

Unannounced Care Inspection Report 14 December 2018



Platinum Support and Care Services Ltd

Type of Service: Domiciliary Care Agency
Address: 27 Ann Street, Ballycastle, BT54 6AA
Tel No: 028 2076 8777
Inspector: Marie McCann
User Consultation Officer (UCO): Clair McConnell

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

| | |
|---|---|
| Registered organisation/registered person: Platinum Support and Care Services Ltd/ Shaun 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 |

4.0 Inspection summary

An unannounced inspection took place on 14 December 2018 from 09.30 to 17.00.

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

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

Evidence of good practice was identified in relation to staff knowledge of adult safeguarding, risk management, communication between service users and agency staff and other key stakeholders. Further areas of good practice were also noted in regards to the provision of compassionate care; engagement with service users, relatives and staff; the management of complaints and maintaining good working relationships with staff.

Areas for improvement were identified in regards to governance records relating to staff recruitment, staff training, annual reviews, quality assurance, staff management and monitoring the registration of staff.

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

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 | 5 |

Details of the Quality Improvement Plan (QIP) were discussed with Shaun McCook, Responsible Person, Mary Gillan, Registered Manager and a director 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 10 April 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 10 April 2017.

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 10 April 2017.
- Incident notifications which evidenced that one incident had been notified to RQIA since the last care inspection on 10 April 2017.
- Information and correspondence received with regards to the agency.
- User Consultation Officer (UCO) report.

As part of the inspection the UCO spoke with five service users and six relatives, either in their own home or by telephone, between 31 August 2018 and 5 September 2018 to obtain their views of the service. The service users consulted with informed the UCO that they received assistance with the following:

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

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

During the inspection the inspector met with the responsible person, a director, the registered manager, the administrator and six care staff.

The following records were examined during the inspection:

- Recruitment and induction records for four recently recruited members of staff.
- Four service users' care records.
- A sample of service users' daily task records.
- Staff training matrix.
- Matrix for recording of staff supervision/appraisals and monitoring checks.
- A sample of the agency's complaints/compliments from January 2018.
- A sample of staff roster information.
- A sample of the agency's record of incidents and accidents from January 2018.
- A sample of monthly quality monitoring reports from September 2018, October 2018 and November 2018.
- Records relating to the registration of staff with the Northern Ireland Social Care Council (NISCC).
- Safeguarding Policy.
- Complaints Policy.

- Induction Policy.
- Statement of Purpose, January 2018.

At the request of the inspector, the registered 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; six responses were received and are referenced within the body of this report.

Area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the registered manager and senior management team at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 April 2017

The most recent inspection of the agency was an unannounced care inspection.

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

6.2 Review of areas for improvement from the last care inspection dated 10 April 2017

| Areas for improvement from the last care inspection | | |
|--|--|---------------------------------|
| Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 15 (9) Stated: First time | The registered provider must review their ‘Safeguarding’ policy and procedure to detail the role and responsibilities of the safeguarding champion. | Met |
| | Action taken as confirmed during the inspection: The inspector viewed evidence which confirmed that the agency had updated their Safeguarding policy to detail the role and responsibilities of the safeguarding champion. | |

6.3 Inspection findings

6.4 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; it included a review of staffing arrangements in place within the agency.

The inspector viewed a sample of recently recruited staff records. These records confirmed that the majority of the pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3. However, review of information submitted to RQIA and further discussion with the registered manager following the inspection highlighted an issue in relation to pre-employment information that is required in line with regulation, specifically, the requirement to ensure that each of the two required references are in place prior to commencement of employment. An area for improvement was made in this regard. The inspector further recommended that the agency should record the date when such references are received. It was further agreed with the registered manager that recruitment records should also include any discussions which take place during the recruitment process in regards to gaps in the employment history of applicants.

