

Passion 4 Care Ltd

# Passion 4 Care

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Passion 4 Care is a domiciliary care agency providing personal care to adults and children with a range of support needs in their own homes. At the time of the inspection they were supporting 17 people who were all adults.

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

Staff did not always effectively record the monitoring of risks to people. The provider had however, identified this and put actions in place to ensure staff accurately recorded completed checks.

Staff did not always accurately complete people's medicine administration records, we found for one person their medicine was required once a day but recorded up to four times a day. The registered manager, however actioned this immediately.

People were supported by staff who were trained to recognise and report on potential harm or abuse. Staff were safely recruited to support people. People's relatives confirmed they had consistent staff who stayed for the duration of the calls. Staff received training in relation to infection, prevention and control, COVID-19 and in the use of personal protective equipment (PPE).

People's needs were assessed and used to formulate a plan of care which were reflected of their choices. People's individual needs were met by staff who were trained to support them. People were supported with their nutritional needs and to maintain a healthy diet. Staff worked with other health and social care professionals as and when required to meet people's needs. People had access to health care services when required.

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.

People were supported by staff and treated well. People and their relatives were involved in the delivery of care and any decisions made. People's privacy and dignity was respected, and staff promoted their independence.

People's care was person centred and provided them with choice and control. People's care plan detailed their communication needs. People were supported to maintain relationships and follow their interests, staff supported them to avoid social isolation. People and relatives knew how to complain, and when the provider received a complaint it was acted on.

Staff and managers shared an open and honest culture, which achieved good outcomes for people. Managers and staff were clear about their roles and the service involved and engaged staff and people using

the service to improve care. The provider had quality assurance checks in place and when areas for improvement were identified they acted immediately to make changes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
This service was registered with us on 10/10/2018 and this is the first inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about safeguarding concerns when supporting with personal care, call times, inconsistency in staff and medicine errors. A decision was made for us to inspect and examine those risks. We identified however; these concerns were not connected to this service. This service had been registered for some time and still required an inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, caring, responsive and well-led sections of this full report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Good** 

# Passion 4 Care

## **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 Care Act 2014.

#### Inspection team

This inspection was carried out by one 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure the provider or registered manager would be in the office for the inspection.

Inspection activity started on 4 August 2021 and ended on 12 August 2021. We visited the office location on 4 August 2021.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. 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 prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, senior care workers, and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff did not always effectively record the monitoring of risks to people. For example, one person required regular skin checks, however staff had not recorded when this had been completed. Whilst we found no risk of harm, staff could not evidence these checks had been carried out. The provider however, had identified this prior to our inspection through reviewing the same daily records and put actions in place to ensure staff accurately recorded completed tasks.
- The provider informed all staff to record all completed checks and were provided with a sample sheet of what to record when monitoring people's skin integrity.
- Staff were aware of people's individual risks and they confirmed the actions they would take to escalate any concerns they had.
- One relative told us, "If staff are concerned, they will call me at work to notify me, this never happened with previous care services."

### Using medicines safely

- Staff did not always accurately complete people's medicine administration records (MAR). We found for one person, where their medicines were to be taken once daily, their MAR showed staff had recorded these up to four times a day for the month of July. We found however, there was no evidence of harm, and the provider acted immediately to investigate the errors.
- Following the inspection, the registered manager followed this up with the staff member and sent out an urgent memo on medicines and MARs which all staff were requested to read and sign to prevent reoccurrence. This included guidance and information when supporting people with medicines. We also reviewed the person's MAR for the previous month and staff had accurately recorded their medicines as prescribed.
- Senior staff also planned to regularly review people's daily records to ensure staff kept accurate records.
- We found for those who could, staff encouraged people to take their medicines independently. People's care plans detailed their medicine requirements and self-medicate risk assessments were in place where required.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were supported by staff who were trained to recognise and report on potential harm or abuse. People and their relatives told us they felt safe when staff delivered care. One relative told us, "Since being with them a massive weight has been lifted, [Person's name] is in safe hands."
- Staff were aware of how to report and escalate any concerns they had, although at the time of our

inspection there were no reported safeguarding concerns.

- Lessons were learnt when things went wrong. For example, when informed of concerns raised to the local authority, the provider investigated and made changes to improve care.

#### Staffing and recruitment

- The provider completed safe recruitment checks to ensure staff were suitable to work with people using the service.
- People's relatives told us they had regular staff, who arrived for calls on time and they never missed calls. Concerns were raised with the local authority about people not being supported by the correct number of staff as commissioned, however one member of staff told us, "This never happens", and people's relatives told us they always had the correct number of staff deliver care.

#### Preventing and controlling infection

- Staff received training in relation to infection, prevention and control, COVID-19 and in the use of personal protective equipment (PPE).
- Staff confirmed managers updated them with any changes and information on relevant COVID-19 guidance.
- People and their relatives told us staff wore PPE during their calls. Staff told us they had access to PPE when required, and the provider confirmed they had no shortages in PPE.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were assessed and used to formulate a plan of care which were reflected of their choices.
- People and their relatives confirmed they were involved in the planning of care, and we saw care plans documented people and their relatives' input. One relative told us staff discussed care plan reviews with both the person and the relative, "They [staff] listen to her [Person's name] input and include her."
- People's records detailed their local authority assessment which provided staff with a further background and history of the person.

Staff support: induction, training, skills and experience

- Staff received training to meet people's individual needs. As part of their induction, they completed shadow shifts to ensure they were competent in the role. Further spot and competency checks were completed regularly, along with supervisions to support staff to effectively meet people's needs.
- People's relatives confirmed staff knew how to effectively support their loved one. One relative told us, "Staff go above and beyond, my wife is always smiling."
- People had regular carers to provide continuity of care. People's relatives confirmed staff spent time getting to know them as a family.

