

Passion 4 Care Ltd

# Passion 4 Care

## Inspection report

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Date of inspection visit:  
24 February 2022  
25 February 2022

Date of publication:  
23 May 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Passion 4 Care is a care at home service providing personal care for 100 people at the time of inspection. The service provides support to people who are living with dementia, mental health or a physical disability. The service supports people in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Staff frequently arrived late to people's care call, and, on occasion people had experienced missed calls. Some people's care plans, including their medication care plans required clearer guidance for staff to follow to ensure they were providing appropriate support. Staff did not always complete medication records correctly but there was no direct impact on people using the service. Recruitment records were not robust. Staff files contained incomplete application forms and gaps in their employment history. The provider undertook audits of the service but we found the audits had not highlighted the issues found during the inspection.

Steps had been taken to protect people from the risk of infection. Staff had the required skills and training to support people safely. People were supported to eat and drink. Staff treated people with kindness and respect. People were involved in making decisions about their care. Staff felt supported by the registered manager. The registered manager collected feedback from people and their relatives about the care people received. The provider worked with external agencies and professionals to ensure people received the support they needed.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 28 June 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection.

We have found evidence that the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to the overall governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of one inspector, one assistant inspector and one 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 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 provider 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 February 2022 and ended on 4 March 2022. We visited the office location on 24 and 25 February 2022. Calls were made to people and staff on 11 and 14 February. Feedback was given to the registered manager on 4 March 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this

information to plan our inspection. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people using the service and nine relatives. We spoke with 11 members of staff, including the provider, registered manager and care workers. We looked at six staff files in relation to recruitment and staff supervision. We looked at 10 people's care records, including their medication records. We reviewed a variety of records including records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate the evidence found. We looked at training data and quality assurance records. The provider gave verbal assurances they would be taking steps to address the issues found during the inspection.

# 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 of 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; Preventing and controlling infection

- People consistently received late calls. Most relatives we spoke with told us their relative frequently received late calls and on occasion had experienced missed calls. We did not identify any direct impact on people's safety as a result of these late calls.
- We discussed late calls with the registered manager who said that sometimes staff don't mention when they need extra time to support a person. The registered manager agreed to review this and make improvements.
- People's care records and risk assessments outlined people's needs, risks and instructions for staff to support them. However, we found some care records required more detailed information for staff to follow to support people with specific health conditions such as diabetes to ensure staff worked in a consistent way.
- Staff spot checks covered infection control practices. A person told us, "They all wear the right personal protective equipment (PPE) each and every time."

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

- There were systems and processes in place to record and investigate incidents and accidents. These were reviewed to prevent similar incidents and accidents reoccurring. However, trends had not been fully explored.
- People and relatives told us they felt safe with staff supporting them. A relative told us, "I think she feels very safe with them."
- Staff explained how they would recognise the signs of abuse and who they would report this to.

Using medicines safely

- Medication care plans did not always contain detailed information about the medication or specific guidance about how the medication should be administered. For example, a number of care plans lacked information about the dosage, frequency for administration, specific times medication should be administered or associated side effects. We did not identify any direct impact to people as staff knew people well.
- We found three people's medication care plans and medication administration records (MAR) contained conflicting information and a lack of information regarding how medications should be administered. For example, one person's MAR stated they were receiving a specific medication on a daily basis. However, this was incorrect, as when we reviewed the care plan the medication was to be administered weekly. We discussed this with the registered manager who confirmed the medication was administered weekly and this was a recording error.

- The majority of people had the support from staff they needed to take their medication when required and safely.

#### Staffing and recruitment

- Recruitment processes were not robust. We reviewed recruitment records for six staff members. We found application forms contained missing information, interview records were not always completed, school leaving dates were not always included, and gaps in employment history had not been explored. This was discussed with the registered manager who said they would gather the missing information and update records.
- The registered manager ensured staff had a Disclosure and Barring Service (DBS) check prior to commencing work. The DBS helps employers make safer recruitment decisions.

# 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 and relatives told us staff knew people's needs well. One relative said, "They are very aware of his needs."
- Staff told us they read people's care records to familiarise themselves with people's needs and choices. A staff member told us, "When a new call starts, we go through the care plan, we sit and check everything according to the support plan to see if its accurate."
- People's needs were assessed prior to them receiving support from the service by a team leader. This information is used to develop their care plan.
- People's protected characteristics, as identified in the Equality Act 2021, were considered as part of their assessments and care planning. This included needs in relation to gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- Staff received training that was tailored to the needs of the people they supported.
- Records evidenced staff received regular supervisions, appraisals and spot checks. Staff told us their supervisions were supportive.
- We saw minutes of team meetings and staff confirmed these took place regularly.

