

Passion Tree Care Services Ltd

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Inspection report

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08 March 2023
14 March 2023
15 March 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Passion Tree Care Services Ltd a domiciliary care agency providing personal care to people in their own houses and flats. The service provides support to older people, some of whom may have dementia, and people with a learning disability or autistic people. At the time of our inspection there were 199 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.

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.

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

Right Support:

People were supported by staff who had been recruited safely.

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 supported people with their medicines in a way that promoted their independence.

Right Care:

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People's care, treatment and support plans reflected their range of needs.

The provider had systems to safeguard people from the risk of abuse and monitor the quality and safety of the service. We have made a recommendation to ensure documentation demonstrates this effectively.

Right Culture:

People and those important to them were involved in planning and reviewing their care.

People were cared for by staff who felt well supported by the managers.

The provider worked effectively with other professionals.

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 16 February 2021) and there was a

breach of regulation. 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 had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider review current best practice to ensure effective quality and safety monitoring processes. At this inspection we found the provider had improved the processes.

Why we inspected

We carried out an announced focused inspection of this service on 9 December 2020. 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 safeguarding service users from abuse and improper treatment.

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 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 Passion Tree Care Limited on our website at www.cqc.org.uk.

Recommendation

We have made a recommendation relating to effective documentation of safety and quality monitoring.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Passion Tree Care Service 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 2 inspectors and 2 experts by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 were 2 registered managers in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a DCA 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 27 February 2023 and ended on 15 March 2023. We visited the location's office on 8 February 2023.

What we did before the 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. 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 the registered managers, reablement manager and quality manager. We gained feedback from 19 members of staff, 12 people who used the services and 15 relatives. We reviewed 7 people's care records. We reviewed training and supervision records and documents relating to the management of the service including policies and 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

- The provider had systems to protect people from abuse. They made referrals to the local authority and investigated concerns.
- Staff received safeguarding training and would escalate concerns. A member of staff told us, "I would report to the office, so they are aware."
- People we spoke with told us they felt safe. A person said, "I definitely feel safe with the carers as they know what they are doing." Another person said, "I feel safe and happy with my care."

Assessing risk, safety monitoring and management

- Staff completed care plans and risk assessments which described people's needs. This included physical needs as well as behaviour related risks. For example, a person was at risk of not eating; guidance for staff included to assist with feeding when required and to check food expiry dates.
- People and their families were involved with care plans and reviews. A person told us, "When I first needed to have care, the manager came to see me at a care home, and they completed a care plan and understood my condition and what care I required." Another person said, "They come and do care reviews and they phone up to see if things are alright."
- The service provided some people with reablement care. This is short term support for people until they regain their independence. These care plans were less detailed, and some gave little advice for staff on how to promote reablement. However, we reviewed a progress form where it was identified a person had achieved independence at lunch time meaning the visits could be cancelled. A member of staff told us, "We try and get them to do as much as they can safely for themselves."
- The service had an electronic call logging system monitored by a separate team. They would receive an alert if staff had not arrived within 15 minutes of the visit time. They also received alerts if people's medicine administration had not been recorded on the system. There had not been any missed visits since April 2022 and most visits were made on time. Most people and staff we spoke with confirmed there were no issues with the timeliness of visits.

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 Mental Capacity Act (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 found the service was working within the principles of the MCA.
- People's care plans gave details if there was a Lasting Power of Attorney (LPA). An LPA allows an individual to make best interests decisions for and on behalf of a person who lacks capacity to make the decision themselves.
- Staff received training in MCA.

Staffing and recruitment

- Staff had been recruited safely to the service, with appropriate background checks completed.
- The service had enough staff to meet people's needs. A member of staff stated, "We do have enough staff to provide clients with their visits." A person told us, "The carers arrive on time and stay for the amount of time they are supposed to."
- People received consistent care. Most of the people we spoke with told us they tended to receive care from the same people at the same time and they stayed for the full visit time. A person said, "I have the same carers." Another person told us, "They stay for the time they are supposed to and although times of calls can vary, it has not caused me any problems. There have been no missed calls and I don't feel rushed when the carers are looking after me."

Using medicines safely

- People were supported to take their medicines by trained staff. A person said, "They help me with my medications and there have never been any problems." Another person told us, "They will put my tablets in a cup and then hand the cup to me so I can take them."
- Staff were able to describe what they would do if they had issues. For example, if a person was refusing to take their medicines. A member of staff told us, "I inform the supervisor and put it in my notes."
- The service had arranged for staff competency in medicines administration to be assessed annually and implemented a tracker to monitor it. This was in response to feedback from the local authority who had identified previous spot checks were not robust enough.

Preventing and controlling infection

- The service had an up-to-date infection prevention and control (IPC) policy.
- Staff received training in IPC and separate training in Personal Protective Equipment (PPE) and coronavirus infection awareness.
- People told us staff used PPE correctly. A person said, "They always wear masks, aprons and gloves." Another person told us, "The carers wear their PPE and uniforms."