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

- People were supported with their nutritional needs and to maintain a healthy diet.
- Staff monitored people's fluid and food intake where required and reported any concerns they had.
- People's relatives told us staff always supported their loved ones with meals and drinks. One relative told us, "Staff always made sure [Person's name] had eaten before they left." Another relative told us, "Staff always engage him [Person] and support him with his food."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other health and social care professionals as and when required to meet people's needs.
- Staff confirmed they had regular communication with GP's, district nurses and other professionals and completed referrals when required. One staff member told us, "We work closely with the Community Psychiatric Nurse (CPN) for one service user for medication changes and regular monitoring."

Supporting people to live healthier lives, access healthcare services and support

- People had access to health care services when required.

- Staff supported people to access community healthcare services, and their care plans detailed what support was required.

#### 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 Act 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.

- Staff received training on the mental capacity act and understood what this meant for people and how to meet their individual needs.
- People's care plans included assessments of their capacity in line with the principles of the MCA. When required, people were supported with decisions and choices and staff gained consent before delivering care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff and treated well. People's relatives told us how caring staff were, and staff told us how they built relationships with people and their relatives. One relative told us, "The care is absolutely phenomenal, they [staff] are fantastic with him [Person]."
- People's equality, diversity and religious needs were respected by staff, and their care plans detailed their ethnicity and religion.
- People's care plans details instructions to staff to keep areas clean, where care had been delivered. This ensured people were well treated and respected.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in the delivery of care and any decisions made. One relative told us, "Staff talk to her as a normal person, not someone who is poorly".
- People's care plan detailed theirs and their relative's input. One relative told us, "Staff ask us both questions, they involve my wife, she struggles with her speech, but they still ask her the same questions as me."
- Staff confirmed they supported people to make decisions and be involved in their care. One staff member told us, "We always ask them and involve them, we don't want to take things away from them."

Respecting and promoting people's privacy, dignity and independence

- People's relatives confirmed staff respected people's privacy and dignity when delivering care. One relative told us, "Yes, they [staff] do respect them, when supporting them and meeting their needs."
- Staff signed a code of conduct agreement to respect people's confidentiality, to promote their privacy.
- People's care records instructed staff to promote people's independence, for example encouraging people to wash areas of their body they could reach. One relative told us, "Staff try and prompt independent living with him [Person]."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were person centred, included their personal history and detailed their preferences on how they wanted their care delivered. Care records documented people's choice and instructed staff on how to meet their individual needs.
- People and their relatives were involved in their care plans, and we saw detail where relatives supported with different aspects of people's care.
- When reviews took place, they included people and relative involvement where applicable.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and identified. Care plans included any needs and information to support staff to effectively communicate with people. For example, one person's care record detailed ways for staff to communicate to ensure the person has effectively heard them.
- The registered manager was aware of the AIS and told us they would change the way information was given where appropriate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with their loved ones and carers worked with family members to encourage and support people receiving care.
- People's care plans included any hobbies or interests they had, and detailed ways for staff to support them to avoid social isolation.
- One relative told us during one call "[Person's name] did not want a bath at that time but wanted to bake a cake instead, so staff spent the call time baking a cake with them."

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain, although they had no concerns with the care they received.
- The registered manager kept record of any complaints or concerns raised, which included identified actions to improve people's experiences of care. There had been no complaints made from people who used the service or their relatives in the last six months.

#### End of life care and support

- People's care plans detailed their future preferences, where they were happy to share this information.
- At the time of the inspection no one was receiving end of life 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff and managers shared an open and honest culture, that was positive, and person centred. One staff member told us, "The team communicate really well, management are always on the phone if you need them, there is an open office policy."
- One relative told us how the care coordinator completed calls too, where they check how the person using the service is and if there is anything further the provider can do. Another relative told us, "Everything is fantastic, they are a really good team."

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 understood their duty of candour and staff were supported to be open and honest.
- Staff confirmed they had regular communication with people and their relatives. People's relatives told us staff were open with them.

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

- Staff confirmed they were supported by managers to effectively meet people's needs. They received supervision to discuss their role and performance.
- Staff told us they worked well as a team and were complimentary of management. One staff member told us, "They [management] care about you and help you out, they are good at resolving any issues you have."
- The provider completed notifications in line with their legal requirements, to inform us of any significant events within the service.

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

- People and their relatives received surveys to share their feedback and experiences of the care. A recent survey received two responses, both provided positive feedback. One response included "All the staff go way beyond their needs."
- Whilst the registered manager could not yet analyse the responses, they told us the process for any feedback was to look at what was wrong and take action to make improvements. Managers told us they always shared positive feedback with staff.
- Staff confirmed managers involved them to improve the service. One staff member told us "[staff name]

always asks for different ideas and how things can be improved." Another staff member told us management were looking into their suggestion, of providing newly employed staff with sample sheets for MARs and communication logs, to show the content required.

#### Continuous learning and improving care

- The registered manager and provider completed regular audits and identified any actions to make improvements to the service.
- The provider had completed a recent audit of daily records, where they identified the same missing information, we found with skin care monitoring. The audit included actions taken, including the registered manager informing all staff to record when skin care checks had taken place. A sample sheet was shared for what staff should include when recording people's skin integrity. This audit was for the person's July records, we could not see if staff had made the required improvements as the August records were still in the person's home.
- Senior care staff had also discussed how to regularly review people's daily records to ensure staff were accurately recording completed checks.
- The registered manager completed reviews on care plans in relation to the content and detail of them. We saw one review where actions had been identified for staff to complete for future care plans.

#### Working in partnership with others

- The provider was working with the local authority to make improvements to the service.
- One professional told us the provider was working with social care professionals and the family of a person receiving care to find a solution. The professional told us the provider was really supportive with this care package.