

Passion Recruitment Agency Limited

# Passion Recruitment Agency

## Inspection report

Vista Business Centre  
50 Salisbury Road  
Hounslow  
Middlesex  
TW4 6JQ

Tel: 02038740165

Website: [www.passionrecruitmentagency.co.uk](http://www.passionrecruitmentagency.co.uk)

Date of inspection visit:  
09 March 2022

Date of publication:  
07 June 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Passion Recruitment Agency is a domiciliary care service providing personal care and support for people in their own homes. At the time of the inspection they were providing support and personal care for one person.

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

The provider did not always assess and mitigate identified risks to ensure care workers were provided with adequate information on how to reduce possible risks. When care workers were recruited the provider did not always follow their own procedures and completed appropriate checks to make sure the new care workers had the required skills. Care workers had not always received training to enable the provider to be assured the care workers had the appropriate skills and knowledge to provide care in a safe manner. The provider did not have robust quality assurance procedures to enable them to identify issues and implement actions to make improvements when required.

The provider had developed procedures for the management of medicines and the investigation of safeguarding concerns and incidents and accidents. 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.

The person receiving support felt they were safe and was happy with the care provided. They felt the care worker treated them with respect and helped them be as independent as possible. People's nutritional and health support needs were identified as part of the care plan.

Care plans identified how the person wanted their care and support to be provided. Information on how to raise any concerns was provided to people receiving support. The person receiving support and the care worker felt the service was well run.

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 2 November 2020 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report. 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 breaches in relation to safe care and treatment, staffing and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Passion Recruitment Agency

## **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.

#### 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 but they were not actively involved in the running of the service.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 March 2022 and ended on 17 March 2022. We visited the location's office on 9

March 2022.

#### What we did before the inspection

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.

#### During the inspection

During the inspection we spoke with the nominated individual, registered manager and an administrator. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Following the inspection, we carried out a telephone interview with one person receiving support from the service and we received feedback from three care workers. We looked at the care plan for one person, the recruitment and training records for three care workers and other information relating to the management of the service including policies and procedures.



# 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.

### Staffing and recruitment

- The provider did not always follow their recruitment procedures to ensure appropriate checks had been carried out on applicants to ensure they were suitable for the care worker role.
- We reviewed the recruitment records for three care workers. The provider's recruitment policy stated all candidates were required to provide one reference from their most recent employer and a second character reference. The recruitment records for one care worker showed only one reference had been obtained and this was from an employer from 2014. The application form indicated there was a more recent employer the provider should have obtained a reference from. The records for the other two care workers showed only one reference had been obtained. All three care workers were working for the provider at the time of the inspection. Therefore, the provider was not following their process in relation to obtaining references for applicants for the care worker role.
- We saw that Disclosure and Barring Service checks were not carried out for new care workers. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We found the provider had not completed DBS checks for two care workers. One care worker had provided a DBS from a previous employer in 2019 and the second care worker had a DBS from a previous employer in 2021. The provider had not applied for up to date DBS checks and had not carried out a risk assessment in relation to possible risk of not having current information. The provider's recruitment policy stated a DBS should be obtained before the new care worker commences work.
- The recruitment records for one care worker indicated they required permission to work in the United Kingdom, but the provider had not recorded if checks had been carried out to ensure the appropriate authorisation was in place.

The provider did not always follow their recruitment process and ensure adequate checks were in place for new care workers. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- The management of risks was not always effective as risk management plans had not been developed.
- Where a specific risk had been identified which could be related to a person's health or care needs there was no guidance in place for care workers on how they could manage and possibly reduce the risk when providing support.
- The provider had not developed COVID-19 risk assessments or risk management plans for people receiving care or for care workers. This meant that possible factors which could increase a person's risks of developing

COVID-19, for example ethnic background and/or medical conditions, and any actions which could reduce possible risks were not identified.

Therefore, the care workers did not always have the guidance to assist them to provide care in a way that reduced possible risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a range of risk assessments in place which included an environmental risk assessment for the person's home, a manual and handling assessment, falls risk assessment and skin integrity assessment.

