

Passionate About Care Ltd

Passionate About Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Passionate About Care is a domiciliary care agency providing personal care to people in their own homes. The service covers three main geographical areas: Petersfield, Havant and Waterlooville. The service was supporting older people, those living with dementia, people with a physical disability and younger adults.

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. 70 people were supported with personal care at the time of the inspection.

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

The governance systems in place were not always robust and fully established to support the management team to identify and address shortfalls or to drive improvement in all areas.

Risks associated with people's support needs and health conditions had not always been effectively assessed, monitored or mitigated. This increased the risk of harm to people. The registered manager told us of their plans to improve the management of risk.

Staff were not always effectively deployed which meant there was a risk this would have a negative impact on people's health and well-being. The provider began making improvements at the time of our inspection to improve this for people.

Complaints and concerns had not always been used to improve the service.

Staff had received training in safeguarding and knew the actions to take to keep people safe. Overall, people's medicines were managed safely. The provider had infection control policies and procedures in place to guide staff on how to reduce the risk of infections.

Staff felt well supported through training and supervision. Staff in the service worked well with each other and external professionals to ensure good health outcomes for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they were supported by kind and caring staff who treated them with dignity and respect. However, we have made a recommendation, so people are always supported in a person-centred way.

The provider had improved governance systems since our previous inspection and had introduced new auditing systems. This had led to many improvements. However, systems and processes needed to be

embedded to ensure all regulations were complied with. Staff spoke positively about leaders at the service.

The nominated individual, registered manager and director demonstrated a willingness to make improvements and during the inspection began reviewing their systems and process to ensure the service consistently provided good, safe, quality care and support. Following the inspection, they sent us an action plan. Further progress was still needed to fully embed and sustain these improvements.

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

Rating at last inspection and update

The last rating for this service was inadequate (report published 18 October 2021). There were seven breaches of regulation in relation to regulation 17 Good Governance, regulation 12 Safe Care and Treatment, regulation 11 Consent, regulation 18 Staffing, regulation 19 Recruitment, regulation 13 Safeguarding and Regulation 9 Person-centred care.

We imposed conditions on the providers registration, and they completed an action plan after the last inspection to show what they would do and by when to improve. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Passionate About Care on our website at www.cqc.org.uk.

At this inspection improvement had been made in some areas and the provider was no longer in breach of regulation 9, 11, 13 and 19. However, not enough improvement had been made in other areas and the provider was still in breach of regulation 12 and 17 and 18. We also identified an additional breach of regulation 16 Complaints.

Why we inspected

We undertook this inspection to check the provider had followed their action plan and to confirm they now met legal requirements.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the Safe, Caring, Responsive and Well led sections of this full report.

Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, staffing, complaints and governance.

The provider has conditions on their registration which remain relevant to the findings at this inspection. We will request an updated action plan and meet with the provider.

Follow up

This service has been in Special Measures since September 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

However, because improvement is still necessary, we will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

Passionate About 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 was carried out by one inspector. An additional inspector made phone calls to staff and two Expert by Experience's made phone calls to people and their relatives to gain feedback. 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service short 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers

send us to give 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 spoke with 16 people and 7 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, office staff, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received email feedback from one member of staff and four professionals. We reviewed a range of records. This included nine people's care records and five medication records. We looked at five staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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

At our last inspection, risks were not safely managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of Regulation 12.

- At our last inspection we found risk assessments or care plans had not been put in place relating to people's health conditions. At this inspection we found instances where this was still the case. These included health conditions such as Parkinson's disease, epilepsy and contractures. This meant staff did not have guidance about how to support people with these conditions or monitor and mitigate risks associated with them.
- Other people lived with conditions such as dementia and diabetes. Generalised information had been recorded in people's care plans about these conditions which went some way to support staff to understand associated risks, but it was not personalised to the person. This meant staff may not have sufficient information to understand how risks associated with people's conditions affected them as individuals.
- Not all risks associated with people's health conditions or support needs had been adequately monitored or mitigated. For example, some people's risk assessments stated they were at risk of dehydration. Guidance for staff was not detailed enough to ensure this risk was reduced and monitoring records were not kept. Another person was at risk of skin breakdown and a measure to reduce this risk was to support them to reposition at every visit. However, records did not demonstrate this had happened. This increased the risk of harm for people.
- Staff's knowledge about people's individual health conditions and associated risks was variable. For example, one staff member could tell us what support one person needed with their health condition, whilst another staff member who supported the person did not know what health condition the person lived with.
- Risks to people's safety had not always been safely managed. For example, some people were prescribed paraffin-based creams to alleviate skin conditions. These creams are flammable, but risks associated with this had not been assessed and no mitigation plans had been put in place. Another person used bed rails to maintain their safety when in bed. The use of bedrails can present additional risks to a person's safety such as a potential increased risk of entrapment of the body or limbs. However, there was no guidance for staff to ensure this person's safety when using bed rails. This increased the risk of harm to people.

