

Passion for Support Limited

# Passion for Support Limited

## Inspection report

3a Victoria Road  
Elland  
West Yorkshire  
HX5 0AB

Tel: 01422374097  
Website: [www.passionforsupport.com](http://www.passionforsupport.com)

Date of inspection visit:  
03 July 2017  
04 July 2017  
06 July 2017

Date of publication:  
27 July 2017

### 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

We inspected Passion for Support Limited on 3, 4 and 6 July 2017. We gave the provider short notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager can be available.

This was the first inspection of the service since the provider registered with the Care Quality Commission in February 2016 following a move to new office premises.

Passion for Support Limited is a domiciliary care agency which provides care and support services to people in their own homes. At the time of our inspection the service was providing support to 75 people, however only 14 of these people were receiving personal care which is the part of the service the Commission regulates. The agency provides a service to adults, older people, people living with dementia, people with physical disabilities, learning disabilities, sensory impairment and people with mental health needs.

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

People and relatives we spoke with were unanimous in their praise of the service provided and the staff. Staff were carefully matched to individuals which meant people received support from a small group of staff who knew them well. People told us staff were patient and kind and enabled them to do things at their own pace. All calls were a minimum of one hour and people said staff arrived on time and stayed the full length of the call, often doing extra jobs if they had any spare time. Medicines management was safe which helped ensure people received their medicines as prescribed.

Our discussions with staff showed they knew people well. Staff were recruited safely and told us their induction and shadowing was comprehensive and prepared them for their roles. We saw staff received the training and support they required to meet people's needs. Staff had a good understanding of safeguarding and whistleblowing.

People's care records provided detailed information about their needs and focussed on what people could do for themselves as well as the support they required from staff. Risk assessments showed any identified risks had been assessed and mitigated. We saw people had been involved in their support plans and reviews. There was full information about people's lives which included important relationships, life history and any interests, likes and dislikes. People's nutritional needs were met.

People we spoke with raised no concerns but knew the processes to follow if they had any complaints and were confident these would be dealt with.

People, relatives and staff spoke highly of the registered manager and the way the service was run. They told us communication was very good. They told us about regular checks the registered manager and service co-ordinator carried out to make sure people were happy with the service. We saw systems were in place to monitor the quality of service delivery, however the registered manager recognised the recording of these processes needed to improve and had taken steps to make these improvements over the coming months. People, relatives and staff all said they had and would recommend the service to other people.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Medicines management was safe and records showed people received their medicines as prescribed.

Staff recruitment processes helped ensure staff were suitable to work in the care service. People received their calls on time and for the correct duration.

Safeguarding systems helped protect people from abuse. Risks to people's health, safety and welfare were properly assessed and mitigated.

### Is the service effective?

Good ●

The service was effective.

Staff had received the training and support they required for their job role and to meet people's needs.

People's rights were protected because the registered manager and staff understood their responsibilities under the Mental Capacity Act 2005.

People received support to ensure their healthcare and nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

People and relatives told us staff were kind and caring.

People's privacy and dignity was respected and maintained by staff.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and support plans were person-centred and reflected people's needs and preferences.

A complaints procedure was in place and people knew how to make a complaint and were confident it would be dealt with appropriately.

**Is the service well-led?**

**Good** ●

The service was well-led.

Systems were in place to assess, monitor and improve the quality of the service. Plans were in place to improve the recording of these processes.

There was an open and inclusive culture led by the registered manager and endorsed by the staff who were willing and committed to continually improving the service.

# Passion for Support Limited

## **Detailed findings**

### Background to this inspection

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

The inspection was carried out on 3, 4 and 6 July 2017. The inspection was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that the registered manager was available. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us. We also contacted the local authority contracts and safeguarding teams.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

During the visit to the agency office on 4 July 2017 we spoke with the registered manager and the care co-ordinator. We looked at the care records of four people who used the service, two staff recruitment files, training records and other records relating to the day to day running of the service.

On 3 and 6 July 2017 we spoke on the telephone with two people who used the service and six relatives. We also spoke with two support staff and a social care professional.

# Is the service safe?

## Our findings

People and relatives we spoke with told us they felt safe with staff members who visited them and the service they provided. One person said, "I feel very safe with them. I get the same carers who know me and I know them." A relative said, "(Family member) looks forward to the carers coming in and I know she's safe." Another relative said, "I have absolute total confidence in the staff and know my (relative) will come to no harm."

