

Passion Recruitment Agency Limited

Passion Recruitment Agency

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Passion Recruitment Agency is a domiciliary care service providing personal care and support for people in their own homes. At the time of the inspection, they were providing support with personal care for two people.

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

People's risks were identified but staff were not always provided with guidance with actions they could take to reduce the possible risks. When a fall occurred care plans and risk assessments were not always updated and effective actions to reduce possible risk were not always identified. The provider had a process for the administration and recording of medicines, but this was not always followed. The provider had audits in place which were used to monitor the quality and recording of the care provided but these were not always robust enough to identify issues requiring action. We have made a recommendation for the provider to review the guidance on managing medicines in the community.

Relatives felt their family members were safe when they received care in their own home. The provider had made improvements to their recruitment process which enabled them to identify new staff with the required skills and experience for the role.

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. Staff completed appropriate training so they could meet people's care and support needs. Staff felt supported by the management. People's care needs were assessed and people with their relatives were involved in the development of their care plans.

Relatives were happy with the care their family member received. Relatives were aware of the process to raise any concerns about the care but they had not had cause to do so.

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 (published 8 June 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 the provider remained in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 9 March 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing, fit and proper persons employed and 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. We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this focused report.

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 remained as requires improvement. 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 Passion Recruitment Agency on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Passion Recruitment Agency

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 was carried out by 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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at a range of records which included the care record for 2 people, 3 care workers' files and a range of records including those used for monitoring the quality of the service, such as audits and policies. Following the inspection, 2 relatives provided feedback via email and we received feedback from 4 care workers.

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. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure care workers had appropriate guidance to assist them to provide care in a way that reduced possible risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Though some improvements had been made at this inspection further improvements were required, and the provider was still in breach of regulation 12.

- A range of risk assessments had been developed which identified a risk associated with the person's health or wellbeing but some of them lacked information for staff on how mitigate these risks.
- A health risk assessment had been completed which identified the medical conditions the person was living with for example if a person was living with a heart condition. The assessment indicated if the person took medicines and if the staff were involved with their administration. The risk reduction measures stated staff to report and record any concerns to the office. There was no guidance for staff on how the medical condition could affect the person and what they should be monitoring.
- The moving and handling risk assessment identified if people required support with a range of activities including getting up from a bed or chair and walking. However, the only guidance was for staff to assist people and if any equipment such as a walking frame was used.
- In the sections of the risk assessment about balance and weight bearing the guidance was "Care workers to follow the moving and handling for mobility in place" and this guidance was to use a zimmer frame but there was no further guidance on how to reduce possible risks when helping the person transfer.

The provider did not always ensure staff had the guidance to mitigate identified risks to people's health and wellbeing. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A risk assessment was completed in relation to the home environment in which care was to be provided to identify any possible risks to the person or the staff member.
- A fire action plan was completed to indicate how to evacuate from the property in case of a fire.
- A falls risk assessment was in place which indicated if there were any issues which could increase the person's risk of falls for example a medicine which could make the person feel dizzy.

Learning lessons when things go wrong

- The provider had a procedure for the recording of incidents and accidents, but we found that, when a fall

had occurred, people's care plans and risk assessments were not always updated to reflect the circumstances of the fall and any impact on how care was provided.

- The records for 1 person indicated they had experienced a fall with the staff member present and their falls risk assessment had not been updated following the fall to indicate what occurred.
- The incident and accident record identified this person should not be left on their own as the action to be taken to reduce the risk of further falls, but this was not achievable as the staff member was not able to supervise the person all the time. There were no other actions identified to mitigate the risk. Therefore, the provider did not have a robust system in place to ensure records were updated and to identify how to reduce further risks following a fall.

The provider did not ensure care plans and risk assessments were updated following an incident and accident and that appropriate action was identified to mitigate any risks. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- The provider had a process for the administration and recording of medicines, but this was not always followed.
- The records of the care provided for 1 person which were completed by staff indicated that the staff member had administered an over-the-counter medicine which had not been prescribed and was not identified in the care plan. The possible interactions this medicine could have with the prescribed medicines had not been identified and there was no guidance in place for staff in relation to the administration of the medicine.

We recommend the provider reviews the National Institute for Health and Social Care guidance on managing medicines for adults receiving social care in the community.

- The medicines administration record (MAR) included information on the dosage of each prescribed medicine, a description of what the medicine looked like, any side effects and when it should be administered.
- Staff had completed training in relation to the recording and administration of medicines with an assessment of their competency being completed to check their understanding.

Staffing and recruitment

At our last inspection the provider did not have robust quality assurance processes in place to identify where improvements were required. This was a breach of regulation 18 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 18.

- The provider had made improvements to their recruitment process. We reviewed the recruitment records for 3 staff members. Checks completed included 2 verified references, the applicant's right to work in the United Kingdom, any visa restrictions and a Disclosure and Barring Service check for any criminal record. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Relatives told us staff turned up on time and provided all the care required for each visit. A relative commented, "We are grateful cover is seamless and the company's flexibility and ability to deal with change according to our requests at short notice is exemplary."

- Care workers told us that during each visit they had enough time to complete all the required support tasks. They also had enough time to travel between visits so they arrived on time.

Systems and processes to safeguard people from the risk of abuse

- The provider had a procedure relating to the reporting and investigation of any concerns which were raised relating to the care provided.
- Relatives told us they felt their family member was safe when they received care in their home.
- Staff confirmed they had completed training on safeguarding adults and we saw certificates to evidence this. Staff demonstrated a good understanding of what safeguarding meant and how it related to when they provided support for people.
- At the time of the inspection no safeguarding concerns had been identified so we were unable to review any records or investigations.