We found no evidence people had been harmed, however systems were either not in place or robust enough

to demonstrate risks were effectively managed. The failure to effectively assess, monitor and mitigate risks was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed our concerns with the registered manager who took prompt action to ensure people were safely supported. This included implementing risk assessments and communicating risks with staff. They also told us they would implement further measures to ensure people were safely supported with risk management.
- Other risks associated with people's support needs had been assessed and improvement since the last inspection had been made to the management of these. For example, guidance was available to staff in relation to catheter care, people's emotional needs and moving and handling equipment.

Staffing

At our last inspection, staff were not safely deployed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of Regulation 18.

- At the last inspection people were not always receiving care visits at the agreed times. At this inspection, this was still the case. Most people we spoke with were unhappy about the times of their visits and some people told us this impacted negatively on their health and well-being. Comments included, "[Person's name] was getting bedsores because the last visit is 6.00pm and the next visit only at 8.00am so he has been in pads too long. The district nurses said the times needed to change and have contacted [Passionate About Care] but nothing has happened", "They [staff] turned up at 11am the other day for my breakfast. I was starving by then" and "They [staff] turned up nearly three hours late by which time [Person's name] had wet the bed."
- People and their relatives told us they had stopped getting a rota which meant they did not know which staff would be supporting them or at what time. For example, one person said, "The rota of who is coming has disappeared, so I have no idea who to expect. I've complained but no one does anything."
- At our last inspection there were discrepancies between the agreed number of hours and actual hours delivered. At this inspection, records demonstrated this was still the case. Despite this, most people and their relatives told us this was not a problem for them and were happy with the length of time staff stayed with them.
- People had raised concerns about call times through their reviews. However, there was no evidence the provider had acted effectively on these.

The failure to safely deploy staff was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual and registered manager talked to us about staffing challenges they had faced over the last 12 months. Recruitment was ongoing.
- In order to mitigate risks, the provider was taking steps such as not taking on certain packages of care and prioritising people most at risk.
- The nominated individual and registered manager told us they were not aware of the impact of the staffing issues and said they would make it a priority to address. Plans to improve in this area included talking with people and their relatives and working with care coordinators to best meet people's needs.

Recruitment

At our last inspection, staff were not safely recruited. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 19.

- Staff were safely recruited, and appropriate employment checks had been carried out prior to staff commencing employment. This included disclosure and barring service (DBS) checks and investigation of any gaps in employment. DBS checks enable employers to check the criminal records of potential employees and are important to enable them to make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, people were not safeguarded from the risk of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 13.

- The registered manager told us they had worked with staff to enhance their understanding of safeguarding and we saw this had been a topic for supervision. When we talked with staff, they demonstrated they knew how to prevent, identify and report allegations of abuse.
- The provider had strengthened their processes for investigating any safeguarding incidents. Where these had occurred, they had been reported appropriately to CQC and the local safeguarding team.
- People and their relatives told us they thought people were safe with the staff who supported them. For example, one person told us, "I am very comfortable with the carers in my home and they support me to use my frame and whilst I am having a shower."

Using medicines safely

At our last inspection, medicines were not safely managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 12 regarding medicines.

- Information and guidance about people's medicines had improved. This meant staff had enough guidance to support people safely with their medicines.
- Where people were prescribed 'as required' (PRN) medicines, PRN protocols had been developed which meant people received these medicines effectively.
- Records of medicine administration confirmed people had received their medicines as prescribed. The registered manager took prompt action when we told them about improving their practice regarding providing guidance to staff about variable doses and the recording of this once these medicines had been administered.
- There were effective systems to ensure prescribed topical creams were managed safely and applied as required.

- Staff had been trained to administer medicines and had been assessed as competent to do so safely. Systems were in place to update training and staff competency as required.
- People told us staff supported them appropriately with their medicines. For example, one person told us, "The carers pass me my medication in a little pot; they wait until I've taken them. [I've had] no problems ... the carers usually tell me if I'm running out [of medication]. They get me paracetamol [if I'm in pain]."
- Regular checks and audits of the medicines system were carried out to ensure they were managed in a safe way.

Learning lessons when things go wrong

At our last inspection, systems were not in place to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 17 regarding learning lessons when things go wrong.

