

Unannounced Care Inspection Report 23 November 2020



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: Corrie Visser

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Platinum Support and Care Services Ltd is a domiciliary care agency based in Ballycastle which provides a range of services including personal care, practical and social support and sitting services. Service users have a range of needs relating to dementia, mental health, learning disability and physical disability. These services are commissioned by the Northern Health and Social Care Trust (NHSCT).

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 23 November 2020 from 10.30 to 16.30 hours.

Due to the coronavirus (Covid-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services. This inspection was carried out using an on-site inspection approach in line with social distancing guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

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

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 which is maintained by the agency in relation to the safeguarding of adults (2016).

On the day of the inspection it was noted that one incident had taken place since the previous inspection on 23 January 2020. We examined the records and found that the agency had dealt with the incident in accordance with its own procedure and policy.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had not received any complaints since the last inspection.

One area for improvement was identified during this inspection in relation to recruitment. Two areas for improvement identified at the previous inspection on 23 January 2020 were assessed as not met and will be restated for the second time.

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC), monthly quality monitoring reports, management of incidents and staff supervision and appraisals.

Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines, Covid-19 education and management including IPC measures.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*2

* Two standards have been restated from the previous inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Mary Gillan, registered manager and Mrs Geraldine O’Cleary, 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 23 January 2020

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 January 2020.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

Following our inspection we focused on contacting the service users, their relatives, staff and professionals to obtain their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following areas:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland. Updated 16 June 2020.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service user/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. Seven service user/relative questionnaires were received. Analysis and comments are included in this report.

Following the inspection we communicated with two service users, three staff members, four service users’ relatives and one professional.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and not met.

We would like to thank the manager, service users, service user's relatives and staff and professionals for their support and co-operation throughout the inspection process.

6.0 The inspection

Areas for improvement from the last care inspection dated 23 January 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 23(1)(2)(b)(i)(ii) Stated: First time	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>The registered person takes the views of service users and their representatives into account in deciding –</p> <ul style="list-style-type: none"> • what services to offer to them • the manner in which such services are to be provided <p>This relates to consultations with service users, next of kin, staff members and all key stakeholders. There also needs to be a robust action plan with timeframes and the person responsible for the action. The agency needs to focus on the quality improvement plan and stated the progress being made to improve the quality of the service being provided.</p>	Met
	<p>Action taken as confirmed during the inspection: We reviewed a sample of the monthly quality monitoring reports and deemed the agency to be compliant with this regulation.</p>	
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 13.3 and 13.5 Stated: Second time	<p>The registered person shall ensure that staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	Met
	<p>Action taken as confirmed during the inspection: All staff have had their appraisal with their line manager.</p>	

<p>Area for improvement 2</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the record maintained in the service user's home details (where applicable):</p> <ul style="list-style-type: none"> the date and arrival and departure times of every visit by agency staff 	Not met
<p>Action taken as confirmed during the inspection:</p> <p>We reviewed four service users' file and noted that there were significant deficits in three of the logs including unrecorded dates and times of calls or completed inappropriately in accordance with regulations.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry. They are kept in a safe place in the service user's home, as agreed with the service user, or where appropriate his or her carer/representative.</p>	Not Met
<p>Action taken as confirmed during the inspection:</p> <p>We reviewed four service users' file and noted that there were significant deficits in three of the logs including unrecorded dates and times of calls or completed inappropriately in accordance with regulations.</p>		

6.1 Inspection findings

Recruitment:

On the day of inspection, we reviewed four staff recruitment files. As outlined in Regulation 13, Schedule 3 a statement is required by the registered provider or the registered manager to confirm that the person is physically and mentally fit for the purposes of the work which they are to perform. This was not available in two of the recruitment files. There was also a gap in employment in one staff file and no evidence of any discussion of this during interview. It was further noted in one recruitment file that the previous employer was not contacted for a reference. All pre-employment checks should be completed prior to an employment start date being provided which is in line with Regulation 13 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An area for improvement has been stated in this regard.

The NISCC matrix reviewed confirmed all staff were registered with NISCC. The manager advised that staff registration is checked on a monthly basis and a reminder is sent to staff who are due to renew their registration. The manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed. Staff also confirmed their knowledge of this when providing feedback.

Service Users' files:

We reviewed four service users' files, in particular their daily logs. We noted that there were significant deficits in three of the four logs including unrecorded dates and times of calls, one missed call for one service user and two missed calls for another service user in a two week period or completed inappropriately in accordance with regulations. It was also noted that incorrect dates were being recorded by care workers in two service users' files. There was a signed audit sheet for the returned logs however the deficits were not being picked up through the system. It was discussed with the manager that daily logs are legal documents and needed to be completed appropriately. Two areas for improvement have been restated for the second time.

Comments from service users included:

- "I'm very happy indeed."
- "I couldn't wish for anything better."
- "If I need anything, I just have to ask."
- "My carers are very friendly."
- "First class."
- "They are chatty and friendly."
- "They know the ins and outs of what I need so I'm happy."