People and relatives told us the service was reliable and well organised. They said staff always turned up on time and stayed the full length of the visit. One person said, "They've been coming to me for a year now. They're always on time and always stay the full hour. They're just excellent. If they've any time left over they don't leave, they do my ironing for me."

The registered manager told us all calls provided were for a minimum of one hour. We saw robust systems were in place to schedule calls and ensure they had been completed. Staff logged in their arrival and departure times and the system alerted office staff if the staff member had not logged in 20 minutes after they were due to attend. Staff we spoke with confirmed these systems worked well. Staff said there was sufficient time planned between calls to allow them to travel safely and arrive on time. They said they were given enough time to provide the care and support needed on each call without rushing. One staff member said, "I've worked for two other agencies and I was run ragged and never had enough time, it wasn't fair on people. Here you can give all the time they need – it's relaxed and you don't have to rush."

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included requesting a criminal record check with the Disclosure and Barring Service (DBS) and two written references. The registered manager told us they selected new staff very carefully to ensure they had the right skills and attributes to match the needs of their clients. We saw evidence of this in the staff files we reviewed which included comprehensive interview notes. Staff we spoke with said the recruitment process was thorough.

Medicine administration records (MARS) we reviewed were generally well completed. The MAR listed the individual medicines contained in the blister pack and included the dosage and frequency of administration. The MARs were signed by staff to show the medicines had been administered and where codes were used there was an explanation recorded to explain the reason. However, two people's support plans showed they used a thickening powder in their drinks, yet this was not included on either person's MAR. We raised this with the registered manager who took action to address this immediately. All staff were given copies of the medicines policies and procedures which provided guidance on their roles and responsibilities. The registered manager told us all staff had completed medicines training and had their competency assessed. This was confirmed in our discussions with staff and evidenced in the staff files we reviewed.

We found robust systems were in place to assess, monitor and manage risks. We saw support plans included environmental risk assessments in relation to people's homes which ensured the safety of the individual and

staff. This included emergency information such as escape routes from the house and the location of electrical fuse boxes and the stop taps for the water and gas supply. Individual risk assessments were also in place which included areas such as moving and handling, physical and emotional health care needs, personal hygiene, falls and nutrition. We saw some support plans had photographs as well as written descriptions so staff could easily see how equipment should be used safely. For example, for one person there was a series of photographs showing how the hoist and slings should be attached and used. Another showed how to safely clamp a person's wheelchair in the car when they were being transported.

Clear procedures were in place for the reporting of accidents and incidents and records we reviewed showed these were being followed. Accident and incident reports were well completed and showed appropriate action had been taken by staff to keep people safe.

Safeguarding and whistleblowing procedures were in place. The registered manager and staff we spoke with showed a good understanding of the procedures and knew how to identify and act on any concerns. Staff had received safeguarding training and there were systems in place to ensure this was regularly updated. The registered manager confirmed there had been no safeguarding incidents since the service registered with the Care Quality Commission.



# Is the service effective?

## Our findings

People using the service and relatives told us staff were well trained. They told us one of the main strengths of the service was the registered manager took great care in matching staff to people to make sure they were compatible and had the skills and ability to meet their individual needs. One relative said, "They're excellent. We have a small team of regular staff who know exactly what they're doing." Another relative said, "Staff are exceptionally motivated and this is the only organisation I know that takes the time to make sure the staff are right for the person."

The registered manager told us all new staff completed the Care Certificate and had a period of shadowing experienced staff before working alone. We saw evidence of this in the staff files we reviewed. The Care Certificate is a set of standards for social care and health workers. It was launched in March 2015 to equip health and social care support workers with the knowledge and skills they needed to provide safe and compassionate care. Staff we spoke with told us their induction had been 'thorough' and the shadowing had been tailored to meet their requirements. They told us they were always introduced to new clients and read through their support plans which helped them get to know people before providing support.

