



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment: Platinum Support and Care Services Ltd
Establishment ID No: 11203
Date of Inspection: 6 March 2015
Inspector's Name: Amanda Jackson
Inspection No: IN020272

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Platinum Support and Care Services Ltd
Address:	1 Ramoan Avenue Straid Road Ballycastle Antrim BT54 6GA
Telephone Number:	07702496662
E mail Address:	shaun.pscs@gmail.com
Registered Organisation / Registered Provider:	Platinum Support and Care Services Ltd/Shاون Patrick Joseph McCook
Registered Manager:	Mary Patricia McKenna
Person in Charge of the agency at the time of inspection:	Mary Patricia McKenna and Shaون McCook
Number of service users:	14
Date and type of previous inspection:	Primary Announced Inspection 28 January 2014
Date and time of inspection:	Primary Unannounced Inspection 06 March 2015 09.15 to 15.30 hours
Name of inspector:	Amanda Jackson

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	0
Staff	0
Relatives	4
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	4	4

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following three quality themes.

- **Theme 1**
Standard 8 – Management and control of operations
Management systems and arrangements are in place that support and promote the delivery of quality care services.
- **Theme 2**
Regulation 21 (1) - Records management
- **Theme 3**
Regulation –13 Recruitment

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Platinum Support and Care Services Ltd (previously Moyle TLC) is a domiciliary care agency based in Ballycastle, providing services to adults in the Moyle, Coleraine and triangle area of Portrush, Portstewart and Aghadowey. Services provided include personal care, social support, meals and respite sits (day and night) in their own homes. The agency has fourteen service users (increase of 10 since the previous inspection); one by private arrangement, three via direct payments and ten via trust referrals from the Northern Health and Social Care Trust (NHSCT). The agency had been operational for approximately five years as Moyle TLC before transferring the agency to the new company of Platinum Support and Care Services Ltd in August 2014 and employs five permanent staff and three bank staff on a sessional basis. The agency is in the process of recruiting a further three staff at the time of inspection.

Moyle TLC had five requirements and six recommendations made during the agency's previous inspection on 28 January 2014. Given that the company has changed to Platinum Support and Care Services Ltd the inspector reviewed two of the five requirements during inspection and confirmed these requirements to be 'Substantially compliant' and 'Moving towards compliant'. The remaining three requirements were confirmed by the registered person and registered manager to be complete. Review of the six recommendations confirmed three to be 'Compliant' with the remaining three recommendations 'Substantially compliant' or 'Moving towards compliance'. This inspector highlighted her concerns regarding the continued non-compliance in a number of areas reviewed during the inspection in this regard.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Platinum Support and Care Services Ltd was carried out on 6 March 2015 between the hours of 09.15 hours and 15.30 hours. The agency continues to make slow progress in respect of the identified areas discussed in the body of this report.

Visits to service users were carried out by the UCO prior to the inspection between 24 November and 9 December 2014 and a summary report is contained within this report. Findings following these home visits were discussed with the registered person and registered manager.

The inspector did not have the opportunity to meet with staff members on the day of inspection due to the unannounced nature of the inspection and all staff were working with service users during the inspection.

Six requirements and seven recommendations have been made in respect of the outcomes of this inspection.

Staff survey comments

4 staff surveys were issued and 4 received which is an excellent response.

Staff comments included on the returned surveys are as follows:

“Good communication and team work.”

“Brilliant care to service user. Respect and dignity shown at all times, personal one to one care. Approachable management team.”

“I am very happy with all aspects of care and service provided by Moyle TLC.”

Home Visits summary

As part of the inspection process RQIA’s User Consultation Officer (UCO) spoke with four relatives between 24 November and 9 December 2014 to obtain their views of the service being provided by Platinum Support and Care Services. The service users interviewed have been using the agency for a period of time ranging from approximately six months to two years and receive assistance with the following at least once per day:

- Personal care
- Meals
- Sitting service
- Housework

The UCO was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. It was good to note that service users or their representatives are usually advised of the name of, or are introduced to, new members of staff by a regular carer. All of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency’s staff and they would usually be contacted by the agency if their carer had been significantly delayed, this is good practice. No concerns were raised regarding the length of calls; none of the people interviewed felt that care was being rushed.

