

Prime & Passionate Healthcare 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

Prime & Passionate Healthcare Ltd provides care and support to people living in a supported living setting. At the time of the inspection seven people were living in four houses that had been adapted to meet their needs. CQC does not regulate premises for supported living; this inspection looked at people's care and support. The provider was also providing a domiciliary care package to one older person living in their own home.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

We found the outcomes for people using this service reflected the principles and values of Right support, right care, right culture. These included promotion of choice and control, inclusion and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The provider had safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's needs. Risks to people had been assessed to ensure their needs were safely met. People's medicines were managed safely. Staff were following government guidance in relation to infection prevention and control.

People's independence was promoted, and they were encouraged to maintain a healthy balanced diet. They had access to health care professionals when they needed them. People's care and support needs were assessed before they started to use the service. Staff were trained in areas specifically related to people's care needs and they were received regular supervision from the registered manager. 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.

People and their relatives had been consulted about their care and support needs. The service had an appropriate complaints procedure in place. There were procedures in place to make sure people had access to end of life care and support if it was required.

The provider worked in partnership with health and social care providers to deliver an effective service. There were systems in place to monitor the quality and safety of the service and any learning was identified and acted on. The provider took people, their relatives and staffs views into account through monthly

questionnaires and spot checks. Staff told us they received good support from the registered manager.

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

Rating at last inspection

This service was registered with us on 7 May 2020 and this is the first inspection.

Why we inspected

This was a planned inspection.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 safe.

Details are in our safe findings below.

Good ●

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 ●

Prime & Passionate Healthcare Ltd

Detailed findings

Background to this inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

A single inspector carried out this inspection. They were supported by 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.

Service and service type

This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. The provider was also providing a domiciliary care package to one person living in their own home.

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.

What we did before inspection

We reviewed information we had received about the service. 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. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with the relatives of four people who used the service about their experience of the care provided. We spoke with three members of staff and the registered manager. We reviewed a range of records. These included two people's care records and medication records. We looked at staff records in relation to recruitment, training, supervision and other records relating to the management of the service, including policies and procedures and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. A relative told us their loved one was, "Very safe and the staff do very well. They are excellent." Another relative commented, "I am very content with the staff – it's a safe place."
- There were safeguarding adults and whistle blowing procedures in place. Staff had received training on safeguarding children and adults. Staff told us they would report any concerns about abuse to the registered manager and they were confident the registered manager would make a referral to the local authority safeguarding team.
- The registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure their needs were safely met. People's care records included assessments for example, on personal care, mobility, accessing the community, going missing and specific medical conditions. Care plans and support guidelines included information for staff about action to be taken to keep people safe and minimise the chance of accidents or incidents occurring.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate safely.
- Staff had received training on how to support people with their specific medical, care and support needs. Staff had also received training on fire safety.

Staffing and recruitment

- Staff were deployed effectively to meet people's care needs. Relatives told us staffing levels at the service were meeting people's needs. One relative commented, "My loved one has consistent staff which is good for them as they don't like to see new people." Another relative told us, "The staff arrive when they are supposed to. The registered manager and staff are very accommodating, we are able to tailor the call times to meet our needs."
- The registered manager showed us rotas and told us staffing levels were arranged according to people's care needs. If people's needs changed, they worked with the local authority to ensure that safe staff cover was in place to meet people's care and support needs.
- Robust recruitment procedures were in place. Recruitment records included completed application forms with full employment histories, employment references, evidence that criminal record checks had been carried out, health declarations and proof of identification.

Using medicines safely

- People were receiving their medicines as prescribed by health care professionals. A relative told us their loved one administered their own medicines with some prompting from staff. They said staff recorded when their loved one had taken their medicines.
- People had individual medicine administration records (MAR) that included details of their GP and any allergies they had. We saw the registered manager audited the MAR records on a monthly basis to make sure they were completed in full and there were no gaps in recording.
- Staff responsible for administering medicines told us, and records confirmed, they had received training and they had been assessed as competent to administer medicines safely.

