

Passion Tree Care Services LTD

Passion Tree Care Service Ltd

Inspection report

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12 October 2018

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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

Passion Tree Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It is registered to provide a service to younger people, people with a learning disability, and older people. Not everyone using the service received a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

This inspection was carried out between 11 and 12 October 2018 and was an announced inspection. This is the first inspection of this service under its current registration. At the time of our inspection there were 36 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received a safe service. Staff knew how to keep people safe and they were knowledgeable regarding safeguarding procedures.

Risks to people's safety were identified, assessed and appropriate action was taken to keep people safe. When people were at risk staff had access to assessments and understood the actions needed to minimise avoidable harm.

There were always sufficient staff deployed to meet people's needs. Staff underwent relevant pre-employment checks that assured the employer they were suitable to care for people who could be vulnerable in their own homes.

Medicines were administered and managed safely by trained and competent staff. The registered manager carried out monthly audits of Medicine Administration Records (MAR).

People were supported by staff who had the necessary skills and knowledge to understand and meet people's needs. Staff felt supported and had access to training relevant to their roles.

People were supported to have sufficient amounts to eat and drink. Their care plans contained information about food and drink. People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; we saw the policies and systems in the service support this practice.

Staff had formed positive caring relationships with people who used the service and their relatives. People

were supported to remain as independent as possible and staff were aware of people's individual likes and dislikes. Staff were mindful to support people in a way that maintained their dignity and upheld their right to privacy.

Staff were provided with the knowledge and equipment to reduce the risks of the spread of infection.

There were quality assurance and auditing processes in place and they contributed to service improvements. The registered manager provided clear and direct leadership to staff who had a good understanding of their roles and responsibilities. There were effective governance arrangements. There were systems in place to assess, monitor all aspects of the service.

Further information is in the detailed findings below.

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.

People's safety was promoted by enough staff, with the right skills, who had been recruited safely.

Risks to people had been identified and these were managed well.

Systems were in place so that medicines were administered safely.

Is the service effective?

Good 

The service was effective.

Staff had the necessary training and supervision they needed to meet people's assessed needs.

The principals of the Mental Capacity Act 2005 were understood and staff received training about this.

Staff had a good knowledge of people's health care needs and they enabled people to access health care services when needed.

Is the service caring?

Good 

The service was caring.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

People or their relatives were fully involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good 

The service was responsive.

Information about people was updated often and with their

involvement so that staff only provided care that was up to date.

People's concerns were acted upon before they became a complaint.

Is the service well-led?

The service was well-led.

The registered manager led by example and they had fostered an open and honest staff team culture.

Governance and quality assurance systems were effective in driving improvements forward.

Policies and procedures were in place to guide staff and these were regularly updated.

Good ●

Passion Tree Care Service Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 October 2018 and was announced. We gave the service notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure staff would be present in the office. The inspection was carried out by one adult social care inspector and an expert 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. The expert-by-experience did not attend the office of the service or visit people at home, but spoke by telephone with people and relatives of people who used the service after our visit. At the time of this inspection, 36 people were using the service.

We checked the information we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During our inspection we spoke with three staff, the care manager and the registered manager. We spent time looking at records, including six care plan files, four staff recruitment and training files, medication administration records (MAR), complaints and other records that related to the management of the service. We contacted seven people and four relatives by telephone.

Is the service safe?

Our findings

Staff received training about safeguarding and reporting procedures. Staff told us they could report any concerns to the registered manager or the local safeguarding authority if needed. One staff member told us, "I did have a concern once and I phoned the office and they investigated straight away. I also know the process for reporting externally." Another staff member said, "I would call the line manager and they would report it. I know people well so I would know if something was wrong. I would call the safeguarding team, but I would not need to as management are on the ball." The registered manager had a clear process of referring concerns to the relevant safeguarding authority to alert them of possible cases of abuse and would also complete a notification to CQC.

The service had risk assessments, policies, procedures, quality checks and support systems in place. We saw people had mobility plans that provided step by step guides for staff to follow. The registered manager told us that even though staff had completed manual handling training they would always shadow a more experienced staff member first before using any equipment in a person's home.