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

- Staff supported people to eat and drink. A staff member told us, "Yes I am aware of people's dietary needs. It is also in the care plan."
- A relative told us, "[Person's] hand tremors so they sit with [person] and support with meals. They always make a drink as well as leaving one before they go. [person] gets plenty."
- People's care plans outlined their support needs to eat and drink.
- Daily logs evidenced that staff supported people with eating and drinking where required.

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

- Relatives told us staff supported their loved one to ensure their care and support needs were met. One relative told us "I think [person] is very well supported by their carers."
- Staff told us they worked with other health care professionals to provide effective care.
- Care records evidenced involvement from various healthcare professionals such as district nurses, general practitioners and occupational therapists.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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 understood the principles of MCA and how to support people in their best interests.
- Care records contained information in relation to people's capacity to ensure staff understood the support they may need with decision-making.

# 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 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

- Staff were able to tell us how they treated and supported people well. A staff member told us "I get to know people well by talking to them, sometimes the care plan can help, it outlines likes, dislikes, how they want things done, but the main thing is talking to them."
- People received support from staff that treated them well. A relative told us "They are incredibly caring and kind. I'd say they're thoughtful too. They respect [person] as well as me and our home."

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

- People's care plans reflected they were involved in making decisions about their care.
- Staff understood how to maintain confidentiality. A staff member explained they would not discuss people outside of the workplace.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us that staff promoted people's privacy and dignity. One relative discussed personal care with us, they said, "The carers always close the blinds and the door when they are with [person] in the bathroom and they use a towel to cover [person]. If [person] didn't feel comfortable, they would be the first to say something."
- Staff told us how they encouraged people to be independent. One staff member said, "I encourage independence, I assess if they can do it then to whatever extent they can manage I support them to be able to do as much as they can themselves. If I thought they weren't managing I would kindly speak to them, but I'd always respect their wishes as long as it's safe for them."
- Feedback from customer satisfaction forms showed people thought staff treated them with dignity and respect.

# 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 requires improvement. This meant people's needs were not always met.

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

- People's preferences in relation to their call times were not always met due to the late and missed calls they had experienced. A relative told us, "[Person] is still asleep when the carer arrives at 6am so the carer wakes [person] up.". This did not reflect a caring approach.
- Care plans did not always contain enough information about people's needs and preferences. For example, a person's care plan stated they had diabetes but did not include what type of diabetes. We did not identify any direct impact on people as staff knew people's needs well.
- People and relatives had signed to say they were involved in their care plan.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care records outlined peoples communication needs. The registered manager discussed with us how they met the accessible information standard, they said, "Forms can be changed for needs of individual service users, maybe in another language."

Improving care quality in response to complaints or concerns

- We reviewed the complaint records and these evidenced complaints were recorded, investigated, and responded to.
- The registered manager told us they use complaints and concerns as an opportunity to review people's care.

End of life care and support

- People we spoke with told us they had not discussed their end of life wishes as part of the care and support package. However, people had discussed their wishes with their general practitioner and many did not wish to discuss end of life care at this point.
- Staff had received training in end of life care. A staff member said, "We make sure they are comfortable, safe and well look after. It's hard. We offer support to the family, let them know we are with them at this time, sometimes the family wants to be alone and we respect that decision."
- Not all care plans outlined peoples end of life wishes. The registered manager told us, "We ensure staff members are competent and confident in supporting people, we consider the preferences of the family and

the service user and are always monitoring how the service user is. We work with palliative nurses and district nurses."

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's quality assurance systems and processes were not sufficiently robust to address the shortfalls we found during the inspection. This included the concerns identified in relation to call times, failure to notify, medication records, care plans and audits.
- The provider failed to establish an effective system to highlight late and missed calls to enable them to make improvements.
- The registered manager did not always notify us about potential safeguarding incidents.
- Recruitment processes were not effectively implemented to mitigate the risk of unsafe recruitment.
- Trends in incidents and accidents had not been explored in detail. This meant opportunities to prevent reoccurrence an improve safety were missed.
- People's care plans required clearer information about their health conditions and guidance for staff to follow. This increased the risk of people receiving unsafe care.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Most relatives were unclear about who the registered manager was. One person told us, "I don't know who the registered manager is, and I haven't met them."
- The registered manager encouraged people to express their views about the care they received. However, there was no evidence that feedback had been analysed and followed up.
- Staff felt supported by the registered manager and felt comfortable enough to raise any concerns.

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 registered manager understood the duty of candour and was open and honest when things went wrong.
- A relative told us, "I can trust them to let me know if anything is wrong."

### Working in partnership with others

- The registered manager worked with external agencies and professionals to provide people with joined-up care.
- One relative told us, "They reported that [person] had a mark on the top of her forehead. They said I should get in touch with the doctor. They did it too and took a photo of it and sent it to the doctor. It was very helpful because it has been looked at properly now and being treated with the right cream."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were not robust or effective enough to monitor and improve the quality and safety of the service provided.