Preventing and controlling infection

- The provider was taking appropriate measures to prevent people and staff catching and spreading infections. A relative told us, "Staff always wear their PPE."
- Staff had received training on infection control, COVID 19, they told us they had access to PPE and were abiding by shielding and social distancing rules.
- The provider was accessing testing for people using the service and staff.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- Records showed that when the registered manager or staff had identified concerns or accidents, they had taken appropriate action to address them. For example, following a specific incident, processes were set in place for reporting to professional bodies where people went missing in the community.

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

- Peoples care, and support needs were assessed before they started using the service. The registered manager carried out initial assessments to consider if the service could meet people's needs safely. The assessments covered aspects of their care and support needs such as medicines, health care needs and wellbeing and activities of daily living.
- The information drawn from assessments were used to draw-up care plans and risk assessments. Relatives and health and social care professionals contributed to these assessments to ensure the person's individual needs were considered and addressed. We saw that people's care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- Staff received training relevant to people's needs. A staff member told us, "We get trained according to people's needs. I had training on diabetes and epilepsy because I support people with these conditions. If I was to support someone with another medical condition the registered manager would make sure I was fully trained before I could work with them."
- Staff had completed induction training in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. This training included for example, safeguarding children and adults, medicines administration, health and safety, basic life support and awareness of mental health, dementia and learning disabilities.
- Staff told us they received regular supervision from the registered manager.

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

- People were supported to maintain a balanced diet. People's care records included assessments of their dietary requirements and food likes and dislikes. They were encouraged to eat healthy meals.
- A relative told us, "The staff have been teaching my loved one how to cook, and I think they are getting better because of the staff."
- A staff member told us, "We support people to improve their cooking skills and advise them about healthy eating. I support people with planning their weekly shopping lists so that they can plan for what they will eat."

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

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service.

- Peoples had access to health and social care professionals for support with their needs. A social care professional told us, "Prime and Passionate are working with some of our complex cases. The management team are robust in following advice and providing us with regular updates."
- A relative told us staff supported their loved one with their health care needs, "The staff organised a doctor's appointment for my loved one and escorted them to the surgery. They called me and let me know the situation. I thought they had done really well."

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff received training and understood the requirements of the MCA. Staff asked for people's consent before providing support and gave people time to think about their decisions and choices before acting. A staff member told us, "I always ask people for their consent before doing anything for them. I would not do something for someone if they didn't want me to do it."
- People's capacity to make decisions was assessed where required and these were retained in care plans. Best interest decisions were made and followed by staff where necessary and documented appropriately. The registered manager provided evidence to us confirming they were working with the local authority community deprivation of liberty safeguards team where it was deemed necessary to deprive people of their liberty for their own protection.

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's care records included sections that referred to their preferences, cultural and religious needs and relationships that were important to them.
- Training records confirmed that staff had received training on equality and diversity. A member of staff provided us with examples of how they supported a person with their dietary requirements in line with their religion and culture. Another staff member told us they were happy to support people to do whatever they wanted no matter what their diverse needs or backgrounds were.
- A relative told us, "The staff are nice people. I'm very content with them. My loved one is enjoying being there." Another relative said, "The staff are looking after my loved one well. They get on well with the staff. The staff are really kind and helpful."

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

- People were involved in making decisions about their care. Assessment records showed that people and their relatives had been consulted about the care and support they received.
- A relative commented, "I was fully involved in planning for my loved one's care. We met together with the registered manager and discussed what we needed help with. The registered manager took our views into account and everything was put into a care plan. If I think we need to change things they are happy to listen."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A relative told us, "The staff are very respectful to my loved one. They make sure they do things for them with dignity and their privacy is always considered. My loved one really likes the staff." Another relative commented, "The team have provided my loved one with exceptional care. The staff are very thorough in providing effective care and I am glad I found a very safe home for them."
- A staff member told us the people they supported could do most things for themselves and required minimal prompting with their personal care needs. They made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms.

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 had care plans that described their health and social care needs and included guidelines for staff on how to best support them.
- Care plans reflected the principles and values of Right support, right care, right culture. They referred to promoting people's independence and their inclusion within the local community.
- Staff had a very good understanding of people's needs. A member of staff told us in detail how they supported a person with their preferred method of communicating. They told us how important it was for them to reassure the person that they understood what the person was saying to them. A relative told us, "The staff communicate well with my loved one."
- A relative told us, "I feel we have worked together, to get things right." Another relative commented, "The staff are brilliant. They've helped my loved one with their benefits forms, they take them shopping, and my loved one is doing new things with them, which is good."