It was good to note that all of the people interviewed had no concerns regarding the quality of care being provided by the staff from Platinum Support and Care Services, however they were able to confirm that they were aware of whom they should contact if any issues arise.

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

- “No complaints with them at all.”
- “Peace of mind for the family.”
- “The consistency is great; my XXX has become close to the carers.”
- “The carers goes above and beyond.”

The UCO was informed that management from the agency visit regularly to ensure their satisfaction with the service and that observation of staff practice had taken place in their home.

Summary

Theme one - Management and control of operations

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The agency has achieved a level of **moving towards compliant** in relation to this theme.

The agency's 'Statement of Purpose' dated August 2014 contained details of the organisational structure, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff. The agency does not hold a policy and procedure regarding the 'Management, control and monitoring of the agency' and this has been requested for development.

Discussions with the registered person and manager during inspection and review of records for the manager did not fully supported a process in place for all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. Additional areas of training and associated competency assessments have been requested for review.

A staff competency process has not been developed by the agency for all staff and this again has been recommended for development.

Review of appropriate supervision and appraisal processes for the manager were not confirmed during inspection and have been requested for implementation.

Monthly monitoring processes are currently in place and operational. The report template was recommended for update in line with the RQIA template to include an area for staff competence matters as appropriate and all other relevant matters in line with standard 8.11.

Records regarding incidents were not reviewed as no matters had arisen since the previous inspection.

Two requirements and four recommendations have been made in relation to this theme and relate to registered manager training and competence in accordance with RQIA mandatory training guidelines (Regulation 11(1), 11(3), 13(b) and 16(2)(a), and the revision of the staff supervision and appraisal policy and implementation of supervision and appraisal for management staff in line with Regulation 16(2)(a), Regulation 16(4), Standard 9, Appendix 1 and Standards 13.2, 13.3 and 13.5. Further recommendations have been made in respect of policy development and monthly monitoring in line with the domiciliary care standards.

Theme 2 - Records management

The agency has achieved a level of **moving towards compliant** in relation to this theme.

The agency did not have a policy and procedure in place on 'Record Keeping' in line with standard 5 (guidance for staff) and this has been recommended for development.

A template for daily recording reviewed during inspection supported appropriate processes in place for service user recording in the area of general care. A medication recording template was not available for inspection review and has been recommended for all future inspections. Review of one service user home file during inspection supported general compliance in the area of general recording although more current records have been recommended to be available for future inspections.

The agency has a policy and procedure in place on use of restraint dated June 2014 which was reviewed as satisfactory.

The agency does not currently provides care to any service users that require some form of restraint therefore records could not be reviewed in this respect. This area was discussed with the registered person and manager for future reference.

The agency has a policy or procedure on 'Handling Service Users Monies' alongside templates for risk assessment and recording. The agency does not currently provide care to any service users that require assistance with money management and hence the inspector did not review records in this respect.

Staff training, supervision, spot checks and appraisal records reviewed for three staff members were found to be 'moving towards compliance' with significant gaps in all processes. A number of requirements and recommendations have been made in this respect.

Three requirements and two recommendations (several of which overlap with theme one) have been made in relation to this theme and relate to staff training compliant with the RQIA mandatory training guidelines 2012, staff supervision and management of records. Recommendations relate to standard 10.2 and 10.5 regarding recording and reporting of care practices and sharing of those matters through staff meetings/group supervision.

Theme 3 – Recruitment

The agency has achieved a level of **moving towards compliant** in relation to this theme.

Review of the agency recruitment records confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2.with exception to registered person/manager statement regarding staff fitness and car insurance.

