

Platinum Healthcare Services Limited

Platinum Healthcare Services

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Platinum Healthcare services is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 23 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using the service and what we found

The service had been through a period of instability due to management staff leaving and staff sickness. Although improvements had been made to staffing, the registered manager and director continued to cover calls in response to staff sickness. This impacted on the time they had available to manage the service, which they recognised. However, there was no impact on the quality of care people received.

Staff received safeguarding training to help them recognise potential signs of abuse or neglect and were confident reporting their concerns. Risks to people's health were assessed with guidance in place for staff to help manage those risks. Staff, people and their relatives told us their care was not rushed and that staff had time to get to know people and their needs. Staff were trained in how to administer medicines safely and infection prevention and control. The provider and staff were committed to improving the service and continuous learning, to identify and drive improvements.

People's needs were assessed before they began using the service. Staff were given an induction and training to ensure they had the skills and experiences needed to carry out their roles effectively. When people needed support with their eating and drinking, information was included in care plans which described the type of support needed. The service worked with other health professionals and agencies to improve people's outcomes. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider recognised the importance of using people's past histories to support them and were proactive in supporting people's specific needs relating to their protected characteristics. Spot checks and audits were used to monitor the safety and quality of care people received. Continuous staff development to improve people's experiences of care were valued and promoted.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement and there were breaches of regulation (published 27 April 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements have been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 10 March 2022. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Platinum Healthcare Services on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Platinum Healthcare Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people, 6 relatives and 7 members of staff for feedback on their experiences of care and working for the service. This included the registered manager, nominated individual, care staff, community manager and office administrator. The nominated individual was responsible for supervising the management of the service on behalf of the provider. We also received feedback from a social worker. We looked at 3 people's care records, 2 recruitment files and a variety of documents relating to the management of the service. This included policies, procedures, a training matrix and quality assurance audits

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection improvements were identified in relation to reporting potential safeguarding concerns. At this inspection we found improvements had been made.
- Staff received safeguarding training to help them recognise potential signs of abuse or neglect and were confident reporting their concerns. One member of staff said, "I would report straight away any signs of abuse. Any changes to people's behaviour or body language could be a potential sign."
- The service worked closely with the local authority to help manage and respond to safeguarding concerns.

Assessing risk, safety monitoring and management

- At the last inspection improvements were needed to ensure catheter risk assessments and care plans were in place. At this inspection improvements had been made.
- Risks to people's health were assessed with guidance in place for staff to help manage those risks. This included an assessment of the home environment and hazards, and how the person would get out of their home in an emergency, such as a fire.
- One person who recently started with the service received care and treatment from district nursing for pressure sores. Care staff had limited involvement with this area of care, however, in response to feedback, a risk assessment and care plan was implemented which outlined when staff should report concerns about this person's dressings.
- Staff demonstrated good knowledge about managing potential risks to people's health and safety. One staff member said, "If there are any changes to a person's skin, such as a rash or discomfort, I report it straight to the office." Another staff member said, "I would report anything slightly concerning, such as sores or pressure areas. I can always call if I'm not sure about something."

Staffing and recruitment

- At the last inspection, staff raised concerns about staffing levels and the provider had not always staffed according to their risk assessments. At this inspection, improvements had been made.
- Staff, people and their relatives told us their care was not rushed and that staff had time to get to know people and their needs. When staff reported difficulties with travel time between care calls, this was adjusted to ensure they had enough time to get to each call. One relative said, "We have regular carers and have developed good relationships with them." Another relative said, "They don't time watch. They are patient, care centred and gentle."
- The provider told us recruitment, retention and staff sickness was their biggest challenge. They were actively recruiting and did not rely on agency staff if they had shortages resulting from staff sickness. The management team and office staff provided cover for care calls in the event of unplanned staff shortages.
- Relevant checks were carried out when recruiting new staff. This included references and Disclosure and

Barring Service (DBS) checks. When needed, risks assessments ensured staff were supported with phased returns to work and given extra supervision, support and monitoring to help them in their role.

Using medicines safely

- Staff were trained in how to administer medicines safely.
- When people needed help with their medicines, the level of support they needed was described in their care plans.
- Electronic medicine administration records (EMARs) were used to record when people received their medicines. This system prevented staff from administering medicines before required time frames. For example, it would not allow staff to administer paracetamol without the required gaps between dosage.
- Some people were prescribed medicines on an 'as required' basis for pain relief. There were no protocols to support the administration of these medicines. In response to our feedback, the service implemented protocols during the inspection.

Preventing and controlling infection

- Staff were trained in infection, prevention and control and provided with Personal Protective Equipment (PPE).
- Spot checks ensured that staff practice in relation to infection control and use of PPE met the provider's expectations and policies.

Learning lessons when things go wrong

- There was a process for staff to report and record accidents or incidents. At the time of the inspection, no accidents or incidents had been reported.
- The provider and staff were committed to improving the service and continuous learning, to identify and drive improvements.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- An initial assessment of need was carried out before people received care from Platinum Healthcare Services.
- This assessment gathered baseline information about people's physical and mental health needs and was used to develop risk assessments and care plans.

