



The Regulation and  
Quality Improvement  
Authority

Platinum Support and Care Services Ltd  
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BT54 6AA

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**Unannounced Care Inspection  
of  
Platinum Support and Care Services Ltd**

**29 February 2016**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 29 February 2016 from 10.00 to 16.30 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report and were discussed with the registered manager Mary Gillan, responsible person Shaun McCook and director Geraldine O'Cleary as part of the inspection process.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Platinum Support and Care Services Ltd/Shawn McCook	<b>Registered Manager:</b> Mary Gillan
<b>Person in charge of the agency at the time of Inspection:</b> Mary Gillan	<b>Date Manager Registered:</b> 18 December 2015
<b>Number of service users in receipt of a service on the day of Inspection:</b> 36	

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

**Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.**

**Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.**

**4. Methods/Process**

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2015/2016

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

- Discussion with the registered manager, responsible person and director
- Consultation with service users/representatives
- Consultation with staff
- Staff questionnaires review
- Examination of records
- File audits
- Evaluation and feedback.

On the day of inspection the inspector met with four care staff to discuss their views regarding care provided within the agency, staff training and staffs general knowledge in respect of the theme areas reviewed. Staff feedback is contained within the body of this report. The inspector gave the registered person/manager ten questionnaires to distribute to randomly selected staff members for their completion, asking for their views regarding the service, and return to RQIA. Four staff questionnaires were received following the inspection and findings are included within the body of this report.

Following the inspection day, the inspector spoke with two service users and four relatives on 4 March 2016 to obtain their views of the service. The service users interviewed live in Bushmills and Ballycastle areas, and receive assistance with the following:

- Management of medication
- Personal care
- Meals

The following records were examined during the inspection:

- A number of care and support plans
- HSC Trust assessments of needs and risk assessments
- Recording/evaluation of care used by the agency
- Communication records with trust professionals
- Service user questionnaires
- Annual Quality Report for 2015
- Monthly monitoring reports from October 2015 to February 2016
- Staff recruitment records
- Staff training records
- Staff meeting agenda and minutes for November 2015

- Records of three staff supervisions/ appraisals
- Induction procedure
- Staff rota information
- Policies and procedures manual
- Management staff daily contact log records/on call logs for February 2016

## 5. The Inspection

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. Services provided include personal care, social support, meals and respite sits (day and night) in their own homes. The agency has thirty six service users, three funded via direct payments and the remaining commissioned from the Northern Health and Social Care Trust (NHSCT). The agency employs twenty two staff and has a new manager; Mary Gillen registered in December 2015.

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 6 March 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> Ref: Regulation 21	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.  <b>Action taken as confirmed during the inspection:</b> The inspector viewed the document 'Management of records' dated October 2015 which was found to have been expanded to include information in compliance with this requirement.	<b>Met</b>
<b>Requirement 2</b> Ref: Regulation 15 (6)	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.  <b>Action taken as confirmed during the inspection:</b> The inspector viewed the document 'Vulnerable Adults' dated October 2015 which had been revised and included all elements in line with this requirement and records confirmed this information had been shared with all staff.	<b>Met</b>

<p><b>Requirement 3</b></p> <p>Ref: 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><b>Action taken as confirmed during the inspection:</b> Records evidenced that the staff training plan had been implemented which related to all staff grades. The records viewed confirmed mandatory and additional training had been completed, along with related competency assessments. Management staffs have completed training in the areas of staff supervision and appraisals.</p>	<p><b>Met</b></p>
<p><b>Requirement 4</b></p> <p>Ref: 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) receives supervision, appraisal and spot checks in line with the agency policy timeframes.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the policy and procedure on 'Staff Supervision and Appraisal' dated October 2015 which had been expanded to include each element required in relation to all grades of staff. Records confirmed that these areas have now been implemented.</p>	<p><b>Met</b></p>
<p><b>Requirement 5</b></p> <p>Ref: Regulation 21(1) and Schedule 4</p>	<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><b>Action taken as confirmed during the inspection:</b> The 'Management of records' policy dated October 2015 was found to have been expanded to include information in compliance with this requirement. Staff had been provided with guidance on this subject during supervision and a system to audit/review completed records has been implemented.</p>	<p><b>Met</b></p>