One requirement has been made in respect of this theme.

The Inspector and UCO would like to express their appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 5 Schedule 1	<p>The registered manager is required to expand their Statement of Purpose to include their updated complaints procedure as required within Regulation 6.</p> <p>(Restated from 31 January & 5 February 2013)</p>	This requirement was not reviewed during inspection but was confirmed as completed by the registered person and registered manager during inspection.	Twice	Not applicable
2	Regulation 22	<p>The registered manager is required to update their complaints procedure to include; the current role of RQIA and details of the role of the NI Commissioner for Complaints in relation to unresolved complaints.</p> <p>(Restated from 31 January & 5 February 2013)</p>	This requirement was not reviewed during inspection but was confirmed as completed by the registered person and registered manager during inspection.	Twice	Not applicable

3	Regulation 6	<p>The registered manager is required to update their Service Users Guide to include their revised complaints procedure and provide the names of staff expected to visit most regularly in a written format.</p> <p>(Restated from 31 January & 5 February 2013)</p>	<p>This requirement was not reviewed during inspection but was confirmed as completed by the registered person and registered manager during inspection.</p>	Twice	Not applicable
4	Regulation 21	<p>The registered manager is required to develop a policy and procedure on management of records in line with Regulation 21 Schedule 4.</p> <p>(Restated from 31 January & 5 February 2013)</p>	<p>The agency have developed a policy dated June 2014 in accordance with requirement four however this policy does require further review regarding service user records and the timeframe for maintenance of records in line with Regulation 21 Schedule 4.</p>	Twice	Substantially compliant

5	Regulation 15(6)	<p>The registered manager is required to expand their 'Vulnerable Adults' policy and procedure to include the role of the trust designated officer and the process for notification to the trust, along with the agency managers steps if an allegation is made against a member of staff and the subsequent referral procedure if an allegation of abuse against a staff member is upheld.</p>	<p>The agency have expanded their Vulnerable Adults' policy and procedure dated June 2014 in line with requirement five but requires further review to clearly outline the role of the agency, the role of the trust, the process where the allegation is made against a member of staff, contact numbers for the trust and a flowchart regarding the procedure.</p> <p>The agency has not had any vulnerable adult matters arising since the previous inspection.</p>	Once	Moving towards compliance
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Minimum Standard 1.6 & 1.9	<p>The registered manager is recommended to ensure that the results from the annual service user satisfaction questionnaire and a summary of the RQIA inspection is included in the agency's annual report and offered to all service users/family.</p> <p>(Restated from 5 & 6 December 2011 and 31 January & 5 February 2013)</p>	<p>The most recent annual report had been completed in December 2014 ahead of the agency year end (in March 2015) due to the change in company structure from Moyle TLC to Platinum Care and support. Review of the report evidenced good feedback from service users, relatives and staff but did not reference commissioner feedback in respect of all stakeholder groups and this has been recommended for review in the coming annual report. The report had not been shared with service users at the time of inspection.</p>	Three	Substantially compliant
2	Minimum Standard 3.2	<p>The registered manager is recommended to expand their referral procedure to include guidance for staff on receipt of an enquiry from self-referred service users, where they make the service user aware of appropriate HSC services that may be available.</p> <p>(Restated from 31 January & 5 February 2013)</p>	<p>Review of the referral procedure dated June 2014 clearly referenced compliance with recommendation two. This information is also clearly stated within the service user guide reviewed during inspection.</p>	Twice	Compliant

