

Mrs Ashilge Meian

# Passion 4 Care

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

The inspection took place on 2 July 2015 and was announced. At our last inspection in May 2014 we found that some care plans had not been updated and quality checks were not effective. The provider sent us an action plan to tell us the improvements they were going to make to ensure the service would comply with the regulations.

The service provided domiciliary care to 128 people in their own homes and there was a registered manager in place. 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 were not always kept safe. Staff knew how to recognise signs of abuse and who to raise concerns with. People had assessments which identified actions staff needed to take to protect people from risks associated with their specific conditions however some of these needed to be personalised to reflect people's specific

# Summary of findings

conditions. It was not possible to identify if people had taken the medications they needed to stay well because records of administration had not been maintained accurately.

People were supported by the number of staff identified as necessary in their care plans to keep them safe. There were recruitment and induction processes in place however further checks required had not been completed to ensure some members of staff were suitable to support the people who used the service

Staff had the skills and knowledge to ensure people were supported in line with their care needs and best practice. Staff had regular supervisions in order to review how to meet people's care needs and provide support to staff.

The registered manager and staff we spoke with were knowledgeable of and acted in line with the requirements of the Mental Capacity Act 2005. Staff sought consent from people before providing personal care.

When necessary, people were supported to eat and drink and access other health care professionals in order to maintain their health.

People had positive relationships with the staff who supported them and spoke about them with affection. The provider sought out and respected people's views about the care they received. Staff promoted and upheld people's privacy and dignity.

The provider was responsive to people's needs and changing views. People were supported by staff that they said they liked and care was delivered in line with their wishes. People could raise concerns however the provider did not always manage complaints in line with their own policy.

People were confident in how the service was led and the registered manager's abilities. The provider had established processes for monitoring and improving the quality of the care people received although these were not always effective in identifying how the service could be improved.

# Summary of findings

## 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 safe. Some risk assessments used by staff to ensure care provided was safe were generic and not specific to the person they were written for.

People told us that staff supported them to take their medication safely. However medication records were not fully completed so it was not possible to identify if people had been supported to take their medications as prescribed.

There were enough staff to keep people safe from the risks associated with their specific conditions

**Requires Improvement**



### Is the service effective?

The service was effective. Staff had the skills and knowledge needed to meet people's specific care needs.

The provider supported people in line with the Mental Capacity Act 2005.

People were supported to eat and drink enough to maintain their well-being.

**Good**



### Is the service caring?

The service was caring. Staff spoke affectionately about the people they supported.

The provider actively sought people's views of the care they received.

Staff respected people's privacy and dignity.

**Good**



### Is the service responsive?

The service was responsive. The provider responded promptly to people's requests to change their call times and had changed the support needed in consultation with people as their need changed.

People were supported to express any concerns and when necessary, the provider took appropriate action.

The provider did not always manage complaints in line with their own policy.

**Good**



### Is the service well-led?

The service was not well led. The provider did not review and analyse information in order to identify trends and improve the service people received.

Systems in place to monitor the quality of the service provided including late and missed calls were not effective.

**Requires Improvement**



# Summary of findings

People expressed confidence in the management team and staff enjoyed working at the service.

# Passion 4 Care

## 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.

This inspection took place on 2 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the provider had care records available for review had we required them. The inspection team consisted of three inspectors.

We checked if the provider had sent us any notifications since our last visit. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to

people receiving care. We also reviewed information of concern we had recently received and the actions the provider said they would take in response to concerns raised at our last inspection. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with 10 people who used the service and the relatives of nine other people. We spoke to the registered manager, assistant manager, a care co-ordinator, office administrator and eight members of care staff. We also spoke with two health care professionals who were visiting the service to provide staff training and a person who commissioned the service. We looked at records including eight people's care plans, three staff files and staff training records to identify if staff had the necessary skills and knowledge to meet people's care needs. We looked at the provider's records for monitoring the quality of the service to see how they responded to issues raised.