- The registered manager had implemented a system so staff could report any accidents or incidents. The staff we spoke with told us they knew how to report accidents and incidents and gave examples of when they had done so. However, the system needed to be fully embedded as we saw two incidents on daily records that were not in the accident and incident file. The registered manager told us of their plans to embed this.
- The registered manager analysed accidents and incidents on a monthly basis and identified any themes and trends. This ensured action was taken to prevent and mitigate reoccurring risks. For example, when it had been identified that one person had fallen a number of times, they were referred to the falls team and had a review of their care plan.

Preventing and controlling infection

- The provider had an infection prevention and control (IPC) policy in place. Staff completed IPC training and were provided with current guidance to follow. This included guidance about COVID-19.
- Staff told us they wore Personal Protective Equipment (PPE) such as aprons, gloves and masks when providing care to reduce the risks of cross infection. The management team carried out spot checks on staff practice to ensure they were following infection control procedures correctly.
- Staff carried out regular COVID-19 tests to help prevent the spread of infection.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection staff had not received adequate training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 18 regarding training.

- The provider told us about some of the work they had done to improve skills of staff. This included changing training provider, implementing a training room so staff could undertake practical training and checking staff's understanding and competency.
- Staff received an induction and ongoing training to help them fulfil the requirements of their role.
- Staff told us they had enough training to carry out their roles. When we spoke with staff, they demonstrated a better understanding of the skills needed to effectively support people than they did at our last inspection although this could still be improved for some. The registered manager told us they were continually working with staff to embed knowledge and skills.
- The registered manager also told us they would be supporting staff to receive further training. For example, regarding health conditions and end of life care.
- The majority of people and relatives told us they thought the staff were well trained in all aspects of care provision. One relative said, "The staff do seem to be very well trained and understand [Person's name] needs." However, three people felt some staff could be more confident with the use of moving and handling equipment. When we fed this back to the registered manager, they told of their plans to address this.
- Staff told us they were supported by the registered manager through one to one supervision and staff meetings. Staff confirmed they could talk to the registered manager at any time.

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.

At our last inspection, the principles of the MCA had not been followed. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 11.

- The provider had improved their understanding and practice regarding the MCA. People were protected from any unlawful restrictions and told us staff respected their choices.
- People and relatives confirmed staff asked for consent before supporting them. For example, one relative said, "I hear [staff] say 'is it all right if we do so-and-so?'"
- Records included information about people's capacity to make their own decisions and documents were signed to show they had consented to their care. Where people lacked capacity and an individual had been appointed to make decisions, this was documented.
- Staff knew people well and could mostly tell us who could consent and who needed staff to act in their best interests regarding their care and support. Additional knowledge about the underpinning principles of the MCA was still needed. We fed this back to the registered manager who told us they would continue to support staff with their understanding.

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

- People were satisfied with the support they received with their meals and told us staff supported them in the way they needed. For example, one person said, "The carers get me my food and top up my drink and give me a cup of tea. They warm ready meals up in the microwave; I tell them what I want, and they do it."
- Although as detailed in the safe domain of the report, it was not clear how people's fluid intake was monitored, people told us staff always left them with a drink.
- Records did not always demonstrate people had received the appropriate consistency of food and drink. However, people and their relatives told us staff understood their dietary needs and supported them appropriately. When we discussed this with the registered manager, they took prompt action to address this.

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

- The service worked with other health and social care professionals to ensure people had access to the support and care they required for their health.
- Staff monitored people's health and well-being and when needed, healthcare professionals such as GP's or district nurses were contacted for support. One person told us, "The carers keep an eye on [my legs] and tell me how they're looking, if they think they need to get in touch with the district nurse or anything, they do."
- The service supported people to have appropriate equipment in their homes. For example, when one person spent more time in bed, the service arranged for a mattress to be delivered to support their skin integrity.
- People's told us they felt reassured by the level of support they received if they were unwell. For example,

one person told us, "When the carer phoned an ambulance, she packed me a bag, looked after me until they came and was lovely, she was so kind."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Each person had their needs assessed before the service commenced providing them with care. The aim was to make sure the service was able to meet the person's needs and expectations. This was used to inform people's care plans.
- The provider's policies and procedures referred to regulation and best practice guidance, including government guidance.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessments. Staff completed training in equality and diversity and the management team and staff were committed to ensuring people's equality and diversity needs were met.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

At our last inspection, people had not been supported in a person-centred way. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 9. However, further improvement was still needed.