3	Minimum Standard 4.2	<p>The registered manager is recommended to expand their service user agreement to include the arrangements for reviewing that agreement.</p> <p>(Restated from 31 January & 5 February 2013)</p>	<p>Review of the service user guide/agreement during inspection clearly referenced the arrangements for reviewing that agreement.</p>	Twice	Compliant
4	Minimum Standard 8.11	<p>The registered person is recommended to complete monthly monitoring reports as detailed within standard 8.11.</p> <p>(Restated from 31 January & 5 February 2013)</p>	<p>The agency currently complete brief monthly reports which review areas such as number of spot checks completed on staff, staff appraisals completed, training, staff number etc. This report is signed off by the registered manager as opposed to the registered provider as recommended under standard 8.11. The agency also hold monthly management meetings to review similar management matters but do not formally complete a monthly monitoring report in line with standard 8.11. The inspector has recommended the registered person to implement the RQIA monthly report template with immediate effect to ensure compliance with standard 8.11.given that this recommendation has been specified twice on the previous QIP dated 28 January 2014.</p>	Twice	Moving towards compliance

5	Minimum Standard 5.5	<p>The registered manager is recommended to again request from the Northern HSC Trust, a copy of their protocol for exchange of information between providers.</p> <p>(Restated from 31 January & 5 February 2013)</p>	This policy dated November 2013 was presented during inspection.	Twice	Compliant
6	Minimum Standard 13.3	The registered manager is recommended to ensure staff supervision /spot check records are retained in each individual staff file.	Reviewed as detailed within theme two of this report and found to be moving towards compliance as quality monitoring was not available for all three staff reviewed in line with the agency policy timeframes.	Once	Moving towards compliance

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
<p>Criteria Assessed 1: Registered Manager training and skills</p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>The registered Manager has the appropriate experience, skills and competence to manage the agency. The manager undertakes the mandatory training required.</p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>The statement of purpose dated August 2014 was reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person, registered manager, together with the supervisor and all other staff including management and care staff. The agency did not hold a policy on Management and control of the agency and this has been recommended for development.</p> <p>Training records for the registered manager were found to be in place regarding most areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012) with exception to service user monies and food hygiene. Evidence was presented in terms of an overall list of training completed but did not confirm compliance with standard 12.7 and 12.9 competency assessments. The manager has also completed training in the areas of supervision and appraisal in 2010 and this is to be commended.</p> <p>Review of all training records and competency assessments is required to ensure compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers.</p> <p>The registered manager has recently completed training in the area of palliative care but this was not evidenced in hard copy during inspection. The manager also discussed being enrolled on Vulnerable adults training but this again could not be confirmed during inspection. Ongoing training was discussed during inspection as good practice in terms of keeping abreast of new areas of development.</p> <p>It was discussed and reviewed during inspection that the registered manager is currently registered with NMC from until May 2015.</p>	<p>Moving towards compliant</p>

<p>Criteria Assessed 2: Registered Manager's competence</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 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>Provider's Self-Assessment:</p>	
<p>Working practices are audited in accordance with the agencies documented policies. Policies on medication errors and incidents are in place and adhered to. The manager carries out Performance appraisals with staff in line with their job description.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The agency Supervision and appraisal policy and procedure dated June 2014 was brief in content but clearly referenced regarding practices for care staff but did not clearly reflect the processes for management staff supervision and appraisal. Revision of the policy and procedure is required in this respect.</p> <p>Supervision and appraisal for the manager does not currently take place and this has been required for review.</p> <p>The inspector did not review the agency log of incidents reported through to RQIA over the past year as no incidents have occurred.</p> <p>Monthly monitoring reports completed by the registered manager were reviewed during inspection for 2014 as detailed under recommendation four within the follow up section of this report and found not to be compliant with standard 8.11. Revision of the report template was recommended as detailed under recommendation 4.</p>	<p>Moving towards compliance</p>

The agency had completed their annual quality review for the year 2014 which was viewed during inspection; this document included their evaluation of staff training completed to date and their proposed future training requirements and this is to be commended.