#### Learning lessons when things go wrong

- The provider had a policy for the reporting and investigation of incidents and accidents but this document only provided guidance for incidents and accidents relating to staff members and how the provider could meet the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). There was no information on how incidents and accidents relating to people using the service should be recorded, investigated and any lessons learned identified.
- At the time of the inspection no incidents and accidents had occurred so we could not review how they were recorded and investigated.

#### Using medicines safely

- The provider had a procedure for the administration of medicines.
- At the time of the inspection the provider told us they were not supporting anyone with their medicines which was confirmed by the person we spoke with.

#### Preventing and controlling infection

- The person we spoke with confirmed care workers used personal protective equipment (PPE) when providing support. Care workers we contacted told us they had enough PPE provided for them to use during visits.
- The provider had a procedure for the prevention and control of infection.

#### Systems and processes to safeguard people from the risk of abuse

- The person we spoke with said they felt safe when they received support from care workers in their home.
- The provider had a procedure in relation to safeguarding adults which included guidance on what safeguarding meant and the contact details of the local authority safeguarding team.
- At the time of the inspection there had been no safeguarding concerns identified so we were unable to review any records or investigations.



# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider did not always ensure care workers had the required skills and knowledge to meet people's care needs. We reviewed the employment records for three care workers and the provider confirmed they had not completed any training. Both care workers had been in post since July 2020.
- The employment records for the third care worker indicated they had completed training including safeguarding adults, moving and handling, infection control and health and safety in July 2020 but had not completed any refresher training courses. This meant the provider could not ensure care workers were aware of updates on current good practice.
- We saw spot checks on the care provided by two of the care workers had been completed. There were no records of any supervision or appraisals being carried out for all three care workers. This would enable the provider to discuss their experiences of providing care and identify any issues, training or support needs they may have.
- The provider's training and induction policy stated that all new staff should complete an induction, a personal development plan should be created to identify additional training needs and all refresher training should be carried out annually. We found the provider had not followed their own procedure.

The provider had not ensured care workers had received appropriate training and support to meet people's specific care needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- An assessment of a person's support needs was completed before the care package started. This information was used to develop the care plan.

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

- Care plans identified if the person required support with preparing and/or eating meals.
- A nutritional needs assessment was completed which included information on the person's ability to eat, if they required support and any contributing health factors.

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

- The care plan included a section where the contact details of the person's GP and any other healthcare professional involved in their care could be recorded. An oral health care section was also included in the

care plan advising care workers what support the person required.

- We were unable to make further judgement about this because there was only one person using the service.

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.

- The provider followed the principles of the MCA to ensure people could make decisions in relation to aspects of their care.
- The provider carried out a mental capacity assessment as part of the initial needs assessment to identify if the person could make decisions about their care or if they needed support to ensure care was provided in the least restrictive manner possible.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The person we spoke with confirmed they were happy with the support they received from the care workers. They told us the care workers helped them maintain their independence. "The care workers are doing what they are supposed to do. They help me when I need help."
- Care workers we contacted explained how they respected a person's privacy and dignity when they provided support. Their comments included, "By providing them extra privacy in public. By maintaining a personal space and boundary. By maintaining their confidentiality. By looking away while dressing. To be tactful to identify their pain and discomfort", and "By closing curtains before giving personal care, by providing them more privacy in an open place, by not looking too much on them while dressing up, and by making sure that their confidentiality is maintained."
- The person we spoke with said that their care needs and how they wanted their support provided was discussed with them before the care workers started visiting.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care plans identified how the person wanted to be supported to meet their care needs and included information on personal care and nutrition.
- Care workers completed a record of the care and support provided during each visit which included the food and drinks prepared and any cleaning completed.
- The care plan identified who was important to the person including their family and what activities they enjoyed. The care plan stated the person required support from care workers to access the community, but the provider confirmed the person could go out without support and would update their records accordingly.

### 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.

- The initial needs assessment and the care plan identified if there were any communication issues, for example if a person was living with any sight or hearing impairments. The person's preferred language was also identified.
- The person we spoke with confirmed the care workers could communicate in their preferred language.