People told us they felt safe with the support they received. One person told us, "They call every day just once in the morning. It's just one carer. They are mainly regular staff and I have some replacements. Yes, the replacements are ok as well. I'm very much at ease and I feel very safe and relaxed with them. They are considerate in the house." Another person said, "[Staff member] helps me have a wash and get dressed.... And yes, they take the time to do it right and sometimes they are a bit pushed. Some visits go over their time but they never rush me, and there's no rough handling." A relative said, "They are brilliant. Last week they had an incident and they came to my work to see if I was there... and took me home to be with [family member]."

There were sufficient staff deployed to meet people's needs. The registered manager told us they had just experienced a difficult time with staff absent and some staff leaving. They had taken a measured approach when taking on new clients and had not expanded their service at present but in line with the staffing they had. They said, "We have had a difficult few weeks but I am proud to say that everyone received their calls even if sometimes we were a bit late. I am fortunate all of us in the office responded well in this period and went out and delivered care when needed. I am lucky with the team and staff that are here." The registered manager also maintained a traffic light system that meant they could see at a glance anyone that would be at risk if staff did not attend their call at the right time.

Staff told us the calls they were asked to do were manageable and they did not feel stretched or rushed. One staff member said, "I do not feel under pressure at all, if I am not happy with rota they will tweak it." Another staff member said, "I have fixed clients as I do not have a car and I do not feel rushed."

People we spoke with had not experienced any missed calls but two people had been aware of recent staff absences. One person said, "I think they are ok but sometimes they have run late or early. Sometimes it's early. I spoke to them and they did a survey at one time they said it was staff shortages but we've given them a chance to get better. This week they get everyone back so they are now getting sorted... they are better."

Other comments included, "I think they are very good. They are on time and kind and pleasant they are all very nice.," " They call twice a day. In the morning and at teatime. They are usually on time... And they are never very late. Just one time they were very late when it was an emergency. They phoned and let me know.," " They've not missed any visits or let [family members] down and they have very good time keeping even when the regular staff have been ill."

The registered manager had a recruitment policy in place and staff told us they had completed a range of checks before they started work. We reviewed the recruitment process that confirmed staff were suitably recruited to safely support people accessing the service. Staff we spoke with confirmed the registered manager had completed all the necessary checks prior to them commencing work. We saw these included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

People received their medicines safely. All staff were responsible for the administration of medicines, they had all received training and had their competency assessed. The medicine administration records (MAR) which were checked against the persons medicine record monthly to ensure people were receiving their medicines as prescribed. We saw the registered manager used staff meetings to discuss any recording concerns with staff and looked at ways of improving systems in discussions with staff. We noted the MAR chart they were using did not separate each medicine on separate lines which meant staff signatures were not always in line with the medicine they were signing for. The registered manager was currently looking at different MAR chart formats to remedy this.

Staff had completed training in infection control and had easy access to personal protective equipment for supporting people with their personal care. One staff member said, "We pick gloves and aprons up from the office." One person said, "They use gloves and an apron... and even use rubber shoes... When they help me in the shower..... in the wet room."

Is the service effective?

Our findings

People's needs were assessed prior to their admission to ensure their care needs could be met in line with current guidance and best practice.

The service had a detailed induction for all new staff to follow which included shadow shifts and practical competency checks in line with the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. The registered manager had a shadow checklist in place that senior staff completed to confirm staff were putting their training into practice. We saw established staff had refresher training and they were also able to access additional training in specific areas. One staff member told us, "We do on line training, but I had some extra training related to catheter care. I am very supported with the training." Other subjects such as challenging behaviour and pressure area care were also provided to staff when the needs of a person indicated additional subjects were necessary. The registered manager was currently undertaking a teaching qualification to enable them to deliver the training in house. A relative said, "They are well trained. They seem better supervised than the other firm. They want me to get in touch and they will sort things if we have any problems."

Staff told us they had regular supervision or one to one sessions with their line manager to support their development. In between supervisions, senior staff completed spot checks on staff members when they were delivering care. These spot checks included observing how care was delivered, the appearance and practice of staff, medicines administration and how staff left the person. In addition, the staff member completing the spot check spoke to the person and discussed their care, staff attendance and timekeeping and any concerns they may have. Information from these checks was fed into the supervision meetings or addressed immediately if of concern.