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>Staff are assessed for skills and competency for the work they are required to carry out. Specific training is provided. Training needs are identified in line with the roles and responsibilities undertaken. Managers are trained in performance appraisal.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The agency holds a training and development policy and procedure dated June 2014 which sits alongside the annual training programme for mandatory training. Review of this policy was found not to be fully in line with RQIA mandatory training guidelines 2012 and has been required for review.</p> <p>The agency does not currently have any management staff/structure beneath the registered manager hence this criteria was not reviewed during the inspection.</p>	<p>Moving towards compliance</p>

Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)	COMPLIANCE LEVEL
<p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 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>	
Provider's Self-Assessment:	
<p>Working practices are audited in accordance with the agencies documented policies.</p> <p>Policies on medication errors and incidents are in place and adhered to.</p> <p>The effect of training practice and procedures are being evaluated as part of quality improvement.</p> <p>The manager carries out Performance appraisals with staff in line with their job description and personal development plans are being developed.</p>	Substantially compliant
Inspection Findings:	
<p>The agency does not currently have any management staff/structure beneath the registered manager hence this criteria was not reviewed during the inspection.</p>	Not applicable

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

THEME 2
Regulation 21 (1) - Records management

Criteria Assessed 1: General records

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

COMPLIANCE LEVEL

<p>Provider's Self-Assessment:</p>	
<p>Records are maintained, kept up to date and available at all times for inspection. A copy of the service users plan and the prescribed services provided are kept at the service users home and are kept up to date, in good order and in a secure manner. The records retained at the service users home are as detailed in standard 5.2. Records are legible, accurate, signed and dated by the person making the entry.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency policy on Recording and reporting care practices was not available for review during inspection and has been recommended for development. A policy on handling service user's monies which had not been dated was reviewed during inspection together with a money consent form, recording form and risk assessment template. The agency does not currently manage service user monies. The Restraint policy dated June 2014 was reviewed during inspection as compliant. The staff handbook was not available for review during inspection to confirm all of the above policies were included.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> • Daily evaluation recording. • Medication administration is detailed on the daily evaluation recording, alongside a separate record as confirmed during inspection discussions with the registered manager. The inspector did not get to review this as the agency only have one recently commenced medication task/service user and records were in the service users home. The inspector recommended recording the number of tablets and inclusion of a full list of medication as good practice. • Staff spot checking template which does not include a section on recording and reporting, this has been recommended <p>The daily evaluation template was reviewed as appropriate for its purpose but the spot check template has been recommended for review and the medication template will be reviewed during future inspections.</p> <p>Review of three staff files during inspection did not confirm staff adherence to records management as this is not detailed within the staff spot checks for 2014-15. Staff supervision records for 2014-15 were not available for</p>	<p>Moving towards compliance</p>

review

Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for three staff members during inspection and confirmed as moving towards compliance in these areas. A number of areas were found not to be up to date and have been requested for review.

The registered manager discussed records management as topic for discussion during staff meetings/group supervision, review of one recent staff meeting record dated October 2014 did not evidence this topic and has been recommended going forward.

Review of one service user file during the inspection confirmed appropriate recording in the general notes but those available were significantly out of date (2013) and additional 2014 records could not be made available for review upon request.

Medication records were not available for review as the service has only one service user with this assistance and this package only commenced recently hence all records were held in the service users home file. The inspector recommended staff detailing the number of tablets given and staff full signature together with a full list of service user medication in the service user's homes for all service users with medication in place in the future.

Discussion with the registered person and registered manager during inspection confirmed that restraint is not in place for any service users at present.

<p>Criteria Assessed 3: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>The procedure has been specified to be followed where a care worker acts as an agent for or receives money from a service user. Records are kept of amounts paid in respect of each service user for all agreed services as stated in the service users statement.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>It was confirmed during the inspector discussions with the registered person and registered manager that the agency do not currently have any service users receiving financial assistance, for example shopping, from the agency.</p>	<p>Not applicable</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Moving towards compliance</p>
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THEME 3 Regulation 13 - Recruitment	
Criteria Assessed 1:	COMPLIANCE LEVEL
<p>Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <ul style="list-style-type: none"> (a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform; (c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. <p>Standard 8.21 The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none"> • all necessary pre-employment checks are carried out; • criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and • all appropriate referrals necessary are made in order to safeguard children and vulnerable adults . <p>Standard 11.2 Before making an offer of employment:</p> <ul style="list-style-type: none"> • the applicant’s identity is confirmed; • two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant’s present or most recent employer; • any gaps in an employment record are explored and explanations recorded; • criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard); • professional and vocational qualifications are confirmed; • registration status with relevant regulatory bodies is confirmed; • a pre-employment health assessment is obtained • where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and • current status of work permit/employment visa is confirmed. 	