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 when they started to use the service.
- The registered manager told us that information was provided to people in ways they understood. We saw that the providers complaints procedure and people's individual activities programs were provided in an easy read and picture format. The registered manager told us, "If people required information in a different language or visual aids this would be made available to them."

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 had individual activities programs. They were supported to learn new skills and take part in a range of activities that were of interest to them. Activities included attending college, online learning, gardening, artwork, indoor games and trips out. People were also encouraged to complete daily living tasks such as cooking, baking, shopping and ironing their clothes.
- A relative told us, "The staff have taken my loved one out to museums, they now go to college" Another relative commented, "There are lots of activities. The staff are teaching my loved one to cook and they take them out a lot. They go to tennis at the leisure centre and they have been to the science museum. My loved one loves drawing and the staff encourage them with this. My loved one has lots of different drawing

projects on the go."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. A relative told us, "I received the complaints procedure in a brochure when we started to use the service, but I have never needed to complain." Another relative commented, "If I have any problems I would speak with the registered manager but we've never had a reason to complain."
- Records showed that when a complaint was raised it was investigated by the registered manager and responded to appropriately. Discussions were held with the complainant to discuss their concerns.

End of life care and support

- The registered manager told us no one currently using the service required support with end of life care. They said they would work with people, their family members and health professionals to make sure people were supported to have a dignified death if the need arose.
- We saw people's care records included a section on how they would like to be supported at the end of their lives.

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.

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 service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They demonstrated good knowledge of people's needs and the needs of the staffing team.
- Staff were positive about how the service was run and the support they received from the management team. One member of staff said, "Teamwork is very good, and I am well supported by the registered manager." Another member of staff commented, "The registered manager is always there when you need her, night or day."
- The registered manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were always open and honest with family members and professionals and took responsibility when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff's views about the service were considered and acted on. A relative told us, "From the first time I met the registered manager, I was highly impressed by their professionalism. They keep me updated with everything and I am well informed of the care provided to my loved one. I am at peace knowing that my loved one is safe and well looked after."
- Another relative told us, "The registered manager sends us a feedback form every month for us to comment if we are happy with the service. I am sure they would change things for us if we made suggestions." A third relative commented, "There is a good team at the service, my loved one is well treated. I would absolutely recommend the agency."
- Staff told us regular staff meetings were held to discuss the running of the service and to discuss areas of good practice. Areas for discussion at the most recent meeting included service updates, managing medicines, wearing uniforms and displaying identification badges and staff access to management support out of working hours. A staff member told us, "Our opinions are always considered at team meetings. I am happy that I am listened to."

Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality of the service. The registered

manager undertook regular monitoring audits. These audits covered areas such as health and safety, infection control, incidents and accidents, care plans, medicines and complaints.

- An external provider carried out quality monitoring assessments at the service. They visited the service and produced reports which included actions required to drive improvement. A recent report covered areas for example, health and safety, support planning and risk management, safeguarding, staffing and training. Actions were set, for example to develop personal emergency evacuation plans for each person using the service and carry out BAME Risk Assessments for all staff. We saw these had been followed up by the registered manager.
- The registered manager carried out unannounced 'spot checks' to observe staff care practice and to obtain the views of people using the service. The registered manager told us there were no issues identified during these checks however, action would be taken where necessary to ensure that care was provided by staff in the right way.

Working in partnership with others

- Records showed that the service worked effectively with other organisations and staff followed best practice. The service had regular contact with health and social care professionals, and the registered manager told us they welcomed the professional's views on service delivery.
- A social care professional told us, "I think they are providing a good service. They are working with some of our more challenging clients and meeting their needs appropriately."
- The registered manager told us they regularly attended provider forums run by the local authority where they learned about and shared good practice. They found the forums helpful and had used their learning to improve the service. For example, after one forum they had improved staff recruitment procedures and another session had raised their understanding of alcohol and drug addiction which they communicated to staff.