Staff praised the training they received which they said was kept up to date. They said as well as training the registered manager provided them regular updates for example sending them NHS advice leaflets on areas such as infection control. The registered manager showed us the electronic system they used to monitor and record staff training which highlighted when updates were due. Staff records we reviewed showed completed training included areas such as moving and handling, dementia care, first aid, safeguarding, infection control, food hygiene, management of medicines and the Mental Capacity Act. Some specialist training had been provided to meet the needs of people using the service. For example, we saw staff had received training in Parkinson's disease. The registered manager told us they were in the process of arranging more specialist training for staff.

Staff said they felt well supported in their roles and confirmed they received regular supervision. We saw evidence of regular supervision in the staff files we reviewed. The registered manager showed us the appraisal form they had recently implemented which included a self-assessment form. This had been piloted with a small number of staff and was due to be rolled out to all staff in coming months.

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. In the case of Domiciliary Care applications must be made to the Court of Protection.

People's support plans showed if friends or relatives had lasting power of attorney either for financial or health and care decisions. A lasting power of attorney (LPA) is a way of giving someone you trust the legal

authority to make decisions on your behalf if you lack mental capacity at some time in the future or no longer wish to make decisions for yourself. The registered manager had a good understanding of the MCA and of their responsibilities under the Act. People and relatives told us they were consulted about all aspects of their care and support and we saw consent had been obtained and recorded.

Where staff supported people with meals we saw support plans contained detailed information about the types of food and drinks people preferred as well as any dislikes. A relative told us staff often sat and had a drink and a chat with their family member while they had their meal which they said encouraged the person to eat as it made the mealtime relaxed and friendly.

People were actively supported to access healthcare services as and when required.

## Is the service caring?

### Our findings

People we spoke with told us they were very happy with the care they received and described the staff as 'excellent' and 'very good'. One person said, "They look after you so well. I have the same carers, they know me and I know them. This service was recommended to me and I would recommend it to anyone. I'm very happy with everything."

Relatives were also unanimous in their praise. Comments they made to us included; "They are brilliant, can't fault them. My (relative's) happy because she knows them (staff) and can have a laugh with them. They come when they're supposed to, stay the full length of time and it just couldn't be any better." "We've got a small team of regular staff. They're very caring and know what they're doing. It's not just a job to them, you can see that they really care and want to do it." "I'm very happy with the care, staff are so very good. When they're here it gives me a chance to go out knowing (relative) is okay." "The staff are just brilliant and have become (relative's) friends. It's just an absolutely excellent service."

A social care professional who had worked with the service for many years described it as excellent. They said the service was consistently reliable and very person-centred and provided continuity of staff. They said staff were creative in exploring different options and implementing life enhancing experiences for people. They described how one person had always loved cooking and baking but had not been able to continue with this when they were diagnosed with dementia as their family member was not able to provide the support. Staff from the service spent time with the person supporting them to cook and bake again which benefitted not only the person but also the relative. They told us of another occasion when staff had arranged for a person to be able to spend time on an allotment during their visits rather than sitting in the house, which had given the person a new lease of life.

Staff told us they loved their jobs and spoke about the people they supported with empathy and compassion. All said they would recommend the service as a place to work and would be happy for a loved one to receive support from the service. One staff member said, "We don't clock watch. We give people the time they need, we don't rush and we care. We go the extra mile." Another staff member said, "We're able to give people what they need. We have time to sit and chat and that's just as important, in fact sometimes more important than anything else. We get to know people really well and they know us too. It's what I'd want for myself." Our discussions with staff showed they promoted people's independence and focussed on their strengths.

Our discussions with people and relatives showed people received consistently high standards of care and support from a small group of regular care staff. The registered manager and staff knew people well as individuals and were able to tell us about their wishes and preferences in a way that showed it was clear people mattered. We found detailed information in people's care files about their past lives and experiences, likes, dislikes and preferences.

People told us staff treated them with respect and maintained their privacy and dignity and this was evidenced in our discussions with staff.

## Is the service responsive?

### Our findings

People and relatives we spoke with were very satisfied with the care and support provided. One relative said, "Staff are very responsive. They see things and act on them. For example, they notice any small changes in (relative) which may be sign she's got a minor infection and always tell me. Communication is very good." Two other relatives told us they appreciated the flexibility of the service. One relative said if they had to change call times or days the service was very good in accommodating them. The other relative said they had just arranged an extra call for their family member.