A review of sample of staff records evidenced that staff received an induction lasting at least three days which included mandatory training and shadowing with 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 their job roles. One staff member commented: "induction was very good; I had part of it in the office, then went to Belfast for more training and had a number of shadowing shifts on the rota to get to know service users." It was positive to note that staff signed to acknowledge receipt of the agency's policies and procedures, staff handbook and the Northern Ireland Social Care Council's (NISCC) codes of practice. The inspector advised that the induction record should be improved to ensure staff sign to confirm that the full induction programme was completed including shadowing of experienced staff. In addition, the agency induction policy should be updated to reflect the requirement of a minimum of three days induction as per the domiciliary care regulations. The director agreed to action this.

The inspector viewed the agency's system to ensure that all staff receive appropriate training to fulfil the duties of their role. The director and registered manager advised that the agency training programme consists of face to face training sessions held over two non-consecutive days and a number of eLearning training programmes. One staff member commented: "We do a mixture of face to face and online training; I prefer the face to face training; more opportunity to learn from others' experiences." It was positive to note that care staff receive further training in addition to mandatory training requirements in areas such as dementia and deprivation of liberty, stoma care, conflict resolution and behaviours which challenge. However, review of a training matrix which is used to identify and monitor training compliance levels identified that several staff were overdue safeguarding training updates and attendance at the second day of training, in areas such as: behaviours which challenge, food hygiene, recording, clinical observations, stoma care and dementia. An area for improvement has been made in this regard.

There were no current or previous safeguarding referrals since the last care inspection for review. Discussions with the director and registered manager established that they were aware of the regional 'Adult Safeguarding Prevention and Protection in Partnership', July 2015 and its associated Operational Procedures, September 2016. They demonstrated appropriate knowledge as to how to address safeguarding matters if and when they arise, to ensure the safety and wellbeing of service users and support appropriate protection planning and investigation. The agency had an identified Adult Safeguarding Champion (ASC). The inspector reviewed reporting and management of incidents occurring within the agency. The agency maintained a record of all incidents and accidents which had been audited on a monthly basis by the responsible person. A review of a sample of records evidenced that appropriate management of incidents and follow up actions, including liaison with service users' relatives and NHSCT representatives was undertaken. Staff spoken with on the day of inspection provided feedback which evidenced that they had a good understanding of the management of risk, and the importance of reporting any issues to the management team in a timely manner. One staff member commented: "I am always surprised at the level of support and guidance you receive from the management and how approachable they are."

In addition, discussions with staff on the day of inspection confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. All staff spoken with confirmed they were aware of the agency's whistleblowing policy.

Discussion with staff on the day of inspection raised no concerns in regards to having appropriate time to undertake their duties as per individual service users' care plans. In addition, UCO feedback from service users raised no concerns regarding the carers' timekeeping or that care had been provided in a rushed manner. A review of a sample of rotas evidenced that they were effectively organised with individual times being allocated to service users.

The UCO was advised by all of the service users and relatives consulted that they had no concerns regarding the safety of care being provided by the agency. New carers are usually introduced to the service user by a regular member of staff; feedback from service users and/or their relatives highlighted that 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 consulted; this feedback included areas such as manual handling, use of equipment and management of medication. All of the service users and relatives consulted 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:

- "Very happy with the care."
- "They've been very helpful when we needed extra help."
- "It gives me peace of mind that someone calls regularly with xxxx and lets me know if anything is wrong."

Returned staff questionnaires received by RQIA indicated that three respondents were very satisfied and two respondents were satisfied that the care provided to service users was safe. One respondent indicated that they were very unsatisfied that the care provided was safe. There was no comment provided to indicate why the respondent was unsatisfied.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff knowledge of adult safeguarding and risk management.

Areas for improvement

Two areas for improvement were identified during the inspection with regards to the recruitment information held by the agency and ensuring timely completion of staff training requirements.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 1 |

6.5 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.

On the day of inspection the inspector chose a random sample of service users' care records. The agency provides care as outlined in each service user's care plan which is provided by the NHSCT in consultation with the service user and/or their representatives. Service users' records viewed on the day of inspection included referral information and care plans received from the appropriate referring NHSCT key worker. The referral information detailed the services being commissioned and typically included relevant assessments and risk assessments, as necessary. The director confirmed that the agency have a small number of self-referring service users. A review of the records of one self – referring service user confirmed that the agency had completed a care plan and risk assessment in consultation with the service user and next of kin as appropriate.

