

Unannounced Care Inspection Report 10 April 2017



Platinum Support and Care Services Ltd

Type of Service: Domiciliary Care Agency
Address: 27 Ann Street, Ballycastle, Antrim BT54 6AA
Tel No: 02820768777
Inspector: Caroline Rix

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 10 April 2017 from 10.00 to 15.50 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. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. Ongoing staff training is supported through regular training sessions and reviewed through staff competency assessments in the service users' homes. Ongoing staff quality monitoring was also evident. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust. Staffing levels reviewed and discussed during inspection with all stakeholders supported appropriate staff in various roles to meet the needs of their service users.

One area for quality improvement was identified. The registered person shall review their safeguarding policy and procedure to detail the role and responsibilities of the safeguarding champion.

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. The inspection outcomes demonstrated sustained compliance with regulations and standards.

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. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. A range of compliments and UCO feedback supported the inspector assessment of compassionate care being delivered. The inspection outcomes demonstrated sustained compliance with regulations and standards.

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. The management had evidence of policies and procedures alongside the agency statement of purposes and service user guide. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. Processes were evident in support of quality monitoring and review of potential incidents and/or complaints. The registered manager presented appropriate knowledge in managing the service and provided all requested information for inspection review. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in their manager to support them and address matters arising. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with registered manager, Mary Gillan; company director, Geraldine O'Cleary; and a supervisor, 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 22 August 2016.

2.0 Service details

Registered organisation/registered person: Platinum Support and Care Services Ltd/Shاون Patrick Joseph McCook	Registered manager: Mary Gillan
Person in charge of the service 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 and Quality Improvement Plan (QIP)
- Record of notifiable events for 2015/2016
- Records of communication received by RQIA

Prior to the inspection the UCO spoke with five service users and nine relatives, either in their own home or by telephone, on 3 and 4 April 2017 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service
- Housework

The UCO also reviewed the agency's documentation relating to four service users.

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

- Discussion with the registered manager and company director
- Consultation with four care staff
- Examination of records
- File audits
- Evaluation and feedback

During the inspection day the inspector spoke with four care staff to discuss their views regarding care and support 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 a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requested their return to RQIA. Two 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
- Initial visit information regarding service user guide and agreements
- Four service user daily recording logs
- Four service user quality monitoring contacts
- Four staff recruitment and induction records
- Agency process for verifying staff NISCC registration
- 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
- Three monthly monitoring reports
- Annual quality report 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 22 August 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 (d) Stated: First time	<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> <p>Action taken as confirmed during the inspection: Records evidenced that all the pre-employment information and documents had been obtained prior to supply of domiciliary care workers.</p>	Met
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 8.12 Stated: First time	<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> <p>Action taken as confirmed during the inspection: The inspector verified that the agency had sought the views of all stakeholders, service users, relatives, staff and commissioners, as part of their annual quality review for 2016.</p>	Met

Recommendation 2 Ref: Standard 13.3 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The inspector viewed the agency's revised supervision and appraisal policy and procedure which were found to be in line with standards and records of meetings were being maintained.	

4.2 Is care safe?

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

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included manual handling and management of medication. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "We have developed a trust with the carers and they let me know of any issues with XXX."
- "Very pleased with them." "
- "No concerns at all."

A range of policies and procedures was reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related 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 each of the care workers.

An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards and was in line with the regulation and standard. Staff spoken with during inspection confirmed they had received a three day induction, and where necessary additional shadowing days are available where staff felt they require additional time. All of the staff members' recruitment records reviewed confirmed that they were or had applied to be registered with NISCC in line with NISCC timeframes and guidelines. The agency registered manager confirmed the majority of staff are registered with NISCC, with the remaining staff moving towards registration. A range of communication methods used by the agency to inform staff of their requirement to register were reviewed during inspection. The registered person monthly monitoring reports also made reference to the current status of staff registered and registering. The agency registered manager discussed the system introduced to inform her when staff are due to renew registration. All four care staff spoken with during inspection described their registration process with NISCC.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Safeguarding' policy and procedure provided information and guidance in accordance with the required standards. The policy has been partially updated in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated adult safeguarding guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). However, the role and responsibilities of the 'safeguarding champion' should be expanded.

The agency's whistleblowing policy and procedure was found to be satisfactory. The agency has had one safeguarding matter reported since the previous inspection; discussion with the registered manager and review of records confirmed they had investigated and reported to RQIA or other relevant bodies appropriately. Staff spoken with during inspection described an appropriate understanding of their role in safeguarding and whistleblowing and were able to clearly describe the process to follow within the agency.

Staff training records viewed for 2016-17 confirmed all care staff had completed the required mandatory update training programme. The training plan for 2016-17 was viewed and contained each of the required mandatory training subject areas. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered. Staff spoke of additional opportunities available for training in areas where staff felt they required more knowledge.