Comments from service users' relatives included:

- "No problems at all."
- "They promote my relative's independence."
- "They don't get the time to do a lot of chatting however they do chat throughout the call."
- "They are very sociable."
- "They all wear full PPE."
- "I am very happy with them."
- "xxxx (care worker) is absolutely brilliant and goes above and beyond."
- "Everything is 100%."
- "I have all the contact numbers I need. They are in the pack."
- "Three carers are absolutely brilliant."
- "xxxx (care worker) is absolutely first class in every way. I trust her."
- "xxxx (care worker) is there because she wants to do her job and she is very genuine."

Comments from care workers included:

- "They are very supportive."
- "Never wanted for anything. We have enough supplies of PPE."
- "I would recommend working for them."
- "Excellent company to work for."
- "I'm a happy camper!"
- "I'm very happy working for Platinum."
- "They are very good to us."
- "Everything is great."
- "My training is all up to date."
- "There is good support from management and if I have any issues, they are sorted out straight away."
- "There is always someone at the end of the phone, no matter what time it is."
- "They are always very good to me."

- “The runs are very well laid out.”

Comments from professionals included:

- “I consider Platinum Care to be a very professional organisation which delivers a high standard of care.”
- “Excellent flow of communication and consistently participate in care reviews.”

Seven service user/relative questionnaires were received and all the respondents were either very satisfied or satisfied that the care being delivered was safe, effective, compassionate and well led. Comments included:

- “Just brilliant service. Thank you so much.”
- “I have the best carers in the world.”

Covid-19

We spoke to the manager and to three staff members who were knowledgeable in relation to their responsibility in relation to Covid-19. Staff stated they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE. There was evidence that staff had completed training with regards to IPC and they had been provided with clear guidance.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19:

- Dissemination of information to staff.
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19.
- PPE storage and disposal.
- Staff training and guidance on IPC and the use of PPE equipment in line with guidance.

We reviewed records relating to IPC policies which were in-line with the guidance. The policies and procedures had been updated to include Covid-19.

The procedure and guidance in place show that:

- robust systems are in place to ensure that current IPC guidance is available and accessible to staff
- all staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service

Based on feedback it was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. During discussion with staff it was positive to note that they are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

Areas of good practice

Evidence of good practice was found in relation to Access NI, staff registrations with the NISCC, monthly quality monitoring reports, management of incidents and staff supervision and appraisals.

Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines, Covid-19 education and management including IPC measures.

Areas for improvement

One area for improvement was identified in relation to recruitment and two areas for improvement have been restated for the second time in relation to record keeping and auditing of logs.

	Regulations	Standards
Total number of areas for improvement	1	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 Mrs Mary Gillan, registered manager and Mrs Geraldine O'Cleary, 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 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(c)(d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection and ongoing</p>	<p>The registered person shall that no domiciliary care worker is supplied by the agency unless-</p> <p>(c) he is physically and mentally fit for the purposes of the work which he is to perform; and</p> <p>(d) 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 to gaps of employment being explained, references and a statement of fitness by the registered provider or the registered manager.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> - An HR point of contact has now been employed. Part of her role is to oversee that Fitness for Work sign off is complete within the induction process. This is recorded on individual staff folders. - A specific question has now been added at interview stage regarding gaps in employment. This is recorded and addressed at induction where necessary, where a written explanation is required before employment commences.

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

<p>Area for improvement 1</p> <p>Ref: Standard 5.2</p> <p>Stated: Second time</p> <p>To be completed by: immediately from the date of inspection and ongoing</p>	<p>The registered person shall ensure that the record maintained in the service user's home details (where applicable):</p> <ul style="list-style-type: none"> • the date and arrival and departure times of every visit by agency staff <p>Ref: 6.0 and 6.1</p>
	<p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> - We have amended recording sheets to include sign out time, next to where signature is added. Additional information has been forwarded to staff, including an amended record keeping policy. This is to aid staff in understanding the importance of accurate record keeping, along with the implications of non-compliance. - We have now employed 4 Team Leaders who will provide regular supervision of record keeping and training in the use of recording sheets. - We have introduced a process for recording cancelled calls for each individual service user. This is supervised and recorded both manually and electronically within the office. - Our OnePlan electronic clocking system is monitored daily, with a live television system alerting us of discrepancies in call times.

<p>Area for improvement 2</p> <p>Ref: Standard 5.6</p> <p>Stated: Second time</p> <p>To be completed by: immediately from the date of inspection and ongoing</p>	<p>The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry. They are kept in a safe place in the service user's home, as agreed with the service user, or where appropriate his or her carer/representative.</p> <p>Ref: 6.0 and 6.1</p>
	<p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> - We have introduced a form to be taken out by Team Leaders when a new client commences. This form is for the purpose of recording where folders and medication are located safely in their home, as per service user's request. - Record sheets have now been amended to include a 'Print Name' and signature section, in order to enhance legibility. <p>Team Leaders will supervise the implementation of these processes and report issues and improvements weekly, via team calls with the Training Compliance Officer.</p>

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



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