<p>Provider's Self-Assessment:</p>	
<p>Domiciliary care workers supplied by the agency are of good character, have the skills and experience necessary to perform the task, are physically and mentally fit to perform the work and full information is available in respect of the matters specified in schedule 3.</p> <p>Pre employment checks are carried out including Access NI. Applicants references are requested. Gaps in employment are explored, qualifications and registrations are checked where appropriate, health assessment carried out, driving licence and insurance information checked, work permit or visa information checked where appropriate.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Review of the staff recruitment policy did not take place during inspection.</p> <p>Review of two 2013 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11 with exception to Registered person/manager statement regarding fitness and appropriate previous employer reference for one staff file reviewed. The full driving licence was evidenced for both staff members but car insurance could not be confirmed for either staff member. Staff contracts signed at employment commencement and job descriptions issued as part of the staff handbook were confirmed during inspection.</p> <p>A third file requested for review during inspection was not available due to transfer of premises recently with information being held in the previous premises.</p>	<p>Moving towards compliance</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Moving towards compliance</p>

Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector did not review complaints during the agency's inspection as no complaints had arisen since the previous inspection.

Additional matters examined

No additional matters were reviewed as a result of this inspection.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with the **registered person and registered manager**, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. 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.

Enquiries relating to this report should be addressed to:

Amanda Jackson
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Primary Inspection

Platinum Support and Care Services Ltd

6 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the **registered person and registered manager** receiving feedback during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. 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.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 21	<p>The registered person and manager are required to further develop their policy and procedure on management of records in line with Regulation 21 Schedule 4.</p> <p>As detailed within requirement four within the follow up section of the report.</p>	Third	<p>The Policy has been updated in accordance with Regulation 21 schedule 4. Completed.</p>	<p>To be completed by 06/04/15</p>
2	Regulation 15(6)	<p>The registered person and manager are required to expand their 'Vulnerable Adults' policy and procedure to include the role of the agency, the role of the trust, the process where the allegation is made against a member of staff, contact numbers for the trust and a flowchart regarding the procedure.</p> <p>As detailed within requirement five within the follow up section of the report.</p>	Twice	<p>The Policy has been updated as required. Completed.</p>	<p>To be completed by 06/04/15</p>

3	<p>Regulation 11(1)(3) Regulation 13(b) Regulation 16(2)(a)</p>	<p>The registered person and manager are required to ensure implementation of mandatory and additional training across all staff groups (including manager and care staff) to include supervisions and appraisal training for the registered manager. Competency assessments are also required for all mandatory areas.</p> <p>(Minimum standard 12)</p> <p>As detailed within theme one, criteria one of the report and within theme two, criteria one regarding additional areas of training.</p>	Once	<p>Staff training policy updated, Staff training now completed. Supervision and appraisal policy updated. Records index for staff training records, all certificates filed. Staff Supervision and appraisal ongoing. Completed.</p>	To be completed by 06/04/15
4	<p>Regulation 16(2)(a) Regulation 16(4)</p>	<p>The registered person and manager are required to review their policy on staff supervision and appraisal to confirm arrangements for management staff and ensure all staff (including the manager) receive supervision, appraisal and spot checks in line with the agency policy timeframes.</p> <p>(Minimum standard 13)</p> <p>As detailed within theme one, criteria one of the report and within theme two, criteria one.</p>	Once	<p>The Policy on supervision and appraisal has been reviewed and updated. All staff including the manager are receiving supervision and appraisal. Staff training files have been updated. Completed.</p>	To be completed by 06/04/15

