

Passionate & Care Limited

# Passionate & Care Limited

## Inspection report

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Date of inspection visit:  
17 August 2021

Date of publication:  
01 September 2021

### 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

### About the service

Passionate & Care Limited is a domiciliary care service, providing personal care to people living in London.

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. On the day of the site visit, one person was receiving the regulated activity of personal care.

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

One person and a relative told us they felt the service was safe. Staff understood what action to take if they suspected somebody was being harmed or abused. Staff knew how to report accidents and incidents. People had risk assessments to keep them safe from the risks they may face. These were updated as needed and used to inform reviews of people's care.

People were supported by enough staff who had been recruited safely. The provider did not support people with medicines.

The provider ensured there was infection control guidance in place. Staff confirmed they were provided with enough personal protective equipment such as masks and gloves.

People's healthcare-associated risks were identified and assessed. People's needs were assessed before they received care from the service. People's needs were met by staff who were well trained and received regular support and supervision. People's dietary needs were met effectively.

One person and a relative told us staff were caring and treated their family with respect and dignity. People and their relatives were involved in making decisions regarding their care. People were supported to remain as independent as possible.

Care records were up to date, and person centred. People's cultural and religious needs were respected when planning and delivering care. Discussions with the registered manager and staff showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. The provider had a complaints procedure in place and people and relatives knew how to make a complaint.

One person, a relative and staff told us the management of the service were supportive. Staff told us they felt well supported by the registered manager. The service had quality assurance processes in place. The service worked with other organisations to improve people's experiences.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

This service was registered with us on 13/12/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration and when the service had begun to provide care to people.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Passionate & Care Limited

## **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 team consisted of 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.

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

### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with two members of staff which included the registered manager and the nominated individual. A nominated individual should be someone who has responsibility for supervising the management of the regulated activity.

We reviewed a range of records. These included one person's care records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed documentation provided. We spoke with one person who used the service and a relative. We also spoke with two care workers.

# Is the service safe?

## Our findings

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- One person and a relative told us they felt the service was safe. The person said, "Yes I do [feel safe]." A relative told us, "Yes definitely [safe]."
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "I would have to report it first. I would report to management and they can take it from there. If I don't see any improvement, I would take it higher up. Could be the police or CQC."
- The registered manager was able to describe the actions they would take when incidents would occur which included reporting to the Care Quality Commission and the local authority.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. They were for areas such as personal care, pressure sores, skin integrity, diabetes, environment, wheelchair, mobility, and hydration.
- Risks were regularly reviewed, and any changes were shared with staff to ensure they had up to date information before any care was given.
- Staff knew about people's individual risks in detail. One staff member said, "I would speak to [registered manager] because he works with [person] often. If [person continued] declining I would speak to [registered manager] to have a conversation with the family and the GP. "

Staffing and recruitment

- The service followed safe recruitment procedures to make sure staff were of a suitable character to work in a care setting.
- Staff recruitment records showed relevant checks had been completed before staff worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records. The provider completed an employment gap analysis for new staff members.
- Through our discussions with the registered manager, the one person who used the service and their relative, we found that there were enough staff. One person said, "[Staff] come on time. If they come late, they will tell me." A relative told us, "Once or twice [staff] have run late but they kept in touch."
- Staff told us they had enough time to support people without being rushed. One staff member told us, "I think there are enough staff. [Registered manager] is able to find [staff]."

Using medicines safely

- Staff told us they had received medicines training and their competency was assessed. Records confirmed this. One staff member said, "The family do the medicines. I have had [medicines training]."
- The registered manager told us they were not supporting people with medicines administration at the time of the inspection. A relative and a staff member also told us the service did not support the person with medicines.

### Preventing and controlling infection

- The provider was following safe and current guidance to make sure infection outbreaks could be effectively prevented or managed. One relative told us, "[Staff] have face masks, apron and gloves. My [relative] will always ask the staff if they have washed their hands."
- The provider ensured an adequate supply of personal protective equipment (PPE) was available to staff. One staff member told us, "They do provide enough PPE. I have had training and watch videos on [infection control]."
- The provider's infection prevention and control policy was in date and included reference to COVID-19. Records showed the person who received care had an up to date risk assessment on COVID-19.

### Learning lessons when things go wrong

- There was a system in place to record and analyse accidents and incidents, so any trends or patterns could be highlighted.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. People's outcomes were consistently good, and people's feedback confirmed this.

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

- The service carried out an initial assessment before the service began. This included the person who was going to use the service and relatives being involved. A relative told us, "Yes, I arranged [initial assessment]. My [relative], [another relative] and [person who used the service] was there."
- A person and a relative told us staff knew the needs and provided individualised care. One person said, "[Staff] are good."

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained. When new staff joined the service, they completed an induction programme which included shadowing more experienced staff.
- Staff training was offered on a regular basis. Records confirmed this. Staff were provided with opportunities to discuss their individual work and development needs. Supervision regularly took place, where staff could discuss any concerns and share ideas.

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

- Staff supported people with their meals when needed. A relative said, "The food is cooked at home. Breakfast [staff] make. [Staff] do feed [person]."
- People's dietary needs were recorded in their care plans along with any associated risks and instructions for staff to meet those needs safely. Care plan's recorded people's food likes and dislikes.
- Records confirmed staff had received training in nutrition and food hygiene.