### Improving care quality in response to complaints or concerns

- The person we spoke with told us they understood how to raise any concerns with the provider, but they have not felt the need to.
- The provider had developed a complaints policy which identified the process for recording, investigating and creating an action plan to reduce the risk of reoccurrence.
- At the time of the inspection the provider had not received any complaints so were unable to review how they responded to any concerns.
- Care workers we contacted explained their understanding of how they would respond to any complaints raised. One care worker commented, "The first thing I would do is to listen carefully to the complaints and make necessary investigation about it. And if the complaint cannot be resolved by the manager, I will let the service user know their right to contact the advocate who would speak on their behalf."

#### End of life care and support

- At the time of the inspection the service was not providing support with end of life care. Care plans included information on the person's wishes in relation to resuscitation in case their health deteriorated.
- The provider had a procedure for how to support people requiring end of life care. The procedure document had links to a range of guidance documents from organisations including National Institute for Health and Care Excellence (NICE) and Skills for Care.

# 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.

### Continuous learning and improving care

- The provider did not have robust audits and quality assurance processes to enable them to assess and identify where action was required.
- The provider did not carry out checks to ensure the care plan was up to date and reflected the current care needs of the person. There had been a change to the care package a month before the inspection and the number of visits per day increased. The care plan had not been updated to show this and provide information for care workers on what support the person required during the additional two visits per day.
- The care plan had not been reviewed since September 2020 and still included care activities which either had not been provided or were no longer required, for example shopping and providing support to access the community. The provider did not carry out regular checks on the care plan to ensure care workers were provided with up to date information.
- The provider did not always identify, assess and mitigate possible risks in relation to the care. We found that some identified risks did not have a management plan in place which meant the care workers had not always been provided with guidance on how possible risks could be mitigated.

The provider did not have robust quality assurance processes in place to identify where improvements were required. This was a breach of regulation 17 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

- The person we spoke with told us they felt the service was well run and were happy with the support they received. They said, "The service they are giving me is OK. They are competent, good timekeeping and they know what they are doing. They are very good."
- Care workers told us they felt well supported by the provider and the service was well run. Their comments included, "Ever since I joined the Passion Recruitment Agency, they always text to remind me of my shifts ahead of day and time, call and check on my punctuality for the client's attendance, always check on my day to day activities with the client, and always reminding me to give best quality of care to the service user. Also, we never lack any PPE use of supply. Also checking of my wellbeing and of the client" and "Since I joined Passion Recruitment Agency, their management is very okay. They always make calls to me as a carer to make sure I get to the service user on time. Always reminding me to make sure I deliver a good quality of care to the service user."

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 provider had a range of policies and procedures in place which were regularly reviewed and updated when required.
- The provider demonstrated they had an understanding of what the duty of candour meant in relation to providing care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of the inspection there was a registered manager but during the inspection we were informed the registered manager had not been actively involved with the service for around five months. Following the inspection, the registered manager contacted the CQC and ended their registration for this service.
- The provider and an administrator coordinated the daily activity of the service and the care visits.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The person we spoke with confirmed they were in regular contact with the provider about the care they received.
- The provider identified individuals equality characteristics as the care workers visiting the person spoke their preferred language to prevent communication issues. The provider confirmed that, if required, they could get a person's care plan translated.

Working in partnership with others

- The provider explained that as they only had one person receiving support, they had yet developed any links with other organisations.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The risks to health and safety of service users of receiving care and treatment were not always assessed and the provider did not do all that was reasonably practicable to mitigate any such risks.</p> <p>Regulation 12(1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity</p> <p>The provider did not have appropriate checks in place to assess, monitor and mitigate the risks relating health, safety and welfare of services.</p> <p>Regulation 17 (1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not have systems in place to ensure their recruitment process was followed so adequate checks were in place for new care workers.</p>



Regulation 19 (1)(2)

## Regulated activity

Personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider did not ensure care workers had completed training so they had the skills to provide care in an appropriate manner.

Regulation 18(1)(2)