It was noted within the four service users' records examined that they did not include minutes of annual care reviews which had been carried out by NHSCT representatives with service users since the commencement of the service. The registered manager and the director advised that while the agency staff were invited to and attended the NHSCT reviews, they did not make a record of the review or always receive minutes of the review. It was agreed with the registered manager that the agency will request a copy of future NHSCT reviews, as appropriate and ensure they maintain a record of the review meeting, including any agreed outcomes and actions required. It was also agreed that in the absence of a NHSCT annual care review being conducted, the service will ensure that service users' care provision is effectively reviewed at least annually. An area for improvement was made in this regard.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. The management and staff described effective communication systems in use within the staff team to ensure that staff received information relevant to the care and support of service users. Staff consulted with 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 confirmed they had effective access to the management team via telephone including out of hours support.

The director and registered manager confirmed that NHSCT representatives were contactable when required, regarding service user matters, and that there are good working relationships with the NHSCT multi- disciplinary teams. Discussions and observations on the day of inspection evidenced that the management team are knowledgeable regarding individual service users' care needs, preferences and home circumstances and as a consequence ensure that timely interventions are carried out which promote safe and effective care provision for service users.

The inspector identified that the agency maintains a telephone call log. However, the record is maintained in date order rather than as a service user specific record and details of the content and outcome of such calls are not recorded. In addition, electronic correspondences between the agency and NHSCT professionals on behalf of or in relation to service users are not contained within individual service users' records. The inspector highlighted the importance of ensuring that a record of all communications should be accessible within the service users' records, to ensure a contemporaneous and accurate record is maintained. Assurances were provided by the director and registered manager that this would be addressed. This will be reviewed at next inspection.

The inspector evidenced minutes maintained of a staff team meeting held in February 2018 and also a number of management meetings with the agency co-ordinators. Discussions with staff on the day of inspection confirmed that they felt able to approach management regarding issues at any time. Management and staff also confirmed that regular update emails were sent to staff to share relevant information to promote safe and effective care. The inspector advised the registered manager to maintain a record of these correspondences to provide evidence of the agency's quality improvement focus which should include consideration of such emails during staff meetings, as appropriate. The inspector discussed the development of the NISCC website to include an adult social care learning zone; this may be beneficial for promoting staff development and training opportunities for use within team meetings. The registered manager and director advised that they would review this resource and share with the staff team as appropriate.

The UCO was informed by the service users and relatives spoken with that they had no concerns regarding the carers' timekeeping or that care has been rushed. They also advised that they had not experienced any missed calls from the agency.

No issues regarding communication between the service users, relatives and staff from the agency were raised with the UCO. The service users and relatives advised that home visits and phone calls have taken place to obtain their views on the service. Some of the service users and relatives spoken with were also able to confirm that observation of staff had taken place and that they had received a questionnaire from the agency.

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

- "Terrific service."
- "Very grateful for the help."
- "Management are very approachable."

As part of the home visits the UCO reviewed the agency's documentation in relation to six service users and two issues were noted in relation to the agency's log sheets. This related to staff not signing their full names and the use of blue ink. These issues were discussed with the registered manager who agreed to address these matters with the relevant staff.

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

Returned staff questionnaires received by RQIA indicated that four respondents were very satisfied and one respondent was satisfied that the care provided to service users was effective. One respondent indicated that they were very unsatisfied that the care provided was effective. There was no comment provided to indicate why the respondent was unsatisfied.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users and agency staff and other key stakeholders.

Areas for improvement

An area for improvement was identified with regards to service user care reviews.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

6.6 Is care compassionate?

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

Discussions with the registered manager and staff indicated that values such as choice, dignity and respect were embedded into the culture of the organisation. Staff comments included: "Clients always come first." "We are told to report anything no matter how small; client wellbeing is so important." In addition, staff and management described how the agency's staff worked together to ensure service users were visited during times of adverse weather conditions.

All of the service users and relatives spoken with 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 appropriate, 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 the agency. Examples of some of the comments made by service users or their relatives are listed below:

- "Get on well."
- "Couldn't say a bad word."
- "Very happy with the carers."

