The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Platinum Support and Care Services Ltd

Provider: Platinum Support and Care Services Ltd

Date of Inspection: 20 November 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Platinum Support and Care Services Ltd
Responsible Individual/Responsible Person:	Mr Shaun Patrick Joseph McCook
Registered Manager:	Mrs Mary Gillan

Service Profile:

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, learning disability and physical disability. Services are commissioned by the Northern Health and Social Care Trust (NHSCT).

2.0 Inspection summary

An unannounced inspection took place on 20 November 2025, between11.30 am and 2.30 pm by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 18 December 2023; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this report.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of the service users/relatives who are in receipt of care and support; the care workers who work for the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

3.2 What people told us about the service and their quality of life

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us that they felt the service provided was 'good' and that the communication with the service was 'excellent'. The staff were described as being nice and never rushed. One service user told us that they have a good relationship with the carer; they are very caring and like to see them coming in.

Staff told us that the training was 'really effective' and that there are good communication systems in place. They described the manager as 'reliable' and 'approachable'. One told us that they 'love their job, management is excellent, and they are very happy'.

The information provided indicated that there were no concerns in relation to the service.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the NISCC Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a structured, induction programme, which also included shadowing of a more experienced staff member.

Records of all staff training were retained and were noted to be up to date.

Staff spoke positively about the training they receive and confirmed they received sufficient training to enable them to fulfil the duties and responsibilities of their role.

All staff received regular supervision and appraisals.

3.3.2 Care Delivery and Care Records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Care records were well maintained and regularly reviewed, and updated to ensure they continued to meet the service users' needs.

The eating and drinking care plan and risk assessments referenced the specific level of diet noted within the Speech and Language Therapy (SALT) Care Plan. It was positive to note that staff had completed training in dysphagia and the management of a choking incident.

A review of a sample of daily notes evidenced that they were legible, up to date and signed by the person making the entry. There was a system in place to ensure that completed daily notes were returned to the registered office on a regular basis, to ensure these were audited in a timely manner.

There was a system in place for identifying any missed calls; this included regular contact with service users and their relatives.

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Daniella Madden has been the registered manager in this agency since 18 December 2015.

There were monthly monitoring arrangements in place in compliance with Regulations. A review of the reports of the agency's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and Health and Social Care (HSC) Trust representatives if appropriate. The reports included details of a review of service user care records; accident/incidents; NISCC registrations, safeguarding matters; staff recruitment and training, and staffing arrangements.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. The manager was identified as the appointed ASC for the agency. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The annual safeguarding position report had been completed.

The Annual Quality Report was reviewed and was satisfactory.

Where staff are unable to gain access to a service user's home, the agency has a policy and procedure in place to direct the actions of staff.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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