Staff support: induction, training, skills and experience

- Staff were given an induction and training to ensure they had the skills and experiences needed to carry out their roles effectively. One staff member said, "I did some shadowing and had 2 really good trainers, they were amazing. I had more face to face training to begin with and recently I've done a lot of online medication training. They had someone come out and train us, they also came out and observed us." Another staff member said, "The training was really good. I went out with [management team] and some of the team leaders. I did it online then watched it being put into practice in the community. It's been a very good mix of practical and online training."
- People and their relatives felt reassured with staff skills and approach to care. One person said, "No concerns at all, nor have my family. My family said everything has changed with me since having them. They're more confident I'm getting looked after, I'm more confident. They're brilliant, one of the best." A relative told us, "Carers understand my [family member's] needs and will report back to us each night. They know what's required. Anything they've noticed they'll report back to me."
- The care manager was passionate about training and development and had joined the 'Outstanding Academy'. They encouraged staff to undertake higher level training, which on completion provided them with a badge that was pinned to their lanyards, so they could show their achievements to people. For example, to promote positive mental health for people and staff, care staff could complete an optional level 2 training in mental health.

Supporting people to eat and drink enough to maintain a balanced diet

- When people needed support with their eating and drinking, information was included in the care plan, and described the type of support needed.
- People with specific nutritional needs had specific risk assessments and care plans to ensure staff had the information they needed to support people safely. This included whether people needed thickened fluids or special diets.
- One person was supported with their meals to encourage healthy eating. Their care plan was developed in partnership with them and included a personalised recipe book with ideas for healthier recipes, based on

this person's likes. Records of meals and calories consumed helped both the person and staff monitor their diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked with other health professionals and agencies to improve people's outcomes.
- We received positive feedback from staff and people about communication. Information about changes to people's health or their care was communicated effectively and quickly with care staff, people and their relatives.
- Staff were confident reporting changes in people's health and told us management were quick to act on their feedback. One staff member said, "We're constantly being given updates on clients", another comment was, "One person needed a chiropodist. I reported it and as soon as [the office] knew they were straight on it." A relative told us, "[Person] had a virus recently – the carer was absolutely clear [person] needed a doctor.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Where people needed assistance with making complex decisions, they had somebody who could support them to make those decisions in their best interests.
- When people lacked capacity regarding their care and treatment, mental capacity assessments were carried out. We identified some improvements to these records were needed to ensure they included evidence to support decision making. The service accepted our feedback and took action to improve mental capacity assessment records.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to establish systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection there was a lack of governance and oversight of the quality and safety of the service and we received negative feedback about staffing and working culture. At this inspection, improvements have been made.
- The provider used spot checks which provided oversight of staff practice and identified if any improvements were needed. This included refresher training. Log book audits were used to review daily notes and to review people's general health, medication changes and missed calls. However, checks were not always carried out at the frequency of the provider's policy which meant oversight and monitoring was yet consistent.
- The service had been through a period of instability due to management staff leaving and staff sickness. Although improvements had been made to staffing, the registered manager and director continued to cover calls in response to staff sickness. This impacted on the time they had available to manage the service and maintain consistent quality and governance checks, which they recognised. However, there was no impact on the quality of care people received.
- A new manager was due to start at the service and apply for their registration. This was so the provider and registered manager could focus their time on maintaining oversight of care practice in the community.
- There was a positive culture. The provider and management team were passionate about providing person centred care and the feedback we received from staff, people and their relatives reflected this. One staff member said, "For me, the carers care. They care so much about the clients and the company." Another staff commented, "I really enjoy it because they go above and beyond. They honestly do. It's the little things. We finish our shift but if someone needs shopping we go back and get it." One relative said, "[The service are] caring, supportive and treat people as individuals."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager and provider were open and honest in their understanding of what events and incidents needed to be notified to CQC, which required further learning.
- A recent safeguarding concern had been referred to the local authority but not us, CQC. In response to our inspection, a retrospective notification was submitted.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider recognised the importance of using people's past histories to support them and were proactive in supporting people's specific needs relating to their protected characteristics. The community manager gave examples of activities which linked to people's cultural heritage. For example, one person was provided with a book of pictures and songs from their birth country. This helped the person stay calm if they became distressed or anxious. Large print snap cards were made and laminated so they could be used for different people.
- Regular feedback was gathered from people and their relatives on their experiences of care to identify if any improvements could be made.
- Staff were made to feel welcome and valued. The provider had an open-door policy to encourage staff to visit the office if they had any concerns.
- A number of initiatives had been implemented to provide a supportive work environment for staff. This included health insurance, mental health support and vouchers for healthy habits. If staff struggled for meals because of the cost of living crisis, food was available in the office.

Continuous learning and improving care; Working in partnership with others

- The provider maintained a focus on continuous learning and developing staff skills. The community manager was a train the trainer and encouraged staff to undertake higher level training. One staff member commented, "Next I want to do the National Vocational Qualifications, even though I'm only part time."
- The community manager focused on going above and beyond for people. They developed dementia cards which included Platinum Healthcare Services' and next of kin details in case the person became disorientated when out in the community.
- Monthly food nights were introduced. For example, on Valentine's day the provider worked with a local delicatessen to develop a Valentine's day menu for people. For those who chose to buy the meal, staff delivered it to them.
- The provider worked closely with external health professionals and the local authority to promote positive outcomes for people.