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 effectively with other agencies and health professionals to ensure people received effective care.
- Staff were able to recognise when people's health had deteriorated and ensured appropriate medical advice was sought. A relative told us, "Since [service has] taken over [care package], [staff] take [person] to health appointments." One staff member told us, "[Registered manager] goes with [person to health appointments] as he knows [person's] medical history. [Registered manager] knows the GP and he has been there with [person] a few times."
- People's care records showed relevant health care professionals were involved with their care, when needed.

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.

- There were systems in place to assess people's mental capacity to consent to care. Capacity and consent forms were available when appropriate. The registered manager and staff had an understanding of MCA.
- Staff understood they should seek consent before giving care and encouraged people to make choices for themselves. Staff told us they asked people for their consent before giving personal care or support. One person said, "Yes [staff] do [ask consent]. They ask me a lot of things." A relative told us, "I listen to how [staff] speak to [person] and they have always asked for permission."

# 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

- The service had staff that supported and treated people with kindness. One person, "[Staff] understand me a lot. They treat me like me family. They do care about me and my family. I have bonded with the [staff]." A relative said, "I think [staff] care. I feel like the way they speak to [person] that they do care."
- Staff we spoke with showed they knew people well and had a built a good relationship. One staff member said, "We have become friends. We communicate about sports and family. However, there is a professionalism. We have that rapport that keeps the friendship going which is based on respect and trust."
- Discussions with the staff members showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. One staff member told us, "I would support [people who identify as LGBT]. It is their choice. They can live their lives however they want. As a carer we provide that dignity and respect towards them." The registered manager said, "We would respect their dignity. We would respect whatever gender or choice they want. We do not discriminate. We respect all faiths, culture and ethnicities."
- Staff had a good understanding of protecting and respecting people's human rights. Care records documented people's preferences and information about their backgrounds.

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- Records showed people who used the service and relatives were involved in care planning and reviews.

Respecting and promoting people's privacy, dignity and independence

- The service respected people's privacy and dignity. Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "I always ask [person] before we start if [they are] comfortable. The whole time we are in a conversation. They become more comfortable when in a conversation. When we clean [person] we make sure the doors are closed to maintain that dignity."
- One person told us staff helped maintain their independence as much as possible. The person said, "[Staff] build my confidence." One staff member commented, "We give [person] a lot of independence. We support [them] to do the things [they] like to do. We have communicated about it. I am quite young, and I understand things [person] likes."

# 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. 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

- People were supported with their personal needs and as per their wishes. People's care plans informed staff about the support people needed to meet their needs. There was clear information about how to support people with daily routines in line with their preferences.
- Daily records showed the support provided and capture any changes in people's needs.

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.

- People's communication needs had been assessed and were recorded in their care plans.
- Care plans gave guidance on how to communicate with people. For example, one person's care plan stated the person was able to communicate in two languages however English was their preference.

Improving care quality in response to complaints or concerns

- One person and a relative we spoke with knew how to make a complaint. The person said, "If I had any issues I would tell [registered manager]." A relative told us, "I would speak to the [service] and take it from there."
- The provider had a complaints policy and processes in place to record and investigate complaints. Details on how to make a complaint were available in people's homes.
- The registered manager told us the service had not received any formal complaints since they had registered.

End of life care and support

- No one was receiving end of life care at the time of the inspection. If they chose to do so, people and their families were supported to document their end of life care wishes.

# 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 meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was providing person-centred care to people and this was evident from care records and from speaking with one person and a relative.
- The registered manager had good oversight of the service and understood the needs of the person they supported. They knew the person and their needs well which helped ensure their needs were met by the staff team.
- One person and a relative were positive about the registered manager. The person said, "[Registered manager] is one of the best bosses." A relative told us, "We think [registered manager] is great. [Relative] really likes [registered manager]."
- One person and a relative were complimentary about the running of the service. The person told us, "It is one of the best agencies." A relative said, "We are very happy with the care and support. [Relative] is extremely happy with them."
- Staff told us they enjoyed working for the service. One staff member said, "They take care of their employees. Whenever we have a question or [need] help we are able to call them and ask for help."
- Staff spoke positively of the registered manager. One staff member said, "[Registered manager] does his job quite well. He takes care of his employees and makes sure we are on top of everything."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 and staff were clear about their roles in providing care that met the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- The registered manager was aware of the statutory notifications they needed to submit to us by law.
- The provider had policies and procedures in place relevant to the service, and to ensure the safety and quality of the service.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in its performance. Spot checks on staff were completed and helped to monitor their performance. One relative said, "[Registered manager] would do spot checks." A staff member told us, "Every month [registered manager] comes to speak to [person] and watch me work."
- Every three months the nominated individual completed an internal assurance audit. Records confirmed this. The audit looked at training, service user care plans and review, supervisions, spot checks, minutes of meetings, staff files, policies and procedures and the staff rota.

- The registered manager understood their responsibilities in relation to duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Staff meetings took place regularly to give staff an opportunity to discuss any changes to the organisation, working practices and to make suggestions. One staff member said, "Yes we do [staff meetings] every five weeks. If something has happened, we will have one as well"
- People and their relatives were asked for their views of the service through telephone monitoring and regular visits from management. One relative told us, "[The service] has called me if [relative] is happy and if we wanted to continue with the care package."
- The service worked in partnership with the local authority and health and social care professionals.
- The registered manager kept up to date with developments in practice through attending relevant training.