An area for improvement was identified in relation to this.

A review of the agency's complaints records since the previous inspection evidenced that all were managed appropriately. The complaints policy provides details of the patient and client council, RQIA, the Northern Ireland Public Service Ombudsman and advocacy groups. The policy also included the details of the complaints department for the NHSCT.

The inspector also reviewed the agency's compliment records and it was positive to note that there had been a number of compliments from key stakeholders and relatives. Some comments included:

- "You went above and beyond your role and accommodated a service at such short notice."
- "You helped in ensuring **** remained safe within her home, alleviated carer stress and ensured a smooth transition into care."
- "Thank you for the magnificent care. **** felt so safe and looked after."

All of the service users and relatives spoken to were aware of how to make a complaint regarding this service.

The inspector reviewed the agency's policies and procedures and it was noted that they were updated in October 2019.

The inspector reviewed the agency's matrix to ensure all staff were registered with the Northern Ireland Social Care Council (NISCC) or other regulatory body and it was evident that every staff member is registered. The manager is aware that if a member of staff is not registered or their registration lapses, they are not to be put on the rota to work.

Comments from staff included:

- “The company is really good to work for.”
- “Management are always here if you need them.”
- “They are accommodating.”
- “I enjoy working here.”

Three service users/relatives questionnaires were received by RQIA. Two respondents indicated they were very satisfied that the care being provided is well led. One respondent indicated they were satisfied that the care is well led.

Areas of good practice

There were examples of good practice found through the inspection in relation to the management of complaints and incidents and maintaining good working relationships.

Areas for improvement

An area for improvement was identified in relation to the monthly quality monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Shaun McCook, director and Ms Mary Gillan, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 and the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 23(1)(2)(b)(i)(ii)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>The registered person takes the views of service users and their representatives into account in deciding –</p> <ul style="list-style-type: none"> • what services to offer to them • the manner in which such services are to be provided <p>This relates to consultations with service users, next of kin, staff members and all key stakeholders. There also needs to be a robust action plan with timeframes and the person responsible for the action. The agency needs to focus on the quality improvement plan and stated the progress being made to improve the quality of the service being provided.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>There has been a review carried out of the consultation process with service users, next of kin, staff members and all key stakeholders. Action plans are now developed as a result of these consultations which identify the person responsible and timeframes to have any actions identified completed. The quality improvement plan is reviewed and progress recorded to improve the quality of the service provided.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 13.3 and 13.5</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All appraisals are now up to date and will be carried out once yearly. The appraisals carried out by management, reviews staff performance against their job description, identifies any performance issues and a personal development plan is agreed. A new form is now in place in accordance with the company policies.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that the record maintained in the service user's home details (where applicable):</p> <ul style="list-style-type: none"> the date and arrival and departure times of every visit by agency staff <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All paperwork is now checked for the date, arrival and departure time, before filing. A review of record keeping has been carried out, staff have been reminded of these record keeping requirements and additional training has been provided where the need has been identified. Forms have been updated to prompt accurate record keeping.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry. They are kept in a safe place in the service user's home, as agreed with the service user, or where appropriate his or her carer/representative.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All paperwork is now checked for legibility, accuracy, the correct signature and time and date recorded. A review of record keeping has been carried out, staff have been reminded of these record keeping requirements and additional training has been provided where the need has been identified. Forms have been updated to prompt accurate record keeping.</p>

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



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