

Passion Domiciliary Care Ltd

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Inspection report

19 Brook Street Business Centre
Brook Street
Tipton
DY4 9DD

Date of inspection visit:
26 July 2023
27 July 2023
03 August 2023

Date of publication:
29 August 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Passion Domiciliary Care Limited, provides personal care within people's own houses and flats. At the time of our inspection 6 people, were 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 this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Culture: The provider's governance was ineffective to ensure the inclusion of equality and diversity during the assessment and care planning process. Monitoring systems did not identify the absence of training regarding specific needs of people from different ethnic groups and those who had a diagnosis of diabetes. The governance did not identify the relevance of medicines training to ensure the registered manager had the skills to carry out medicine competency assessments.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff supported people to be independent and to ensure their safety whilst doing so.

Right Support: 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 support this practice.

Right Care: People received kind and compassionate care. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

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 27 July 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive

inspections.

Why we inspected

We carried out an announced comprehensive inspection of this service on 15 June 2021. A breach of legal requirement was found and the provider was issued a warning notice. 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 whether the provider had complied with the warning notice, and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe 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 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 Domiciliary Care Ltd on our website at www.cqc.org.uk.

Enforcement

We have identified a breach of regulation in relation to 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 and local authority 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Passion Domiciliary Care Ltd

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.

Inspection activity started on 26 July 2023 and ended on 3 August 2023. We visited the location's office on 3 August 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

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.

During the inspection

We spoke with 3 relatives about the care provided to their relative. We spoke with 2 care staff and the registered manager.

We reviewed a range of records. This included 4 people's care records. We looked at 1 staff file in relation to recruitment. A variety of records relating to the management of the service, including policies, procedures and audits were reviewed.

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 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.

Preventing and controlling infection

- At our previous inspection in June 2021, we found the provider was not following recommended government guidance to avoid the spread of COVID-19. Since that inspection COVID-19 restrictions are no longer in place.
- At this inspection staff told us they had received infection, prevention and control training, and the training records evidenced this.
- People told us staff frequently wore personal protective equipment (PPE) and they had no concerns about hygiene practices.
- The provider had an infection, prevention, and control policy in place, that was accessible to staff. This policy provided relevant information about how to reduce the spread of infection.

Staffing and recruitment

- At our previous inspection we found staff recruitment procedures were unsafe. For example, where a staff member had a positive Disclosure and Barring Service check, a full risk assessment had not been completed. Prospective staff's full employment history had not been explored. At this inspection we found action had been taken to ensure all staff recruitment safety checks were carried out.
- At the time of the inspection the registered manager told us, the staff member with the positive DBS was no longer employed with the agency. However, the registered manager assured us a risk assessment would now be carried out for any prospective staff who had a positive DBS.
- Staff had not received relevant training to ensure they had the skills to support people with diabetes. There was no emphasis focused on equality and diversity to ensure people's specific needs were met.
- Staff told us prior to commencing employment, references were obtained, and Disclosure and Barring Service (DBS) check was carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager said they had sufficient staffing levels to meet people's assessed needs. People told us there were always enough staff to care for them and they had never experienced a missed call.

Using medicines safely

- People were supported by staff to take their prescribed medicines. However, medicine competency assessments were carried out by the registered manager who had not received any training to deem them competent, to do so. This meant people could not be confident staff would be appropriately supported to

manage medicines safely.

- Medicines risk assessments were in place to support staff's understanding about how to manage medicines.
- Staff told us they had received medicines training and the staff training records evidenced this.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- One person told us they felt their relative was safe whilst receiving care and support from staff. They said, "[Person's name] often tells me how nice the staff are." Another relative told us, "The staff are so kind and respectful."
- Staff demonstrated a good understanding of various elements of abuse and were aware of external agencies to share concerns with, to safeguard people from further harm.

Assessing risk, safety monitoring and management

- Risk assessments were developed with people's involvement, to promote their independence whilst ensuring their safety.
- Staff were aware of the importance of checking equipment before using them to ensure they were safe to use.
- We observed risk assessments were in place with regards to people's environment, their health condition, medication and moving and handling.
- Staff demonstrated a good understanding about how to reduce the risk of avoidable harm to people.

Learning lessons when things go wrong

- At our previous inspection, the provider was issued a warning notice for the non-compliance of a regulation. The registered manager took action to address the shortfalls identified in the warning notice. However, at this inspection we found other areas of non-compliance.
- The registered manager had systems in place to review the service delivery for trends.

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. At this inspection 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.

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

- At our previous inspection the provider was in breach of regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider had not followed government guidance with regards to the COVID-19 pandemic. It was also identified that the provider's staff recruitment practices were not robust.
- At this inspection we found the provider had taken action to address the breach of regulation identified at the last inspection. However, we found further shortfalls which meant they continued to be in breach of the regulation.
- The governance did not identify the relevance of the registered manager requiring medicines training, to deem them competent to carry out medicine competency assessments.
- Equality and diversity had not been identified through the provider's governance. For example, 1 care record misrepresented a person's ethnicity. A certain part in relation to the person's personal care needs was missing in their care plan. The person's relative told us, they carried out the necessary personal care needs which, had not been carried out by staff. The registered manager assured us action would be taken to address this and to work more closely with families to ensure the person's needs were fully met.
- A number of people who used the service had diabetes. However, diabetes training had not been identified through governance. This meant staff may not have the necessary skills to support people with their diabetes.

The provider's governance did not identify the relevance of equality and diversity during the assessment and care planning. The absence of this training placed people at risk of their specific needs not being met. Governance did not highlight the need for the registered manager to undertake relevant training, to deem them competent to undertake medicines competency assessments. This is a continued breach of regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked hard to instil a culture of care in which staff truly valued.
- The registered manager was enthusiastic in providing a quality service to ensure people's assessed needs were met. For example, 1 person who used the service did not have any means to call for assistance if and when needed. The registered manager purchased a mobile phone for them.

- People told us they were happy with the care and support provided and they felt valued.

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 had a good understanding of the duty of candour, and the importance of being open and transparent if things go wrong.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- The registered manager carried out frequent spot checks and was also, 'hands on' in delivering care. During this time, they obtained people's views and opinion in relation to the service. For example, 1 person who used the service was very specific about infection, prevention, and control. The registered manager worked closely with the person and put systems in place to alleviate their anxiety.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- At the time of the inspection the registered manager told us they were in the process of commissioning further training for staff.

Working in partnership with others

- The provider worked closely with other healthcare professionals and external agencies to ensure people received a seamless service. These included, specialist dementia nurse, GP, befriending service, amongst others.
- Discussions with the registered manager and the records we looked at identified people had access to various agencies. This joint working meant continuity of care for people using the service.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance did not ensure the inclusion of equality and diversity, during assessment and care planning. Monitoring systems did not ensure staff had access to relevant training with regards to people's specific ethnicity and health conditions. The provider's governance did not ensure medicines competency assessments were carried out by a qualified person.</p>