- As described in the Safe domain, people told us they did not always get their care visits at a time that suited them. For example, one person said, "The care is fine, but I don't like the time they [staff] come. I prefer to stay up at night until about 9pm but they insist on coming and putting me to bed at about 7:30pm."
- Some people told us since care records had been transferred from paper to electronic, they no longer had access to them. A relative told us, "We have asked for a paper copy but been told this is not possible. How is [Person's name] supposed to know what is written about her if she cannot access it? She often tells me things, but I cannot check the facts and so this makes us both stressed." The registered manager told us how they would improve this so people could have access and be involved with their care plans.
- As part of people's needs assessment, they were asked if they had a preference regarding which gender of carer supported them. Most people were happy with the arrangement or had no preference. However, three people told us this had not always been respected. We discussed our concerns with the registered manager who told us of their plans to ensure people were always supported by staff they felt comfortable with.
- People were supported to express their views during reviews of their care plans. Some people had a positive experience of this process whilst others felt it didn't always change things for them if they asked for changes. This was mostly in relation to call times.
- People said that when staff were supporting them, they listened to what they wanted and acted accordingly.

We recommend the provider seeks reputable guidance to ensure care and treatment provided is suitable and reflects specific needs and preferences.

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

- Without exception, all feedback we received from people and their relatives about the caring nature of staff was positive. Comments included, "The carers are kind and helpful; they look after me and anything I want done, they do it for me", "They [staff] are marvellous and more like family to me now" and "They [staff]

are wonderful and will help me with anything I want."

- The registered manager told us if a person expressed a particular need in relation to their sexuality, religion or culture these needs would be supported and would inform the development of a person's care plan. Staff told us that people were treated fairly and no discrimination took place.

Respecting and promoting people's privacy, dignity and independence

- The provider had focussed on supporting people with dignity. Dignity audits were undertaken, and checks were carried out to ensure staff supported people in a dignified way. People told us they were treated with dignity and their privacy was respected. For example, one person told us, "I think the carers have been well-trained in privacy and dignity issues and about confidentiality. It's the way they talk to you, polite and respectful."
- Staff supported people with their independence and encouraged them to do as much as they could and wanted to do for themselves. They were able to tell us of several examples where they supported people to make choices and do tasks for themselves on a day to day basis. One relative told us, "The carers are quite good at getting [my relative] to do things for himself, they encourage him to do things, ask how he's got on at physio and then follow up on it."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

At our last inspection we recommended the provider monitored their new complaints process to ensure complaints were satisfactorily resolved for people. The provider had not made the necessary improvement.

- Several people told us they had complained about call timings, lack of a rota and not being able to access their care plans but no action had been taken. Comments included: "I ring up often and complain about visits being inappropriate times. They still don't change", "I have contacted the office and complained about the poor timing of visits. They don't seem very concerned and nothing is done about it" and "I have complained about this time business. I've rung the office, but I feel they ignore you. They say the right things and do nothing."
- We discussed the lack of action in response to complaints and concerns with the registered manager. They told us they were not fully aware of people's dissatisfaction regarding the above issues and had not received any formal complaints about this. However, from the feedback we received, it was evident some people had been unhappy with these aspects of service delivery and had been raising concerns for some time.
- In addition, we saw feedback in the form of care reviews which had been gathered in March 2022. These included approximately 15 concerns about call times from people. There was no evidence to indicate these concerns had been investigated or resolved for people, or that themes had been identified so service improvement could be made.

The failure to effectively operate a system for identifying, receiving, recording, handling and responding to complaints was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The registered manager told us of their plans to improve the management of complaints. This included ensuring all people and their relatives knew how to complain and making sure all staff knew how to identify concerns and complaints and how to escalate them to the registered manager.
- When the registered manager received complaints in writing, we saw these had been investigated and resolved for people.

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

At our last inspection, people's records were not accurate, complete and contemporaneous. This was a

breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made. This is detailed further in the Well-led domain of the report.

- At the last inspection, care plans were not always personalised and did not always reflect the care that people were receiving. Since the last inspection, the provider had accepted support from the local authority and were working hard to make improvement. Although care plans were much improved, we noted areas that required more work. For example, to make sure the information in care plans was personalised. The registered manager acknowledged this and told us care plans were an ongoing area of required improvement.
- Staff accessed care plans on the electronic system and told us they contained enough information for them to know what care to deliver.
- People were mostly supported by a consistent group of staff which meant staff had got to know people well. Staff described their understanding of people's individual needs and told us how people preferred to be supported. This also mitigated the risk of any missing information from care plans.
- People were happy with the care they received. For example, one person told us, "I am very happy with how the carers help me; they are very obliging."