5	Regulation 21(1) and Schedule 4	<p>The registered person and manager are required to review their policy on 'Management of records' and ensure appropriate application of all procedures by all staff.</p> <p>As detailed within theme two, criteria one of the report</p>	Once	<p>The records management policy has been updated in accordance with regulation 21(1) and schedule 4. The Policy on records management has been discussed with staff during supervision. Completed.</p>	To be completed by 06/04/15
6	Regulation 13 and Schedule 3 Regulation 21(1) Schedule 4(1)	<p>The registered person and manager are required to ensure all staff recruitment is compliant with Regulation 13 and Schedule 3 and that all records are centrally maintained and available for inspection in compliance with Regulation 21(1) Schedule 4(1)</p> <p>(Minimum standard 11)</p> <p>As discussed within theme three of the report.</p>	Once	<p>Staff recruitment is now compliant with regulation 13 and schedule 3. all records are centrally maintained in accordance with regulation 21(1) schedule 4. Completed.</p>	To be commenced with immediate effect

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Minimum Standard 1.6 & 1.9	<p>The registered person and manager are recommended to ensure that the results from the annual service user satisfaction questionnaire and a summary of the RQIA inspection is included in the agency's annual report and offered to all service users/family.</p> <p>The report is also recommended to include all stakeholder groups including commissioners.</p> <p>As detailed within recommendation one within the follow up section of the report.</p>	Fourth	<p>RQIA inspection information is now included within the annual report. Views of the service commissioners and stakeholders has been sought for inclusion within the annual report.</p> <p>To be completed by 06/03/16.</p>	To be completed by 06/03/16
2	Minimum Standard 8.11	<p>The registered person is recommended to complete monthly monitoring reports as detailed within standard 8.11.</p> <p>As detailed within recommendation four within the follow up section of the report and within theme one, criteria two.</p>	Third	<p>Monthly monitoring reports are now being completed using the RQIA monthly monitoring template. These reports are now being signed off by the registered provider.</p> <p>Completed.</p>	To be completed 06/04/15

3	Minimum Standard 13.2 Standard 13.2 Standard 13.5	The registered person and manager are recommended to ensure staff supervision /spot check records are completed in line with the agency policy and retained in each individual staff file. As detailed within recommendation six within the follow up section of the report.	Twice	Supervision records and spot check information is now held within the individual staff file. Supervision and spot checks are being completed for all staff. Completed	To be completed 06/04/15
4	Standard 9 and Appendix 1	The registered person and manager are recommended to develop a policy in respect of 'Management, control and monitoring of the agency'. As detailed within theme one, criteria one of the report.	Once	Policy on the management, control and monitoring of the agency is currently being developed. To be completed by 06/06/15.	To be completed 06/06/15
5	Standard 12.8 Standard 9 and Appendix 1	The registered person and manager are recommended to review their policy on training and development in line with RQIA mandatory training guidelines 2012. As detailed within theme one, criteria one of the report.	Once	Training and Development plan now in place, training and development policy has been reviewed and updated. Completed.	To be completed 06/04/15
6	Standard 10.2	The registered person and manager are recommended to develop a policy on recording and reporting care practices. As detailed within theme two, criteria one of the report.	Once	Policy has been developed in accordance with standard 10.2. Completed.	To be completed 06/04/15

7	Standard 10.5	<p>The registered person and manager are recommended to ensure all staff training and knowledge in the area of records management is regularly shared through staff meetings/group supervision.</p> <p>As detailed within theme two, criteria one of the report.</p>	Once	<p>Records management has been included for discussion in staff supervision and staff meetings.</p> <p>To be completed by 06/06/15.</p>	<p>To be completed 06/06/15</p>
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Patricia Mc Kenna
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Shaun Mc Cook

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	A.Jackson	20/04/15
Further information requested from provider			