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. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). Staff had received training and understood how to support people in line with the principles of the Act.

The registered manager completed mental capacity assessments when required and staff told us they would support people with day-to-day decisions such as what to wear or what meal to have for lunch. If people were not able to make those decisions, staff told us they would be aware of the persons preferences from the person's family members or care files. For more significant decisions staff told us they would speak to the registered managers who would in turn either contact people who made decisions on the person's behalf or they would facilitate a best interest decision.

Staff assisted people to eat and drink whenever this was required. Each person's care plan detailed any likes or dislikes and these were respected by staff who also understood the importance of offering people choice in what they had to eat and drink. One staff member said, "I offer choices and talk to them and encourage. I make sure people have all the information." Another staff member said, "One person will refuse if we offer drinks, so we still make these and leave them where they can reach them, it seems to work." One person said, "They visits just for my meals, mostly staff I know but they are all very nice and polite, yes. They prepare it nicely and it's my choice but I mainly have precooked meals so it's not too tricky. Yes, they do it ok, not spoilt. Yes, they wash hands and tidy up afterwards."

The service worked closely with other professionals and organisations to ensure people were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, district nurses and occupational therapists. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans. One relative said, "[Family member] has had no falls or accidents with them... but they dealt with an infection last week really well, it was last Friday."

Is the service caring?

Our findings

People told us staff treated them with kindness and respect. One person said, "Yes they are very good staff, no complaints, they are very good." Another person said, "I've used them since March, since I was in hospital and now I'm much stronger. I can now do more but they make sure I'm ok and they stop to chat. It all makes a difference." A relative said, "I can't think of anything that's a problem and I'm quite happy with them. The [staff member] is like a friend. It's a regular carer. [Staff member] is really polite and pleasant."

The service recognised equality and diversity and protected people's human rights. Staff received equality and diversity training to ensure they understood how to protect people's rights and lifestyle choices. The registered manager and staff said people would not be discriminated against due to their disability, race, culture or sexuality. Care plans captured key information about people including any personal, cultural and religious beliefs.

Staff demonstrated a very good understanding of the people they supported. They were knowledgeable about people's individual needs and backgrounds. One staff member told us, "We have one person [named] who is not mobile. The family praise us, because we can get [person] to eat and to have personal care." Another staff member said, "We are supporting a person that cannot hear or speak. We are using gestures for this person. We have an overview that explains they can only verbalise sound. I have recorded some of the gestures in the care plan for example, T means tea and C means coffee, staff have to show them things. They like to feed pigeons and the little things are important." A relative said, "They write things about [family members] life and interests and what they like and the care is built around [person] They get to know [family member]."

People told us they were fully involved in making decisions about their care and support. One person said, "It's been in place since August via my social worker. Yes, someone came out and they listened to me, and have checked to see how it's going. They are keeping to the care plan." Another person said, "It's been going for two months. It was set up after hospital, they came out and they did listen. Everything is there in the care plan, and it was all agreed by me."

The registered manager knew how to contact local advocacy services that could assist people to make decisions or express their views if they required support. Advocates are people who are independent of the service and who can support people to make important decisions and to express their wishes. At the time of our inspection no one was using an advocacy service.

People were respected and their dignity considered. One person said, "Yes, my care is done with safety and dignity. They check and make sure of my privacy and they make sure the curtains are shut." A relative said, "This is a good firm. I can't fault them... they ring me if they might be late, they are lovely to [family member] and they are very safe and their care is done with dignity and they go the extra mile and it really helps me and lets me stay working and, it all takes some pressure off me."

Staff supported people to be as independent as they could be. One staff member said, "We support one

person with their breakfast, they get their bowl out and is involved in preparing breakfast. They had lived in Spain and I have lived abroad so we chat about this."

Is the service responsive?

Our findings

Information was available in people's care records that reflected their care and support requirements. People told us they had a copy of their care plan in their home. People's care records included information about their families and life history. The staff we spoke with said this was useful as the information meant they could speak to people about the things that were important to them.