Meeting people's communication needs: End of life care and support

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.

At our last inspection, people had not been supported in a person-centred way. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 9.

- At the last inspection, the provider had not implemented the AIS. Some people had communication needs due to sensory loss or health conditions, but care plans did not provide guidance for staff about how to communicate with people.
- Since the last inspection, people's communication needs were identified, recorded and highlighted in their care plans. This ensured staff were aware of the best way to talk with people and present information.
- If people needed information in different formats the registered manager said they would source this for them.
- At our last inspection, people did not have end of care plans in place when they were receiving end of life care. At this inspection, no one was receiving end of life care.
- The registered manager told us most people did not wish to discuss their end of life wishes. We did see one person had discussed this and brief details about the support they required at the end of their life had been recorded in their care plan.
- The registered manager told us they would ensure people would be appropriately supported at the end of their lives and work alongside other professionals to enable people to have a pain free and dignified death.

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

- Most people did not receive support from Passionate About Care with their social needs. However, people were positive about the interest staff showed regarding wider aspects of their lives such as family, relationships and hobbies.

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

At our last inspection, the provider did not operate effective systems to assess, monitor and improve the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of Regulation 17.

- Although the provider had increased their oversight and implemented a variety of audits and systems to monitor the service, areas of service provision still fell short and breaches of regulation continued to be identified. Systems in place did not effectively identify the concerns we found at this inspection such as risk management and staff deployment.
- Complaints and concerns did not always prompt the provider to take action to make the necessary improvement for people.
- Risk management records did not always contain enough information for staff to assess, monitor and mitigate risks effectively.
- The provider gathered the views of people using the service by using quality surveys and reviews. These did not always prompt improvement when people expressed concerns. This meant the provider had not always acted on people's feedback to make improvements for them.

The failure to operate effective systems to assess, monitor and improve the service and to maintain an accurate, complete record in respect of each service user was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and nominated individual were responsive to our feedback and either acted promptly to make improvements or told us of their plans about some of the changes they were going to implement following the inspection.
- Following the last inspection, conditions were imposed on the provider's registration of the service and the requirements of this were fulfilled. This demonstrated that the provider was working hard to make improvements. During this inspection, we found the provider had improved in many areas. These included,

safeguarding people from the risk of abuse, the management of medicines, training and recruitment.

- The provider had additionally worked with the local authority to make improvements and we received feedback from a professional involved with this who told us they were happy with the providers action plan and felt they were making progress. Further progress and time were still needed to fully embed and sustain these improvements.
- Since the last inspection, the provider had increased their understanding of when to submit a notification to CQC. We found notifications were submitted as required.
- Staff meetings were held, and staff were invited to attend and share their views. Minutes were kept and sent to all staff, so they were aware of discussions held. Staff told us of examples where they had made suggestions of change and the registered manager had listened and taken action.

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

- When we asked people if they would recommend Passionate About Care to others, we received a mixed response. Of all the people who said they wouldn't, they gave the issues with visit times and lack of action about this from the provider as the reason.
- Other than this, people were mostly positive about the care they received. Relatives told us the service provided good outcomes for people.
- People received care from staff who knew them and enjoyed their work. Staff told us they worked within a caring and supportive team where they were valued and trusted. For example, one staff member told us, "Working for them [Passionate about Care] is like having an extended family. How friendly everyone is, the team is great, and the managers are easily approachable, if I need anything, they are very accommodating."
- The registered manager was approachable and took a genuine interest in what people and relatives had to say. However, not all people and relatives knew who the registered manager was. We fed this back to the registered manager and nominated individual who told us they would make sure people knew who was managing the service.
- The nominated individual and registered manager promoted an open and transparent service and were motivated to enable good outcomes for people. A policy was in place so if an incident took place that fit the requirements of the duty of the candour, this would be followed to ensure it was met.

Working in partnership with others

- Staff and management worked well with other agencies, organisations and professionals.
- The nominated individual and registered manager told us of their plans to enhance the work they did with working with others. This included, providing additional learning opportunities using local resources and inviting people and their families to events so relationships could be strengthened.

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 16 HSCA RA Regulations 2014 Receiving and acting on complaints The failure to effectively operate a system for identifying, receiving, recording, handling and responding to complaints.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The failure to effectively assess, monitor and mitigate risks of service users.

The enforcement action we took:

We imposed an condition.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The failure to operate effective systems to assess, monitor and improve the service and to maintain an accurate, complete record in respect of each service user.

The enforcement action we took:

We imposed a condition.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The failure to safely deploy staff.

The enforcement action we took:

We imposed a condition.