Preventing and controlling infection

- The provider had a procedure for the prevention and control of infection. Training certificates showed that staff had completed training on infection control which was confirmed by staff.
- Staff told us they had access to personal protective equipment (PPE) which they used when providing care. A staff member said, "I have enough gloves, masks and aprons."
- The provider had developed COVID-19 risk assessments for both people receiving support and the staff. The risk management plans identified any characteristics which could indicate an increased risk of catching COVID-19 and how those risks could be managed.

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.

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured care workers had received appropriate training and support to meet people's specific care needs. This was a breach of regulation 18 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 18.

- People were provided care by staff who had received suitable training and were supported by senior staff in their role. Relatives felt the staff who visited their family member had the appropriate training and skills to meet their care needs. A relative said, "They are trained and well skilled to provide the care for [family member]".
- We reviewed the employment records for 3 staff members, and we saw training certificates which identified a number of training courses which had been completed by each staff member. The training courses included first aid, moving and handling, diabetes, health and safety and end of life care. Staff members confirmed they had completed both face to face and online training courses.
- New staff members shadowed an experienced staff member before they started to provide care. Records indicated that regular spot checks and observations of practice were carried out.

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

- A detailed assessment of people's support needs, wellbeing and wishes in relation to their care was completed before care visits commenced. Relatives confirmed they were involved in the assessment process and the development of the care plan and risk assessments.

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

- People were supported to have enough to eat and drink. Staff confirmed they had completed food hygiene training and explained how they supported people with meals. A staff member said, "Yes, I help my client to serve her food and prepare. I always wash my hands and wear my gloves before serving food to the client."
- An eating and drinking risk assessment had been completed for each person which identified any specific dietary requirements and who provided the food. It also indicated if the staff were to provide support with preparing food and/or serving food and drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People's health and wellbeing needs were identified in their care plans. Staff were provided with information on the medical conditions each person was living with.
- The registered manager explained that if it was identified that the person needed to see a healthcare professional the person's family would be informed so they could arrange an appointment.

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.

- Care was being provided in line with the principles of the MCA. The provider had a process to assess people's ability to consent to aspects of their care.
- Staff demonstrated they had a good understanding of mental capacity and how it impacts the way they provide people with support. A staff member said, "Mental Capacity means that we should always assume that our service users have the capacity to make decisions until it has proven that they do not have capacity. In my daily caring job, it means that I always take consent from my service users before I start providing the care."

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. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider did not have robust quality assurance processes in place to identify where improvements were required. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider has developed a range of quality assurance processes to monitor the care being provided and the records, but these were not always robust enough to identify issues.
- Audits were carried out on the MAR and the records completed by staff to demonstrate what care had been provided. We reviewed the records of care for 1 person and we saw on a number of occasions a staff member had completed the MAR indicating they had administered the medicines at a specific time. A different staff member had completed the records of care stating they had given these medicines not the other staff member. The audits of both these documents had not identified the discrepancy between the information.
- In addition, the audits of the records of the care provided did not identify that a staff member had been recording they had administered an over-the-counter medicine which had not been noted as part of the care plan. This meant the checks carried out were not robust enough to indicate where actions were required.
- The provider did not have robust system to manage risks which had been identified. Risk assessments did not always provide staff with guidance on actions which could be taken to reduce possible risks when providing care.

The provider did not always have robust quality assurance processes in place to identify where improvements were required. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The records for food and fluid intake were audited each month to monitor if the records reflected how the person was supported with their meals and drinks.

Managers and staff being clear about their roles, and understanding quality performance, risks and

regulatory requirements; 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 demonstrated an understanding of the roles and responsibilities of being a registered manager.
- The provider had developed a range of policies and procedures which reflected current legislation and best practice. A policy of the month was discussed at monthly staff meetings and recorded in the minutes.
- The registered manager had a good understanding of the duty of candour in relation to their role and the provision of care. They told us, "I must be honest if there is anything wrong. I give my honest opinion and not lie about anything and submit notifications to the CQC."
- Relatives confirmed they were aware of how to raise any concerns or complaints but had not had the need to. The relatives also told us they had been provided with contact information for the office and the information provided about the care was clear.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The care people received was person centred. People's care plans included background on the person's social history, detailed information on how the person wanted their care provided and any communication support needs.
- Relatives told us they were happy with the care which was provided for their family member and felt the service was well run. A relative commented, "Yes, the service is well run, we can contact them throughout the day to notify them of any changes, to better suit my [family member]. They also provided a carer to help [a relative] take him to the GP."
- Relatives confirmed the provider involved them and the person receiving support in the development of the care plan. They also said that staff members treated their family member with respect and maintained their dignity when providing care. Staff members supported people to maintain their independence.
- The registered manager explained they had regular contact with people receiving support and their relatives to obtain feedback on the care and ensure people's care needs were being met. Monthly telephone monitoring were completed and the feedback was all positive.
- Staff told us they felt support by the registered manager and other senior staff. Their commented included, "Support from my manager has been there since the day 1. The manager and everyone at the office are very supportive" and "Passion Agency is fair to me as they always like to listen to me and what I feel. All the staff in the office are really kind and helpful. They all guide us to do the right thing and correct us when we are wrong."

Working in partnership with others

- The registered manager explained the provider worked with various religious voluntary organisations.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The risks to health and safety of service users of receiving care and treatment were not assessed and the provider did not do all that was reasonably practicable to mitigate any such risks.</p> <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity</p> <p>The registered person did not have appropriate checks in place to assess, monitor and mitigate the risks relating health, safety and welfare of services.</p> <p>Regulation 17 (1)(2)</p>