

Passion Home Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Good •
Is the service safe?	Good
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 Homecare Ltd. is a domiciliary care agency, providing personal care to people living in their own homes. At the time of the inspection the service was providing personal care to 11 people.

People's experience of using this service:

Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risk where possible.

Systems were in place to recruit staff safely and they were equipped with the skills required to provide effective care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff supported people to access other healthcare professionals when required. Staff supported people to manage their medicines safely.

People were supported by a small group of regular staff which provided continuity and familiarity. Staff had developed relationships with people and knew them well; people received person-centred care as a result.

Staff promoted people's independence and treated them with dignity and respect.

People were involved in making decisions about their care and involved in reviews to ensure their care plans met their needs and supported them to achieve outcomes.

The service had an open and supportive culture. Systems were in place to monitor the quality and safety of care delivered. There was evidence of improvement and learning from any actions identified.

There were enough trained staff on duty to support people safely. Recruitment processes were robust and helped to ensure staff were appropriate to work with vulnerable people.

People's needs were thoroughly assessed before starting with the service. People and their relatives, where appropriate, had been involved in the care planning process.

Staff were competent and had the skills and knowledge to enable them to support people safely and effectively. Staff received the training and support they needed to carry out their roles effectively. Staff received regular supervisions and annual appraisals were planned.

People were supported in a friendly and respectful way. People and their relatives were complimentary about the staff and their caring attitude.

People's care plans were person-centred and provided staff with the information they needed to provide care and support in a way that met people's needs and preferences. There was evidence that care plans were reviewed regularly or as people's needs changed.

People knew how to make a complaint, although no formal complaints had been made to the service. There was an effective complaints process in place to deal with any complaints that might be raised in the future.

The registered manager and staff were committed to providing high quality care and support for people.

Rating at last inspection:

This is the first inspection of the service since the provider registered with Care Quality Commission on 30 May 2018. The overall rating for this service is Good.

Why we inspected:

This was a planned inspection based on the date of registration.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 effective?	Good •
The service was effective.	
Details are in our Effective findings below.	
Is the service caring?	Good •
The service was caring.	
Details are in our Caring findings below.	
Is the service responsive?	Good •
The service was responsive.	
Details are in our Responsive findings below.	
Is the service well-led?	Good •
The service was well-led.	
Details are in our Well-Led findings below.	



Passion Home 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector on both days of the inspection.

Service and service type:

Passion Homecare Ltd. is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection the service was providing personal care to 11 people.

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 visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 21 May 2019 and ended on 22 May 2019. We visited the office location on 21 and 22 May 2019 to see the registered manager and office staff; and to review care records and policies and procedures; and we visited people in their own homes on 22 May 2019 to ask about their experiences of the service.

What we did:

We reviewed information we had received about the service since it registered with the Commission in May 2018. This included details about incidents the provider must notify us about. We contacted the local authority commissioning team to gather information about the service; they were positive and raised no concerns about the care and support people received.

The service had completed the Provider Information Return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we visited two people in own their homes to speak with them and check their care records and we spoke with three relatives to ask about their experience of the care provided. We also spoke with the registered manager, the nominated individual and three staff members.

We reviewed a range of records. This included four people's care records, risk assessments and three medication administration records (MARs). We also looked at four staff personnel files around recruitment, training and supervision. We reviewed records relating to the management of the service, audits, and a variety of policies and procedures developed and implemented by the provider.



Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- •Staff were trained in safeguarding and knew what to do if they were concerned about the well-being of anyone using the service.
- •Processes were in place for safeguarding concerns to be promptly reported to the local authority and other key agencies and action taken to ensure people's safety.
- •People and their relatives we spoke with had no concerns about the safety of their family members. One person said, "I'm quite happy with the care I receive; I think the ladies [staff] are very good and I feel safe in their company." A relative told us, "The service [my relative] receives from Passion is absolutely smashing. All the staff are consistently good and [my relative] is definitely safe."
- •Care staff told us they would report any safeguarding concerns to the registered manager or other senior staff and were aware of safeguarding and whistleblowing procedures.
- •The service had a safeguarding policy, easily accessible to staff that covered key areas such as how to identify abuse or neglect.

Assessing risk, safety monitoring and management

- •Staff assessed risks to people's health, safety and wellbeing.
- •Staff assessed relevant risks including those relating to moving and handling, medicines management, the home environment, skin care and nutrition, smoking and pressure ulcers. Care plans and risk assessments outlined measures to help reduce the likelihood of people being harmed.
- •We found no evidence of any serious injuries having occurred.
- •The service had a system for recording and monitoring accidents and incidents. We saw staff had recorded the actions they had taken in response to any incidents to prevent these reoccurring.

Staffing and recruitment

- •Safe recruitment procedures were in place. All pre-employment checks were completed before a new staff member started working at the service, including checks with the Disclosure and Barring Service (DBS) to ensure staff were of suitable character to work with vulnerable adults.
- •There were procedures in place to help assure the provider that staff employed had the required skills to undertake the role of a care worker. The service employed nine staff at the time of our inspection.