# Is the service safe?

## Our findings

All the people we spoke with said they felt the service kept them safe. One person told us, “I definitely feel safe when the carers are in the house.” Another person said, “I am safe, I can leave anything around.” All the relatives we spoke with said they felt people were kept safe. A relative told us, “I am happy she is safe.” Staff we spoke with were aware of how to protect people from the risk of harm and how to raise these concerns when necessary.

The provider managed risks to people in order to protect them from harm. The registered manager had assessed people’s needs when they joined the service and produced risk assessments about how they needed to be supported to be kept safe. We noted that the registered manager had reviewed people’s risk assessments since our last inspection. Assessments to support people safely when moving and reduce the risk of getting sore skin were up to date and very detailed. We noted however that some risk assessments were generic and not specific to the person they were written for. This meant that staff did not have access to detailed information about how to protect people from all the risks presented by their conditions. However staff we spoke to were able to explain how they managed the risks to people in line with their assessments.

The provider helped to manage the risks to people’s freedom and liberty. People told us they could request that call times were changed in order to fit around their specific needs. There were process in place which supported people to express these rights such as involvement in care planning and a complaints procedure. Several people told us that they did not have regular contact with the registered manager however they all said that the staff who supported them were approachable and respected their rights.

There were enough staff to keep people safe and meet their needs. People confirmed that they were always

supported by the number of staff identified as necessary in their care plans. A person told us, “I always have two people when they move me.” Most people told us that they were supported by the same staff who would stay their allotted time. One person told us that staff often stayed over their allocated time in order to provide additional support. One person also told us that staff had always been available to support them when requested at short notice. A review of staff rotas for the three weeks prior to our inspection showed that staffing levels were consistent.

A member of staff who had recently joined the services told us they had undergone a thorough recruitment process and felt supported in their new role. We looked at the records of three members of staff who had recently joined the service. These confirmed that the provider had for majority of staff conducted checks to ensure that staff were suitable to support the people who used the service. The registered manager had sought further information when there were gaps in people’s employment history. However we noted that the registered manager had not taken action when some people had failed to supply all the information required, such as references, to assess if applicants were suitable to support people.

All the people we spoke with said they were happy with how they were supported to take their medication. Staff were able to explain the specific support people needed in order to administer their medication safely. People’s care records contained information for staff about people’s medications and how to recognise the signs if somebody had not taken their medication as prescribed. The registered manager told us and we saw that they conducted assessments of people’s medication records in order to identify any errors. We noted however that audits were not conducted regularly and some records were not fully completed. Therefore it was not possible to identify if people had taken their medications as prescribed. This put people at risk of not receiving their medication as prescribed.

# Is the service effective?

## Our findings

All the people we spoke with said they were happy with the care they received. People told us that the service met their needs and supported their wellbeing. One person told us, "There are two regular carers coming in, very pleased with them." A relative told us, "On the whole they are very good."

Staff had the skills and knowledge to ensure people were supported in line with their care needs and best practice. A person who used the service told us, "The carer fully knows what she is doing." A member of staff said, "I have never attended anybody I have not been trained to support." We spoke with five members of staff who all said they received regular training and additional training as people's care needs changed. The provider's training records confirmed this. Prior to the inspection the registered manager had arranged a training session to ensure staff would have the knowledge to support a person with a particular condition. The training took place on the day of the inspection. A health professional who conducted the training told us that staff were receptive and already had a basic understanding of how to support people with the condition. Some members of staff were key workers to people so they could provide guidance and advice to other staff about the person's specific care needs.

A relative told us that they observed a carer work closely and competently with a district nurse when they were providing care to a person who was at risk of skin breakdown. Two members of staff who had recently started working at the service said their induction had prepared them to fulfil their roles and responsibilities. We saw that assessments had been completed to ensure they had demonstrated the skills needed to meet the needs of the people they were supporting.