Learning lessons when things go wrong

- The registered managers shared information with staff. We saw evidence in team meeting minutes of issues being addressed. These included advising staff of the importance of detailed documentation, reminders to monitor people's skin integrity as well as guidance following a fall or issues with medicines.
- Staff were able to describe what they would do if an incident occurred and confirmed information was shared with them. A member of staff said, "They are pretty good with that; there is a [messaging app] group where they say 'please be aware of...'"

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 has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 provider had improved management of safeguarding concerns since our last inspection; they were identified, reported and investigated. A tracker had been created to monitor these, we found there was not always enough detail to understand what had happened and action taken, and 4 safeguarding concerns had not been notified to CQC. However, managers were able to clarify those we looked at and added a step to the process, for the CQC reference to be included on the tracker to help prevent notifications being missed.
- The provider had quality monitoring processes. The quality manager reviewed people's care records and monitored staff spot checks, 1-1 meetings and appraisals; these were assigned to a team leader when they were due. Discussion with managers suggested they identified areas for improvement and addressed these. For example, additional moving and handling training was arranged for staff when required and support provided for staff who had not included enough detail in their notes. However, these actions were not always evidenced well in the documentation.

We recommend the provider reviews their documentation to ensure they demonstrate effective oversight of the service.

- The provider had identified neglect as a theme from safeguarding concerns. This related to a lack of attention to detail from staff. The provider introduced a post-visit spot check, whereby senior staff visited a person straight after care had been provided. These involved checking the environment, food and medicines, as well as ensuring the person was well presented.
- The provider completed audits. We found those relating to staff files were very thorough and recommendations following the recent local authority visit had been followed up to include improved competency assessment of medicines administration.

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

- People and their families gave mostly positive feedback about the care they received. A person said, "It's nice to be looked after in my own home and not a care home or hospital."
- A relative told us, "I know [person] is getting the best treatment and care that anyone can provide."
- Staff achieved positive outcomes for people by supporting them with their independence. For example, a

person who was supported with medicines by staff, self-administered pain relief. A person told us, "I had the carers from Passion tree when I came out of hospital, and they have helped me get back on my feet, so I don't need as much help as I first needed." Another person said, "They will help me get washed but I am very independent, and they respect that, and encourage me to do things for myself."

- Some people described issues with communication. A person told us, "I feel safe with the carers, but I don't always understand what they are saying as they speak so quickly." Another person said, "The office staff are polite, but sometimes they misunderstand requests." We were also told, "They are all very kind and although sometimes there is a problem with language, we understand each other." We saw in team meeting minutes support had been offered to staff to improve their understanding and use of language.
- Managers were responsive to feedback. Some people described not all tasks being completed. A person said, "The bins are always full. They are not as tidy as they should be." Another person said, "They do need to wash the dishes properly and not just rinse them under the running water." A relative told us, "1 carer left without doing anything, didn't check [person] had taken tablets or had breakfast. I rang the office, and they got the carer back to deal with [person's] care properly and I showed [them] what to do." Managers had addressed these issues with staff and introduced additional spot checks.

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

- The provider sought feedback from people via annual surveys. We reviewed the results for February 2023 which showed most people were very satisfied. However, the response rate was low, and the totals did not add up to the number of respondents. There was no evidence of action taken where scores were low.
- People we spoke with described some issues they had with the service previously; most of these appeared to have been resolved. A person said, "I have complained about carers not being regular. They have listened to me." Another person told us, "The incident of a carer coming in and chatting to someone on their phone, whilst providing care to me, no longer happens, this was resolved after I contacted the manager."
- Staff felt supported by managers and other staff. A member of staff told us, "The managers are always ready to support whenever called upon." Another member of staff said, "I do know who to speak to when and if I have concerns. The manager is brilliant and always has a listening ear and willing to provide support." We were also told, "I also have the right support from my manager and have a team of people to speak to if there are any concerns."

Continuous learning and improving care

- The provider was responsive to feedback. Following a visit from the local authority they had audited their staff records and taken action to address an issue with the frequency of staff medicines competencies.
- The provider was focused on understanding the needs of people with learning disabilities and autistic people. They were booking an autism reality course and had the Oliver McGowan mandatory training. A member of staff said, "I just did some autism training, I've done this for years and still learnt something."

Working in partnership with others

- People's records showed referrals to other services made as required. For example, we saw occupational therapy were contacted for a person who needed additional equipment.
- People we spoke with confirmed contact was made with other services when needed. A person told us, "My carer contacted the district nurse as I had a sore foot due to a pressure sore, so the district nurse came out to visit me." Another person said, "1 of the carers liaise with the OT and has sorted out the slings for me."
- Staff had arranged use of a named occupational therapist and physiotherapist as part of their reablement service.