Service users are provided with contact details of the agency during and outside working hours with the mobile numbers of the responsible person, a director and registered manager available within the agency's Statement of Purpose. The Statement of Purpose also provides contact details for RQIA, the patient and client council (PCC) and the Northern Ireland Public Service Ombudsman (NIPSO) should service users wish to raise a concern in regards to service provision.

The inspector reviewed the agency’s governance arrangements for quality assuring the care provided to service users. The registered manager advised that the staff receive an annual spot check to monitor and review care practices. A record is maintained of the spot checks in staff personnel files. The four staff personnel files examined evidenced a record of such spot checks having been undertaken, with no areas for concern identified. It was positive to note that in addition to monitoring staff care practices, the spot check records also reviewed staff politeness and consideration shown towards service users and respect shown for service users and their property. However, a review of the agency’s matrix to monitor compliance of staff spot checks identified that the agency were currently not up to date with their annual monitoring schedule. The importance of ensuring that the monitoring of staff care practices is carried out in a timely manner was highlighted. An area for improvement has been made in this regard.

The director advised that the agency typically send out a quarterly quality questionnaire to service users. A questionnaire had not been sent out in last quarter of the year. However questionnaire returns from May 2018 to August 2018 were available to review by the inspector. Service users were asked to rate a number of statements, such as:

- I am aware of who to contact if I have a complaint or query.
- I am satisfied with the service I receive.
- I feel my views and wishes are taken into account.
- I feel the support workers do things the way I want them to be done.
- The service I received has made a positive difference to my life.
- I am treated with politeness and respect by my support workers.
- I feel I have choice and control over the service I receive.
- My support workers spend enough time on the things that are important to me.

The agency’s quality questionnaire returns were noted to all be rated positively with one respondent commenting: “I really can’t say it enough about how happy we are with the care we receive, the girls are outstanding and very good at what they do...these girls are excellent and platinum care are very lucky to have such dedicated, passionate girls.”

Returned staff questionnaires received by RQIA indicated that three respondents were very satisfied and two respondents were satisfied that the care provided to service users was compassionate. One respondent indicated that they were very unsatisfied that the care provided was compassionate. There was no comment provided to indicate why the respondent was unsatisfied.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of compassionate care and engagement with service users, relatives, and staff.

Areas for improvement

One area for improvement was identified in relation to the timely completion of staff monitoring visits.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 0 | 1 |

6.7 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 inspection assessed the agency's management and governance systems in place to meet the needs of service users and drive quality improvement. The RQIA registration certificate was up to date and displayed appropriately. The director, registered manager and staff who met with the inspector could clearly describe staff roles, responsibilities and lines of accountability. Staff described the process for obtaining support from management if required. Staff comments included: "Couldn't speak highly enough about the place." and "I have worked in other places and have never had the same level of support."

Discussions with the director, registered manager and staff on the day of inspection described positive working relationships in which issues and concerns could be freely discussed. Staff comments included: "I love my job; we pull together as a team, managers' included." and "I have no concerns at all, I love working here."

A review of the agency's complaints records since January 2018 evidenced that the agency managed the complaints appropriately. The agency's complaints policy provides details of the patient client council, the Northern Ireland Public Service Ombudsman, advocacy groups and RQIA. The inspector recommended that the policy was updated to include the details of the complaints department for the NHSCT for the benefit of those individuals who receive a service commissioned by the NHSCT. The director agreed to update the policy accordingly. It was positive to note that the agency had received a number of compliments. A recent email received from the next of kin of a service user stated: "The care givers who visit xxxx each day are absolutely wonderful, kind, professional and very caring, xxxx loves them and looks forward to their visits."

All of the service users and relatives spoken with 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 discussions with the UCO.

The registered manager has a system to monitor compliance with the timescales for annual staff supervision/appraisals. However, review of this record on the day of inspection identified that a number of staff supervision/appraisals were out of date. An area for improvement was made in this regard.

The inspector evidenced that the agency maintained a folder containing a full range of policies and procedures which were noted to have been updated in October 2018. Staff were informed of the full range of policies and procedures as part of their induction.