The manager and staff we spoke with were knowledgeable of the requirements of the Mental Capacity Act 2005. The registered manager had conducted assessments of people's capacity to make every day decisions. When people lacked capacity the registered manager had arranged for best interest decision meetings to take place with other people as appropriate who had an interest in the person's welfare.

People told us that staff would seek their consent to provide care. One person said, "The manager came out to see what I wanted." A relative of a person who was unable to express their views told us, "We talk all the time." This enabled people to say how they wanted their care to be provided.

People said that the provider regularly approached them to review their care plans and confirmed that staff delivered care in line with their agreed plans. One person told us, "They came to see me after hospital, to see what I needed." Another person said, "They have a book they complete at each call." Five people we spoke with were unsure if they had a care plan and said that they were not regularly approached by the manager to comment on the service. However they told us that the staff who supported them were very approachable and had fed back their views when necessary. Staff we spoke with could explain how they supported people in line with their care plans. People's wishes were respected by staff.

People told us that staff supported them to eat and drink enough to keep them well. Most people told us that they made their own meals but were regularly offered drinks when staff visited. One person told us that staff supported them to eat meals they liked in line with their cultural wishes. Staff we spoke with could explain what people liked to eat and how they prompted people who lacked capacity to eat sufficient quantities. We saw that when necessary the provider had taken action, such as monitoring a person's weight, to promote people's nutritional wellbeing. This ensured that people were supported to eat and drink enough to maintain a healthy diet.

People told us and records showed that people had access to other health care professionals when necessary to maintain their health. One person told us that staff had visited them in hospital in order to ensure other health care professionals supporting them were aware of their specific needs. We saw evidence that when necessary the registered manager liaised with other social care agencies to support people to receive the appropriate funding and social support.

# Is the service caring?

## Our findings

All the people we spoke with said that staff were caring and were happy to be supported by the service. People told us staff were considerate and respectful of their wishes and feelings.

People who used the service told us they had developed positive relationships with the staff who supported them and spoke about them with affection. A person who used the service told us, "I think a lot of the two carers I have." A relative told us, "The carer is doing a thorough job, she is a credit to the company." Staff we spoke with could explain people's specific needs and how they liked to be supported. One person who used the service told us that a member of staff who supported them was happy to stay over their allotted time in order to help the person with ad hoc tasks. They told us, "They do little things to help, like post letters for me. It makes such a difference."

The provider had a process to support people to be involved in developing their care plans and expressing how they wanted their care to be delivered. People who used the service told us that they regularly met with staff to

ensure they were happy with their proposed care plans. One person told us, "If there is anything wrong they sort it out straight away. They never put you off." All the people we spoke with said that staff respected their choices and delivered care in line with their wishes. When necessary the provider had taken additional action, such as involving family members and other health care professionals, to speak up on people's behalf. The provider sought out and respected people's views about the care they received.

The service promoted people's privacy and dignity. Staff respected the people who used the service. One person told us, "All carers are respectful of your privacy." A relative said, "She doesn't want male carers, so they are not sent." One person told us how staff maintained their dignity while delivering personal care, they said, "When they get me out of the shower they always put the towel around me."

Staff we spoke with told us they would knock and introduce themselves before entering a person's home and people who used the service confirmed this. We saw the provider had a dignity and respect policy and staff confirmed this was explained when they started working at the service and discussed at regular meetings.



# Is the service responsive?

## Our findings

People who used the service told us that the service met their care needs and would respond appropriately if their needs and views changed. A person who used the service said, “They will fit in with what you want,” and a relative told us, “The carer is fully supportive and very flexible.”

People told us that the provider responded according to their care needs. One person said the service would change their call times promptly depending on how the person was feeling. Another person told us that the service had changed the time of an evening call when they said they needed support earlier in the day. Several people told us that they were supported by staff of the requested gender and who they said they liked. People told us that the provider helped them to access other health care services when they needed. A person who commissioned care packages from the service told us that the service had always responded promptly and reviewed the care people received when necessary. We saw that the provider had taken action to support people to access mobility aids and engage in community activities in order to promote their desire to be independent.