<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 13 and Schedule 3 Regulation 21(1) Schedule 4(1)</p>	<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><b>Action taken as confirmed during the inspection:</b> The inspector viewed the document 'Staff Recruitment' policy and procedure dated October 2015 which was found to be compliant with Regulation 13 schedule 3. Records were centrally maintained and available for inspection, and four staff files evidenced all information had been obtained as required.</p>	<b>Met</b>
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 1.6 &amp; 1.9</p>	<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><b>Action taken as confirmed during the inspection:</b> The inspector viewed the Annual Quality Report for 2015 which contained a summary of various stakeholders views obtained. Copies of this report are currently being provided to all service users/representatives and distribution is expected to be completed during March 2016.</p>	<b>Met</b>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 8.11</p>	<p>The registered person is recommended to complete monthly monitoring reports as detailed within standard 8.11.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the monthly monitoring reports from October 2015 to February 2016. These reports contained details of the responsible person's review of services being provided as recommended.</p>	<b>Met</b>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 13.2 Standard 13.2</p>	<p>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.</p>	<b>Met</b>

Standard 13.5	<p><b>Action taken as confirmed during the inspection:</b> The inspector viewed a sample of staff supervision and appraisal records which evidenced that these meetings are being completed in line with their procedures timescales.</p>	
<p><b>Recommendation 4</b>  Ref: Standard 9 and Appendix 1</p>	<p>The registered person and manager are recommended to develop a policy in respect of 'Management, control and monitoring of the agency'.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the document 'Management Review' policy and procedure which had been developed and implemented during 2015. Records evidenced that monitoring and review processes are now in place.</p>	<b>Met</b>
<p><b>Recommendation 5</b>  Ref: Standard 12.8 Standard 9 and Appendix 1</p>	<p>The registered person and manager are recommended to review their policy on training and development in line with RQIA mandatory training guidelines 2012.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the 'Staff Training and Development' policy and procedure dated October 2015. This document had been expanded and includes the RQIA mandatory training guidelines 2012 and their training plan. The records viewed confirmed mandatory and additional training had been completed by all grades of staff.</p>	<b>Met</b>
<p><b>Recommendation 6</b>  Ref: Standard 10.2</p>	<p>The registered person and manager are recommended to develop a policy on recording and reporting care practices.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the policy and procedure 'Records Management' which was revised February 2016. This document contained clear guidance for staff on their role and responsibilities in the areas of recording and reporting care practices in line with minimum standard 5.2 and 10.2.</p>	<b>Met</b>
<p><b>Recommendation 7</b>  Ref: Standard 10.5</p>	<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>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the content of staff induction training, staff supervision records and agendas and minutes of staff meetings; these documents confirmed that the subject of records management is regularly discussed with staff.</p>	
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### 5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

#### Is Care Safe?

Service user referral information received from HSC Trust social workers contained information regarding service user and/or representative's views. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed during their initial visit at service commencement contained evidence that service users and relative's views had been obtained and incorporated, where possible. It was good to note that service users and relatives are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or annual surveys for the agency.

During service users and relative's interviews, the inspector was advised that new carers are usually introduced to them by the manager or a regular member of staff; this was felt to be important both in terms of the service user's security and the carer's knowledge of the required care.

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

- 'Excellent carers, my relative looks forward to seeing them arrive at our home'.
- 'Don't know what I would do without them'.

#### Is Care Effective?

The people interviewed by the inspector raised no concerns regarding the quality of care being provided by the carers from Platinum Care Services. The inspector was informed by all of the people interviewed that they had made no complaints regarding the service, however they are aware of whom they should contact if any issues arise.

Questionnaires are sent out by the agency on a regular basis to obtain the views of the service from service users or their representatives. Management visits take place on a regular basis to discuss the care. One relative explained that following their recent review meeting the manager had arranged for extra time to be agreed swiftly, by the social worker to assist with the increased care needs of their relative. All of the people interviewed were able to confirm that observation of staff practice had taken place.



Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service user's homes on a regular basis, most recently during February 2016. The registered manager indicated that no staff practise issues were identified during these spot checks and records noted positive comments received from service users/relatives regarding staff.

The complaints log was reviewed, and no complaints had been received during the past year.

The most recent monthly monitoring reports reviewed evidenced working practises are being systematically reviewed along with detailed information relating to ongoing quality monitoring feedback and actions taken.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They provided examples to demonstrate how they promote service user independence and choices. Four staff surveys were received following the inspection day. These confirmed that staffs were satisfied with the training received in relation to core values, communication methods and skills to meet those with mental health care needs. One survey comment confirmed the staff member is currently being supported to complete NVQ training.

### **Is Care Compassionate?**

Service users or their relatives informed the inspector that they felt that the carers are appropriately trained and knowledgeable regarding the service user's condition. Examples given included an understanding of dementia and how to encourage the service user, and working with service users with limited verbal communication and mobility.

Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate.

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

- 'Very lucky to have such caring staffs that are very clued in to my relatives' needs and moods'.
- 'The staff fit in to our home like part of the family'.
- 'Carers are skilled and caring and seem to really enjoy their job'.
- 'Do a great job, are genuine caring girls who often go the extra mile'.

Staff interviewed confirmed that training provided had been relevant to allow them to meet their service users' particular needs. They also confirmed that service users' views and experiences are taken into account, as far as possible, in the way service is delivered.

### **Areas for Improvement**

No areas for improvement were identified regarding this theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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#### **5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.**

##### **Is Care Safe?**

A range of management systems, policies and processes relating to communication channels with service users and their relatives were viewed. These included daily contacts, on call arrangements and management of missed calls. Records confirmed that information relating to changes in service users' needs had been communicated to the commissioning trust via telephone calls and emails.

##### **Is Care Effective?**

The inspector was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and they are usually contacted by the agency if their carer has been significantly delayed. The people interviewed also advised that they had not experienced any missed calls from the agency. Two of the relatives interviewed explained that they had contacted the agency management outside normal working hours, and found the on call responses very reassuring and helpful.

There was one reported occasion when a service user's call was missed by the agency staff. Details of this matter were captured on a variety of records reviewed including the duty log, service user contact log regarding the missed call; follow up action and measures taken regarding staff involved. Communication with the referring HSC Trust had taken place immediately via telephone call and email.

The registered manager explained that on occasions, calls were noted as not having taken place; this occurred when the service user had not been home when staff visited, but the agency had not been informed by the care manager/social worker or family.

There was a record of monthly monitoring available on the day of inspection which evidenced working practices are being systematically reviewed and late or missed calls rarely occurred.

Staff interviewed confirmed that they felt supported by senior staff, demonstrated a clear understanding of their reporting processes if running late for next service user visit or were unable to gain access a service user's home.

Review of the February 2016 staff rota for one staff group within one service area reflected a process for allocating the staff numbers to service user calls; however the inspector was unable to verify the effectiveness of this rostering system given that the inspection day only presents an overview of the system. Staff interviewed on the day of inspection confirmed that their rota was achievable and allocations had been made with staff input. Two staff members confirmed that the time allocated on their rota was sufficient to meet the service users care needs and included time to have a chat with them.

### Is Care Compassionate?

During service users and relatives interviews the inspector was advised that no concerns were raised regarding the length of calls; none of the people interviewed felt that care was being rushed. One relative stated that care staff are reliable, and arrive exactly on time but on occasions stay longer than planned to meet their relatives changing needs. Another relative explained that care staffs are meticulous in their recording of precise entries at each visit.

### Areas for Improvement

No areas for improvement were identified regarding this theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### 5.3 Additional Areas Examined

The inspector reviewed the agency's RQIA notification of incidents log, with no reports received during the past year.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

## 6.0 No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Mary Allen	Date Completed	25/3/16
Registered Person	SHAWN Mc COYK.	Date Approved	25/3/16
RQIA Inspector Assessing Response	Carrie Rice	Date Approved	21/4/16

Please provide any additional comments or observations you may wish to make below:

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