Records reviewed for two long term staff members evidenced mandatory training, quality monitoring, supervision and appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training, alongside supervision and appraisal processes and assessment of manual handling and medication competence, in service users' homes.

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

Staff questionnaires received confirmed that update training, supervision and appraisal had been provided ongoing. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care.

Areas for improvement

One area for improvement was identified during the inspection. The registered person shall review their 'Safeguarding' policy and procedure to detail the role and responsibilities of their safeguarding champion.

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

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency and new carers are usually introduced to the service user by a regular carer or manager.

No issues regarding communication between the service users, relatives and staff from Platinum Care and Support were raised with the UCO; home visits and phone calls have taken place to ensure satisfaction with the service. Some of the service users and relatives interviewed confirmed that they had received questionnaires from the agency to obtain their views on the service and that observation of staff had taken place in their home.

Examples of some of the comments made by service users or their relatives are listed below:

- “They couldn’t be any better.”
- “Couldn’t find any fault.”
- “We couldn’t manage without them.”
- “No issues with confidentiality which is great in a small town.”

As part of the home visits the UCO reviewed the agency’s documentation in relation to four service users and one care plan was noted to be out of date. The layout of the agency’s log sheet was also discussed with the registered manager.

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.

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 managers if any changes to service users’ needs are identified. Staff interviewed confirmed ongoing quality monitoring of service users and staff practice is completed by their manager to ensure effective service delivery. Staff questionnaires received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them. One member of staff who returned a questionnaire commented:

- “All service users are given choices reflecting person centred care.’

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 and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Platinum Care and Support. Examples of some of the comments made by service users or their relatives are listed below:

- “Very nice wee girls.”
- “All very pleasant.”
- “XXX gets on great with them and enjoys the banter.”
- “I was embarrassed at the start but the girls put me at ease and do anything for me.”

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs. Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members; this was supported during the UCO discussions with service users and families.

Observation of staff practice carried out within service users’ homes on an ongoing basis was confirmed during inspection through records viewed in the agency office and discussions with staff. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits. Where issues regarding staff practice were highlighted via other intelligence the registered manager had managed the matter appropriately.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service users’ wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

Staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care.

Compliments reviewed during inspection taken from thank you cards and communications by service users’ families provided the following information in support of compassionate care:

- ‘Thank you most sincerely for all the help with arrangements for xxx during his stay at home. Please pass on our thanks to the lovely friendly staff.’ (Thank you card from family member).
- ‘Many thanks to you all, for the help and support over the last year. The girls were very helpful and reliable.’ (Thank you letter from family member).

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?

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

The 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 77 people living in their own homes.

Review of the statement of purposes, and discussion with the registered manager and staff, evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities and were clear regarding their reporting responsibilities in line with the agency procedures.

The Statement of Purpose and Service Users’ Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained all information in compliance with Regulations 5 and 6 and Standards 2 and 4. The agency’s complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The policy and procedure manual was reviewed and contents discussed with the registered manager. The arrangements for policies and procedures to be reviewed, every three years, were found to have been implemented consistently. Staff spoken with during inspection confirmed that they had access to the agency’s policies and procedures and a range of the policies are contained within the staff handbook issued to all staff during induction to the agency.

The complaints log was viewed for 1 April 2016 to inspection date 10 April 2017, 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 inspector reviewed the monthly monitoring reports for January to March 2017. The reports evidenced that the registered person monitors the quality of service provided in accordance with minimum standards.

The agency had requested the views of service users/relatives, staff and commissioners, on the quality of services being provided during June 2016 via their annual satisfaction questionnaires. Feedback had been obtained and collated into their annual quality report for 2016.

The inspector viewed records of communications with commissioners of the service requesting their views; however, none were received. Review of the 2016 annual report confirmed satisfaction with the service being provided. The agency also provided evidence of the annual quality report outcome being provided to service users and staff.

Staff questionnaires received by RQIA indicated that staff are satisfied that the current staffing arrangements meets the service users' needs.

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.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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; company director, Geraldine O'Cleary; and a supervisor, 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 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 to be 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.uk 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 15 (9)

Stated: First time

To be completed by:
5 June 2017

The registered provider must review their 'Safeguarding' policy and procedure to detail the role and responsibilities of the safeguarding champion.

Response by registered provider detailing the actions taken:
Platinum Support & Care Services Ltd. have reviewed the safeguarding policy and procedure and detailed the role of the safeguarding champion.
All staff have been made aware of the designated adult safeguarding champion and the updated policy and procedure.
There is a process within Platinum Support & Care Services Ltd. to ensure all policies are reviewed.

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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