The registered manager told us before a service started either they or the service co-ordinator visited the person and discussed their needs with them and any relatives or friends the person wished to be present. These discussions included preferred call times. The registered manager said if they were unable to accommodate the person's needs then they were open and honest about this and advised the client to contact the local authority care team. We saw detailed records of these assessment visits which included the time, duration and frequency of calls and the type of support required.

We saw people were involved in drawing up their support plans which provided detailed information about what the person could do for themselves as well as the support required from staff. We saw support plans were regularly reviewed with people and updated. One person told us, "(Registered manager's) just been out to review my care plan with me. He always asks me if I'm happy or want anything doing differently." Each person had a comprehensive personal profile which included life history, important relationships as well as any medical conditions. We saw for one person there were detailed fact sheets for staff about their specific medical condition. Staff completed daily activity logs which evidenced the support provided. We found there were some gaps in one person's activity log for May 2017. We discussed this with the registered manager who told us they had addressed this with staff and would check the entries for June 2017 when the activity sheets were brought into the office.

Some of the people who received personal care were also supported by staff with their individual social care needs including accessing activities in the community. We saw people's interests and hobbies were detailed in their support plans and daily records showed people were given the time and support they required to pursue these. For example, one person's records showed they had enjoyed trips out to the local swimming pool, cinema, for lunch, gardening classes and college. This person's relative told us, "She has a good time out with them. She loves swimming and I know she's in good hands." Another relative said, "The social care side is crucial to (relative). The staff sitting and chit-chatting with her makes all the difference."

People who used the service were provided with a copy of the complaints procedure. The registered manager told us there had been no formal complaints. People and relatives told us they had no concerns but were confident if they raised any they would be dealt with promptly. One relative said, "(Registered manager) told us if there's anything you're not happy with I'd want to know so we can put it right." Another relative said, "I've no complaints but I do know if ever there's an issue with anything (registered manager) sorts it straightaway."

## Is the service well-led?

### Our findings

People, relatives and staff were unanimous in their praise of how the service was managed. All said they would have no hesitation in recommending the service and several had done so already.

The registered manager, who is also a director of the Company, was known by everyone and commended for the positive, caring and very person-centred ethos he championed throughout all aspects of the service. Comments included; "Passion is a very apt name because that's what they are - passionate in providing a bespoke service and that's all down to (registered manager). He goes over and above for everyone. I can't praise them highly enough" "They're quick and efficient in doing assessments and always open to feedback both positive and negative. Just excellent" "(Registered manager) is very good. The service is very well managed" and "I can ring (registered manager) anytime. He does random visits to check everything's okay. Just knowing he's there takes the stress off of us."

Everyone told us communication was good. People and relatives said they received weekly rotas that confirmed which staff would be attending and said they were kept informed of any changes. Staff told us they felt well supported by the service co-ordinator and registered manager who they said often came out on visits to check everything was all right. They said they were kept informed of any changes and were encouraged to put forward ideas and suggestion for improvements.

Staff spoke with pride about the high standard of care and support they were able to deliver. All said they would have no hesitation in recommending the agency as a place to work and would also recommend the care service as it passed the 'Mum's test' and they would be happy for their relatives to receive care from the agency.

Our discussions with people, relatives and staff showed the quality of the service being delivered was monitored by the registered manager. This included regular reviews of care plans, daily records, accident and incident reports and medication administration records. However, we found these audits were not always fully documented and although the registered manager and service co-ordinator were able to explain action they had taken when issues had been identified, they were unable to show us records to evidence this. Similarly, although people and relatives told us the registered manager and service co-ordinator often visited and carried out spot checks to make sure staff were delivering the care and support people required, there were no records of these monitoring visits. Although we saw individual supervision records captured some feedback from these visits. We discussed this with the registered manager who acknowledged the lack of documentation to evidence these processes. In the provider information return (PIR) submitted prior to the inspection the registered manager detailed planned improvements in this area for the service in the coming year in anticipation of the service expanding. This included utilising more fully the new software system implemented for scheduling and monitoring calls and staff training. Following the inspection the registered manager told us they had met with the software provider to look at how quality assurance could be captured and evidenced on the system.

We saw copies of completed surveys in the support files we reviewed which showed people were very

satisfied with the service provided. One survey said, "Keep doing the good work." The registered manager told us surveys were sent out intermittently although they were planning to introduce annual surveys.