

# Passion Carers Ltd

# Italia House

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service caring?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Italia House is a domiciliary care service. It provides care and support to people in their own homes. At the time of our inspection the service was supporting one person. Not everyone who uses domiciliary care services receives 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.

We last inspected the service in February and March 2018, when it was supporting one person with personal care. Shortly after our inspection the person discontinued their care package and the service became dormant. In October 2019 the service again started to provide support to one person. Only two members of staff provided support to this person. One of these was the registered manager. We have been unable to allocate a rating to our key questions to give an overall rating as there was insufficient service history and evidence for us to form a judgement.

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

Relatives of the person were happy with the support provided by Italia House.

Care plans contained some information about the person's preferences, medical history and support needs. Some risk assessments were in place. However, there were no risk assessments for key areas, such as mobility and accessing the community.

No new staff had been employed since our last inspection, so we were unable to review recruitment procedures or staff induction. The majority of care was provided by the registered manager. One other person carried out support visits. They had completed refresher training in a variety of relevant subjects.

We were unable to assess how medicines were managed, as no one was receiving support with medicines.

Staff had been trained in infection prevention and control and had the appropriate personal protective equipment, such as gloves and aprons, to wear when carrying out personal care tasks.

The service had not received any complaints.

We have made a recommendation about how the service manages people's communication needs.

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

The registered manager liaised with health professionals. However, other partnership working was limited.

Quality assurance processes were being developed to monitor the quality of the service. However, they were not yet established.

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 and update

The last rating for this service was inadequate (report published 24 May 2018) and there were multiple breaches of regulations. The provider completed an action plan after the inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations 12 and 17.

This service had been in Special Measures since May 2018. At this inspection we have been unable to provide a rating for the service, due to lack of evidence and insufficient service history. The service therefore remains in Special Measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

#### Why we inspected

This was a planned inspection based on the previous rating and because the service was no longer dormant.

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

#### Enforcement

We have identified breaches in relation to managing risk and the governance of the service. 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. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

Insufficient service history and evidence was available for us to rate this key question.

Details are in our safe findings below.

**Inspected but not rated**

### **Is the service effective?**

Insufficient service history and evidence was available for us to rate this key question.

Details are in our effective findings below.

**Inspected but not rated**

### **Is the service caring?**

Insufficient service history and evidence was available for us to rate this key question.

Details are in our caring findings below.

**Inspected but not rated**

### **Is the service responsive?**

Insufficient service history and evidence was available for us to rate this key question.

Details are in our responsive findings below.

**Inspected but not rated**

### **Is the service well-led?**

Insufficient service history and evidence was available for us to rate this key question.

Details are in our well-led findings below

**Inspected but not rated**

# Italia House

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and an inspection manager.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was announced. 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 20 January 2020 and ended on 3 February 2020. We visited the office location on 20 January 2020.

#### What we did before the inspection

We reviewed the information we held about the service. This included the inspection report from our last inspection. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two relatives of the person who used the service. We also spoke with the registered manager, who was providing the majority of care to this person, and one other support worker.

We reviewed care records. We also looked at some policies and other documents relating to the management of the service, including training records and policies. There was limited documentation for us to review.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection we have been unable to allocate a rating to this key question as there was insufficient service history or evidence for us to form a judgement.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

At our last inspection the provider had failed to have adequate risk assessments in place. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found no evidence anyone had been harmed. However, not enough improvement had been made and the provider was still in breach of regulation 12.

- Risk assessments had not always been carried out, for example to assess the risk when the person who received support accessed the community.
- There was a system for recording and investigating any accidents or incidents that occurred within the service.
- There had not been any incidents since the service became operational again in October 2019.

Staffing and recruitment

At our last inspection we found the service did not have adequate staffing arrangements in place to ensure care was always provided in a timely way. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

- Staffing numbers were enough to meet the person's needs. Care and support for the person was carried out predominantly by the registered manager. There was one other support worker who visited the person occasionally, when the registered manager was unable to.
- At our last inspection we found that references for new staff were not always checked to ensure they were genuine. No new staff had been employed since then, so we were unable to see if this had improved. However, the registered manager told us that references for any new staff would be validated.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we were unable to assess this aspect of the service, as no one was being supported with their medicines.

#### Preventing and controlling infection

- Measures were in place to prevent and control the spread of infection.
- Staff had completed training about infection control.
- Staff wore gloves and aprons when carrying out personal care. This helped to prevent any cross infection.

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

- Safeguarding procedures were in place. The registered manager was aware of their obligation to report safeguarding concerns to the local authority and to the CQC.
- Staff had received training in safeguarding adults.



