

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Platinum Care Solutions

6 Russell Buildings, 86 West Street, Portchester,
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Date of Inspection: 12 November 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Details about this location

Registered Provider	Platinum Care Solutions Limited
Registered Manager	Miss Joanne Maryrose Barry
Overview of the service	Platinum Care Solutions Limited provides care and support in peoples' own homes.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

At the time of the inspection Platinum Care Solutions Limited was providing personal care and support for four people. We talked with one person using the service who said the agency was "very, very good – marvellous. As far as I'm concerned there's nothing I would change."

We spoke with the home care supervisor, the recruitment administrator and support worker, the office advocate and the training manager. One staff member told us "It's very supportive here. There's always someone to talk to, even out of hours."

People were informed about the service provided, and were involved in their care.

We looked at three care files, for people with varying support needs. We found that the planning and delivery of care promoted peoples' choices, dignity and independence, and was flexible to meet their needs.

People who used the service were protected because there were good systems in place to make sure staff were aware of the possibility of abuse and knew what action to take in the event of a suspicion or allegation.

There were effective systems in place to ensure people were safe because staff were subject to rigorous recruitment procedures and a thorough induction.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service had their needs met because the things that were important to them were established as part of the assessment and the support to meet those needs was provided.

People were given a brochure containing information about the services provided by the agency prior to their starting to use the service.

We spoke with the home care supervisor, who undertook assessments prior to a service being offered. Comprehensive assessments of need were on each of the three care files. Peoples' preferences, for example with regard to routines and personal appearance were recorded, and incorporated into the subsequent care plan.

We saw that people were involved in their care plans. People were asked their permission for the agency to discuss their care with identified others such as family members.

People received support in a way that ensured their independence and dignity were promoted because care plans described what they were able to do for themselves and the support they needed from staff. The staff we spoke with who planned and delivered care told us that it was important to know what the person could do for themselves, so that they were able to support them to be as independent as possible.

One area of the care plan was about choices and changes and it was recorded that people were able to make their own choices. We saw from the daily records how people were able to choose how they were supported on the day. For example people decided whether or not they had a shower. This demonstrated that the service was responsive to peoples' choices.

We saw how staff kept people informed when there was a change to their schedule, for

example when their usual support worker had returned from leave. From observing telephone conversations between office staff and people using the service it was clear that good relationships existed. Staff told us they always introduced new or different staff to people using the service.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Care plans put the aspirations and preferences of the person at the centre of their care. We looked at care records for three people using the service and found that the assessment, planning and delivery of support were coordinated. Each file contained a thorough assessment. This formed the basis of the individual care plan, which was written in such a way as to identify the goals the individual wanted to achieve. For each area of need the person was asked what was working, what was not, how did the person want this to change and who would make the change, and how the outcome would be measured.

From this, guidelines were produced for staff, detailing how the support should be given at each visit and enabling care to be consistent, reliable and effective. The daily records were returned to the office regularly. These were well written and detailed clearly what support people had requested and how this was provided.

We saw how the provider ensured people were safe because risk was identified and assessed, and managed through the care plans. Thorough environmental risk assessments were seen on file so that risk relating to the person's home could be minimised. Individual risk assessments seen related to identified areas of need or each person, so for one person this related to how they managed their medication for example. Another example seen was for a person using the service whose behaviour was sometimes challenging, and the detailed guidelines in place allowed staff to provide the support required whilst managing the risk.

We saw that care plans were reviewed and updated as required when a person's condition or situation changed. Individual records showed that the agency worked with other professionals involved in the delivery of care and treatment to ensure people received the support required. The daily records showed that support workers took appropriate action when they felt someone needed some medical support, contacting the office for advice and with the GP, and following up on the action required. This showed how staff supported people to maintain their health.

One person told us about their experience with the agency. They said it was "Marvellous. The carers are more mature and are on time. I have the same carers. As far as I'm concerned, there's nothing I would change."

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The local authority multi agency safeguarding policy was available in the office and we saw that the agency had a range of policies and procedures to underpin the provision of safe care and promote peoples' welfare. We saw the staff handbook, a copy of which was provided to support staff. This outlined the policies which provided safeguards for people using the service, such as whistleblowing, receiving gifts, key holding and unauthorised persons.

A comprehensive training programme in safeguarding adults was in place for staff and was included as part of the induction of new staff. We saw records and certificates on staff files confirming this. The training manager told us how she talked through scenarios with staff to encourage them to reflect on the issues and be aware of best practice, and the sessions were flexible so that time was spent on areas where more input was required for individual staff. The staff completed a workbook about safeguarding which was reviewed by the training manager and kept by the staff as a reference document. The workbook included clear guidance for staff to follow in the event of a suspicion or allegation of abuse, including a flowchart for ease of reference.

We spoke with a support worker about safeguarding the people using the service. They said they would recognise the signs and knew what to do if they felt someone was subject to abuse. They said they were confident that the manager or senior staff would deal with the matter.

We saw that people were safe because risk was identified, assessed and minimised. For example, one care plan we looked at was for someone whose behaviour was at times challenging. We saw that the provider had worked with the family and health and social care professionals. Clear guidelines were in place enabling staff to manage the situation safely and protect the person by avoiding triggers and organising the schedule of visits so that support workers were present at key times.

People were safe because the agency had effective recruitment procedures in place to ensure that staff were fit for their role. We looked at files for two of the four support staff with the recruitment administrator.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People were safe because the agency had effective recruitment and selection procedures in place to ensure that staff were fit for their role. We looked at files for two of the four support staff with the recruitment administrator.

The application form was thorough, and provided much of the information required to be held. Gaps in peoples' work history were explored. We found that appropriate checks were undertaken with the Disclosure and Barring Service and the Independent Safeguarding Authority.

Staff were interviewed, and records kept. Staff files contained the specified information as required. Two references were undertaken and we saw that an additional reference was obtained where one of the original referees had not responded.

We saw from the records that new staff undertook a thorough induction, including training and a period of shadowing more experienced support workers. Training included health and safety, moving and handling, fire safety, safeguarding, infection control, mental capacity and deprivation of liberty safeguards, first aid and food hygiene.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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