Using medicines safely

•The provider had a good understanding of potential risks associated with medicines. Risk assessments

reflected the importance of people receiving their medicines on time.

- •There were mechanisms in place to ensure that people received these medicines on time and management audited records of all medicines administered by members of staff.
- •Comments we gathered from people using the service and their relatives confirmed medicines were administered safely and in a timely manner. One relative told us, "I've never had any worries or concerns about medicines."
- •Protocols or detailed instructions for the administration of 'as required' medicines were in place.

Preventing and controlling infection

- •People we spoke with told us care staff had supplies of gloves and aprons that they used as required and a stock of these was available in people's homes or at the office premises.
- •We saw the provider considered whether staff followed good practice in relation to infection control procedures during their observations and meetings with staff.
- •The provider asked people using the service for their feedback in relation to staff practice regarding good hygiene and infection prevention and control.

Learning lessons when things go wrong

- •Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents.
- •The provider had a system in place to facilitate the analysis of incidents and accidents and the registered manager used this to identify any trends, for example, if incidents were occurring at a specific time of day or in one place.



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

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

- •Staff and management applied best practice principles, which led to good outcomes for people and supported a good quality of life.
- •People's needs were comprehensively assessed and regularly reviewed each month or as and when required if a change occurred.
- •People's preferences, likes and dislikes were acknowledged and recorded in their care plan information.
- •People's past life histories and background information were also recorded in the care documentation.
- •People were involved in their care planning and the people we spoke with, and their relatives confirmed this. One person told us, "At the beginning [registered manager name] came out to see me to talk through my care needs and brought two staff, who were experienced, so they could get to know me." A relative said, "We get involved in care planning and shortly after [my relative] started using the service they sent us a review form to make sure everything was well."

Staff support: induction, training, skills and experience

- •Staff received adequate training, support and induction to enable them to meet people's needs.
- •Staff we spoke with told us they felt they had received appropriate and relevant training to meet the needs of the people they were supporting. One staff member said, "I get supervisions once per month and I get notes of these meetings; they're very useful as I can discuss any concerns I might have, or client's issues, training and personal issues and the manager listens to me and accommodates my issues. With training I can suggest anything I feel necessary."
- •People using the service consistently told us they felt staff were capable and competent in the caring role. The provider assessed staff competence during induction and as part of routine spot checks and observations.
- •The staff members we spoke with told us they felt they received consistent support. Records of audits and spot checks demonstrated the provider had considered staff competence, learning and support needs.
- •We asked people and their relatives if they felt staff were competent. One person said, "Staff have been consistently good, and I've never had a problem with them." A relative told us, "Staff are very competent; the younger staff are as good as the older ones."

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

•Staff supported some people to maintain a diet of their choosing as not everyone required assistance in this area; support was provided dependent on the person's requirements, whether this be support with

shopping, eating and drinking or preparing meals.

•Detailed records were kept of the support provided to people each day.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- •Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary.
- •Staff were committed to working collaboratively with other professionals and services supporting people to achieve better outcomes and achieve continuity in their care. For example, staff liaised with a range of healthcare professionals and services including GP's and district nurses.

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.
- •We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- •All the people using Passion Homecare had capacity to make their own decisions. People's capacity had been considered and staff liaised with people to involve them in decision making when required.
- •Staff gained people's consent before providing care and support and people were supported to make their own decisions and choices.
- •Written consent was also recorded in people's care file information.



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

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 a very small group of regular staff members, which provided continuity and familiarity for people who used the service
- •Staff had developed trusting relationships with people and people told us they felt comfortable in their presence. One person said, "All the staff are very caring, and they always say to me that keeping me clean and comfortable makes them happy." A relative told us, "Staff don't rush off and they always arrive on time and take their time with [my relative] all the time."
- •Staff spoke fondly of people they supported and knew their needs and preferred routines well.
- •Staff were aware of equality and diversity and respected people's individual needs and circumstances. People were valued for who they were. One person said, "I can't tell you enough how nicely they [staff] speak to me. They are always smiling an I'm lucky to have got Passion to support me."
- •During the inspection we found no evidence to suggest anyone using the service was discriminated against, and no-one told us any different.

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

- •People told us they were involved in making every day decisions and choices about how they wanted to live their lives and staff respected these.
- •Staff understood how people communicated. Care records set out how staff should offer people choices in a way they would understand, so they could make decisions about their care. A relative told us,
- "Communication from Passion is excellent, and they always respond immediately and keep in touch no matter what day or time of day."
- •People and their relatives had been included when care was being planned and reviewed. One relative told us, "We have been involved in [my relative's] care planning from the beginning."