# 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 the last inspection this key question was rated as requires improvement. At this inspection we have been unable to allocate a rating to this key question, as there was insufficient service history and evidence for us to form a judgement.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager carried out a needs assessment before anyone was offered a care package. This ensured they could be supported at their preferred times and in line with their preferences.
- The person's care plans described the help they required at each visit and reflected their personal choices and preferred routines. They were reviewed monthly.
- At the time of the inspection, the service did not support anyone with meal preparation. However, staff could provide support with meals if this was part of a person's care package.
- Staff had been trained in safe food hygiene practices.

Staff support: induction, training, skills and experience

- The service had only two staff who provided 'hands on' support. One of these was the registered manager. Refresher training, undertaken through an external training academy, had been completed since the service became operational again in October 2019.
- The registered manager was in the process of completing a 'train the trainer' course which would enable them to train staff themselves in the future.
- No new staff had been employed since our last inspection, so we were unable to assess staff induction.
- The registered manager told us they had carried out a staff supervision meeting. However, they had not made a written record of the discussion. They told us they would document all future supervision meetings.

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

- Staff received first aid training to enable them to respond to emergencies.
- Staff could support people to attend health appointments where necessary and sign post people to different health and social care services.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

At our last inspection the provider had failed to ensure the service was working within the principles of the MCA. This was a breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

- The service supported people to make their own decisions and staff helped them make choices about everyday events and tasks.
- Staff sought the person's consent before assisting them. Care plans had been signed to show the person and their family agreed with them.

## 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 the last inspection this key question was rated as requires improvement. At this inspection we have been unable to allocate a rating to this key question as there was insufficient service history and evidence for us to form a judgement.

Ensuring people are well treated and supported; respecting equality and diversity; respecting and promoting people's privacy, dignity and independence

- Relatives were happy with the support provided.
- Staff knew the person well and were able to describe the support they required.
- Relatives told us staff always asked them if there was anything else they would like help with at the end of their visit.
- Staff had completed training in equality and diversity.

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

- The service provided support tailored to the person's requirements.
- The person and their relatives were involved in agreeing their support package. This gave them the opportunity to specify their support needs and the times for each visit.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection we have been unable to allocate a rating to this key question as there was insufficient service history and evidence for us to form a judgement.

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

- The person received support at their requested times. The service was flexible and was able to provide additional support visits at short notice, if required.
- Care files contained some information about the person, including things that were important to them. However, they were basic and contained only limited information about how the person wished to be supported.
- Staff completed a 'daily log' which described the support they had given to the person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The person who used the service had had their communication needs assessed and recorded in their care plan. Symbols and pictures had been used to help them understand their care plan.
- When questioned, the registered manager had limited understanding of the Accessible Information Standard.

We recommend the provider consider current guidance on the Accessible Information Standard (AIS).

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

- Staff supported the person who used the service to access their local community.

Improving care quality in response to complaints or concerns

- The family of the person who used the service knew how to raise any concerns or complaints.
- The provider had a complaints policy. This included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The service had not received any complaints since our last inspection visit.

# 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 the last inspection this key question was rated as inadequate. At this inspection we have been unable to allocate a rating to this key question as there was insufficient service history and evidence for us to form a judgement.

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

At our last inspection we identified a breach of regulation 17 (good governance) of the health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was because we identified a number of issues around the governance of the service. At this inspection there was insufficient service history and evidence for us to form a judgement about the governance of the service, therefore it remains in breach of regulation 17.

- There are some concerns around the financial viability of this service. These are being looked at outside of this inspection process.
- At the time of our inspection, the registered manager was not carrying out any audits. They were in the process of developing quality assurance systems, but these had not yet been established.
- The registered manager supervised the support worker, but there were no records of any supervision meetings.

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

- The registered manager was enthusiastic about getting the service fully functioning again after its period of dormancy.
- The person who was receiving support, and their family, were involved in setting up their own care package and developing a support plan that suited them.
- The registered manager understood their responsibility regarding the duty of candour to apologise and give people an explanation if things went wrong.
- At the time of our inspection, there had been no events requiring a notification to be submitted to the Care Quality Commission.
- The registered manager was open and transparent throughout the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- There was limited partnership working with the local authority as the local authority did not commission

care packages from the service. However, the registered manager was aware of their responsibility to report any safeguarding concerns to the local authority safeguarding team.

- The registered manager liaised with health professionals, such as GPs, when required.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The service did not adequately manage risks to people's health and safety.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There was insufficient oversight of the service.