People told us and records confirmed that they were involved in reviewing their care plans. We saw that records were updated to reflect people’s views. They contained

details of people’s life histories and who they wanted to maintain relationships with. Staff we spoke were aware of people’s preferences and gave us examples of how they supported people in line with these wishes.

The provider had systems in place to support people to express their views about the service. People told us that staff sought their opinions of the service and the provider had conducted a survey recently of people’s views. We noted that most feedback was complimentary about the service and saw evidence that the provider had taken action to follow up any concerns people had raised.

People we spoke with were aware of the provider’s complaints process and felt concerns were sorted out quickly without the need to resort to the formal process. Several people told us that they had raised concerns when they first started using the service however the provider had resolved these promptly and to their satisfaction. We reviewed a recent complaint and the registered manager told us that they had met with the complainant to discuss their concerns and make a formal response. They told us the complainant was satisfied with the outcome of their investigation however the registered manager had not made a record of this process, making it difficult to review the complaint at a later date in order to identify any adverse trends.

# Is the service well-led?

## Our findings

All the people we spoke with were happy to be supported by the service and expressed no concerns with how it was managed. A person told us, "Once the service had settled down, it was very good." Staff told us they enjoyed working at the service and felt it was operating effectively. A member of staff told us, "Issues get ironed out, that's what I like about the company."

People told us they were encouraged to express their views about the service and felt involved in directing how their care was developed. People expressed mixed views about the role of the registered manager in supporting their care needs. A person told us, "The manager never gets in touch about the service." Another person said, "I had people from the office visit me last week to discuss things." Staff we spoke to said the management team was approachable. One person told us, "We will get help when we want it, we can talk anytime."

The service had a registered manager who understood their responsibilities. This included informing the Care Quality Commission of specific events the provider is required, by law, to notify us about and working with other agencies to keep people safe. The provider had a process in place to review its compliance against health and social care regulations but we noted these had not been updated when new regulations came into force in April 2015.

The service had a clear leadership structure which staff understood. Staff told us and we saw that they had regular supervision and staff meetings. Staff told us these meetings would discuss people's care needs and what support staff required in order to meet these needs. Staff told us the registered manager would respond to concerns raised at these meetings such as the provision of additional training in people's specific conditions. A member of staff told us, "I can raise things with the manager, she is okay." Staff also told us they received regular calls from the senior care team which ensured they were aware of any changes in people's conditions and gave them ready access to advice and guidance when necessary.

The provider had processes for monitoring and improving the quality of the care people received. People told us they were happy to express their views about the service to the staff who supported them, but several people said they were rarely approached by the registered manager for their opinions of the service. We noted however that the provider had conducted a recent survey to capture people's views which had been well responded to. Most comments were positive about the service and the registered manager was able to explain the actions they had taken when people had expressed concerns. We saw that the provider conducted observational audits of how staff provided care to people in their homes and when necessary had taken action in order to improve the quality of the care provided by specific staff.

There were systems in place to review people's care records and check they contained guidance so staff would know how to meet people's current care needs. We looked at the care records for six people and saw that they had been regularly reviewed however we noted that the provider had not conducted recent audits of people's medication records. Therefore the provider had not checked to ensure people were supported to take their medications as prescribed.

The system for recording missed and late calls was not clear. Records indicated that some calls to people had been missed. However, all the people we spoke to said they received their calls and the registered manager said that late calls had been incorrectly recorded as missed calls. Some calls which people had requested changed had also been recorded as late or missed calls. The provider was currently introducing an electronic quality monitoring process which, if used appropriately, would accurately monitor any missed and late calls.

The registered manager responded to individual concerns but had not analysed them for trends to identify if there were opportunities to improve the quality of the service for all the people who used the service. The manager had failed to identify when the service's recruitment and complaints policies had not been followed.