Staff are required to be registered with NISCC or other relevant regulatory body. Information submitted to RQIA following the inspection identified that one care staff member who was currently employed by the agency was not registered with NISCC. The inspector immediately contacted a director and prompt action was taken to ensure that the staff member was not supplied for work until appropriately registered. At the request of the inspector, the director confirmed that a subsequent review of all completed or ongoing NISCC applications for registration related to the service, confirmed that all other staff were either registered with NISCC or were waiting processing of their application. An area of improvement was made in

this regard and the director provided further assurances that a system would be put in place to ensure that this would not occur again.

As part of the agency's review of compliance with the new General Data Protection Regulation (GDPR) the responsible person confirmed that the agency had sought advice regarding their GDPR responsibilities, with some changes being implemented. In addition, the inspector recommended that the agency review guidance available on the RQIA website and also continue to liaise with the NHSCT regarding their GDPR responsibilities.

The inspector confirmed that monthly quality monitoring visit reports were available for review from the last care inspection up to November 2018. Samples of reports viewed noted positive feedback from consultation with service users, relatives, agency staff and NHSCT representatives. The records demonstrated a quality improvement focus and a monthly audit of the conduct of the agency, including an action plan agreed with timescales for completion. The inspector advised that feedback from consultation with service users, relatives, staff and HSCCT representatives should have a unique identifier so that feedback is traceable. The responsible person agreed to action this.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager advised that to date, the agency has not provided access to specific equality and diversity training. However, the importance of this was addressed with staff throughout their training programme and the supervision/appraisal process. In addition, the registered manager confirmed that the agency had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The registered manager advised that the agency does not seek any further equality information from the service users other than that provided by the commissioning NHSCT or when collating information for self-referring service users. The data provided is used effectively and with individual service user involvement to provide person centred care.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person centred care
- disability awareness

Returned staff questionnaires received by RQIA indicated that three respondents were very satisfied and two respondents that the service was well led. One staff member commented: "great company". One respondent indicated that they were very unsatisfied that the service was well led. There was no comment provided to indicate why the respondent was unsatisfied.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the management of complaints and maintaining good working relationships with staff.

Areas for improvement

Two areas for improvement were identified with regards to ensuring all staff are registered with NISCC as applicable and that staff receive supervision/appraisals in a timely manner.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Shaun McCook, Responsible Person, Mary Gillan, Registered Manager and a director 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/or 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 13 (d)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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>Ref: 6.4</p> |
| <p>Response by registered person detailing the actions taken: Platinum Support and Care Services will ensure that two references are obtained including one from the applicants most recent employer before employment commences. Enhanced pre-employment checks are now in place to ensure the required documents are available prior to commencement of employment.</p> | |

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

| | |
|---|---|
| <p>Area for improvement 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 8 February 2019</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>Ref: 6.4</p> |
| <p>Response by registered person detailing the actions taken: All mandatory and non-mandatory training shall be completed by 8th February 2019. Platinum Support and Care Services have implemented a new system to monitor and review training needs.</p> | |
| <p>Area for improvement 2</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: 8 February 2019</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>Ref: 6.5</p> |
| <p>Response by registered person detailing the actions taken: Platinum Support and Care Services have implemented a new system to monitor the annual review visits. A new process has been introduced to record details of the meeting.</p> | |

| | |
|---|--|
| <p>Area for improvement 3</p> <p>Ref: Standard 16.3</p> <p>Stated: First time</p> <p>To be completed by: 8 February 2019</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 and safe • 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>Ref: 6.6</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p> <p>To be completed by: 8 February 2019</p> | <p>Response by registered person detailing the actions taken: Platinum Support and Care Services have introduced a new system to ensure that spot checks are completed when required and regularly monitored.</p> <p>The registered person shall ensure that staff have recorded formal supervision/appraisals meetings in accordance with the agency's procedures.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Platinum Support and Care Services have introduced a new system to ensure that staff appraisals are completed when required and regularly monitored.</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 8.4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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 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>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Platinum Support and Care Services have introduced a system to monitor and review staff registration with NISCC. Staff are required to ensure that their registration is maintained.</p> |

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



The Regulation and
Quality Improvement
Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care