Respecting and promoting people's privacy, dignity and independence

- •Staff were committed to providing the best possible care for people. They respected people's privacy and dignity and could tell us the ways they did this, such as ensuring curtains and doors were closed if supporting people with personal care.
- •Staff valued the importance of maintaining people's independence and promoted this where possible, for example, people were encouraged to carry out tasks they could such as assisting with personal care, selecting their own clothes or choosing what they wanted to eat. A relative told us, "Staff help to keep [my relative] independent and involve her in all that she can possibly do; they are very proactive and caring. I

have no problems with recommending this company to anyone." A person said, "They [the service] encourage my independence, so when they're helping me to wash they give me the sponge and I do what I can for myself." A second person commented, "I had a visit from [registered manager name] and we went through everything and any problems that needed sorting. We came up with a fantastic care package between us which helps me to stay independent."

•Systems were in place to maintain confidentiality and staff understood the importance of this; people's records were stored securely in the office premises.



Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- •People's care plans contained detailed and personalised information about their abilities, health needs, likes and dislikes. Staff could tell us details about people's needs, the support they required and the person's preferred routines. This enabled staff to provide person-centred care and support people in line with their preferences. One person said, "They [the service] have never not shown care and compassion and there's been no missed visits at all."
- •People's care was regularly reviewed to ensure people received appropriate support.
- •People were involved in decisions about their care and supported to engage in care planning.
- •People's communication needs were assessed, recorded and highlighted in their care plans. This helped ensure staff understood how best to communicate with each person.
- •The registered manager was aware of the Accessible Information Standard and provided adapted information for people; for example, information about the service was available in an easy to read format, on request.
- •People could choose the staff who supported them; we saw examples where people had identified the gender of care staff they wished to support them, and this was respected. One staff member said, "People can choose the gender of staff who support them as it may be more appropriate for a male or female."

Improving care quality in response to complaints or concerns

- •At the time of the inspection, the service had not received any serious formal complaints from anyone using the service or their relatives. The provider had a complaints policy and procedure in place for responding to any complaints; this was also available in an easy to read version to make it accessible for people.
- •People told us they knew how to raise any concerns.
- •Any minor issues or requests which had been raised were responded to appropriately. One person said, "I got details about complaints and a guide to the service at the beginning. I'm over the moon and can't praise them enough." A relative told us, "I have known [registered manager name] to be here doing spot checks on staff when visiting [my relative]; I have no complaints."

End of life care and support

- •People were supported to make decisions about their preferences for end of life care, if they wished to do so.
- •People's wishes were respected if they did not feel ready to discuss this.
- •The registered manager said they would liaise with relevant professionals to ensure people got the care they needed, such as doctors and district nurses.

•At the time of our inspection no-one using the service 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- •We saw the registered manager believed in being visible to people using the service and staff, and staff worked as a close-knit team. One staff member said, "I feel the managers are fair and treat us fairly; they recognise work we do, and we get praise." A second staff member told us, "I can open up to my manager about anything I like or ask for more training and we can call in the office anytime. The managers are on-call all the time and always available for me."
- •It was clear from our discussions the registered manager valued people and was committed to providing a person-centred service. They had developed a positive culture within the service which was open and transparent.
- •Discussions with staff demonstrated they shared the same culture and values. One member of staff told us, "We always ask people about what we intend to do first before doing anything. You must involve people in the care they get; it's their home and we must respect that."

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

- •Quality assurance systems were in place to ensure any shortfalls were identified and to drive continuous improvement within the service. The registered manager completed a range of audits and checks; action plans were completed to address any shortfalls identified during monitoring or issues raised at staff meetings.
- •The registered manager was aware of their regulatory requirements. For example, the registered manager was aware of their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- •The service involved people in discussions about their care and this was recorded in their care file information.
- •People told us they felt listened to and their views were acted on. Plans were in place to gain feedback from people through questionnaires to drive improvement. We looked at the results of the most recent service

evaluation questionnaires sent to people and their relatives and saw responses were positive. Comments included, 'I think the girls all work very hard and they are very good to me,' and, 'The carers always share their views and worries if any occur which is very useful to both parties,' and, 'Very, very happy, no changes and everything fine.'

- •The registered manager worked closely with other agencies and professionals to achieve good outcomes for people. This included working as part of a team with other services to provide support for people, including doctors, pharmacists, the local authority and district nurses.
- •People, relatives and staff confirmed the registered manager was accessible and they could get in touch with them. A relative said, "I know the registered manager; they're always looking to do more than what is needed." A person told us, "[Registered manager name] is always available on the phone, even at weekends. They have re-organised staff duties to meet my needs and I have the confidence all will be right."
- •The management team had regular contact with members of staff each day and week. They regularly sought feedback about what had gone well and what could be improved. Staff said they felt well supported and respected. One staff member said, "The managers are very supportive and always give us positive feedback. They will correct us, but in a very supportive way and are doing a very good job as managers. I'm happy working for Passion and love coming into work." A second staff member told us, "I've attended staff meetings; these are very useful, and I feel free to say what I want. That's one good thing as the managers give you room to share your ideas and ask for your input. I feel they are open-minded, and I feel supported."