People's care plans were regularly reviewed to ensure they accurately reflected the person's current care needs. When a person's needs had changed, this was documented during the review process and additional guidance provided for staff. Regular meetings were held with the person, appropriate family members and staff to help ensure staff had up to date information they needed to meet people's needs safely and correctly. One person told us, "Last week they came to see me and they did a review and we chatted. They listened to me and they took notes and they always introduce new staff and if we ask them to change someone they do so with no fuss." A relative said, "We switched at the end of August to Passion Tree who have been so much better than last company. They are sticking to the plan and we can get them and they check up early and we had some tweaking issues and they spent time and have rejigged things and dealt with them without fuss." Another relative said, "My [family member] likes them and she gets on well with the carers and they chat all the time. Looks forward to them calling. It's not been reviewed yet, just checked up on how it's going."

The provider had a formal process for receiving and responding to concerns and complaints about the service it provided. People we spoke with could tell us how they could raise a concern or complaint. People consistently said they did not need to complain but said they could get things sorted out. One person said, "They have responded okay and they do not get funny if I wanted to change any staff. I've had no complaints. They are well trained staff." A relative said, "We've had no complaints."

Records showed, where possible, people were involved in decisions about end of life care choices. Staff had received appropriate training to help support people at this time in their lives. The registered manager told us they were not supporting anyone at the end of their life at present. The registered manager told us about a person they had recently cared for until they died. They said, "We only supported this person for a short time but this started with all the staff assisting to help clear the person's house which was very cluttered and we did a deep clean, the district nurses came and helped and the person was very pleased. We also managed to persuade the person to have a profiling bed which they had been refusing and this meant they were much more comfortable."

The provider complied with the Accessible Information Standard, which is the means of ensuring those with a disability receive accessible health and social care information by identifying and managing people's communication needs.

Is the service well-led?

Our findings

People, their relatives, and staff told us the service was well-led. Comments included, "They are very good. I would recommend them and have done so... my daughter has put notices round our housing site.", "It's excellent. They are very reliable, and cheerful and pleasant and good at the job.", "I think they are very good. They are on time and kind and pleasant they are all very nice.", "I'm quite happy with them. They are very friendly and they have been helpful and do what needs to be done. Yes, I feel very at ease with them. They are considerate."

Staff said the management team were very supportive. One staff member said, "All the office staff are approachable, we come in and get gloves and aprons. I always use them. I love being here and I am really enjoying it." Another staff member told us, "The management are understanding and always try to meet everybody's needs. It makes us feel appreciated. [Named care manager] went straight out and supported a person in the middle of the night when their family member was taken ill."

There was a clear vision about the care the registered manager wished to deliver. Staff told us, everyone understood what was required and there was an emphasis on meeting people's needs. The registered manager told us, "It is about touching people's lives. I want staff with the same passion." The care manager said, "We try our utmost to promote continuity. We will phone staff to make sure they know everything. I love working here, I can see [registered manager] wants to deliver a quality service. The most important person to me is the client and then the staff."

The service had systems in place to assess, monitor and improve the quality and safety of care provided by the service. Regular checks were undertaken in relation to people's care plans, risk assessments and medicine records. Where these audits and checks had highlighted areas of improvement, the management team had taken action. The registered manager had been very honest and told us they had recently had a period of staff absences higher than usual which had tested the service. They told us office staff had provided cover and they had not needed to use agency staff but this had impacted on timings of calls and continuity of staff provided to people. Staff had now returned to work and the registered manager continued to recruit new staff and avoided taking on more packages during this period.

There were regular staff meetings so important issues could be discussed and any up-dates could be shared. Staff meeting minutes were clearly recorded so members of staff who were not able to attend could read them. Regular memos were sent to staff that contained updates and reminders, we noted a recent memo had reminded staff to check people had lights left on as it was getting dark earlier.

Staff were observed in their usual work practice in 'spot checks'. These were to check staff were working to the required standards. We saw these checks supported the registered manager in identifying shortfalls and could take action to address them.

There was also evidence within records that people and, where possible, families were consulted about the care and support the service provided. The service consulted with people and their relatives in a variety of ways including face-to-face formal meetings and telephone monitoring. One call stated, "Quite happy with

the service and hope to keep it that way. Excellent." The registered manager was aware that continuity of staff was important to people and said they aimed to improve this going forward.