

Precious Passionate Care Ltd

# Precious Passionate Care Ltd

## Inspection report

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14 September 2017

19 September 2017

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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 

# Summary of findings

## Overall summary

The inspection took place on 13, 14 and 19 September 2017 and was announced. This is the first inspection of Precious Passionate Care Ltd.

Precious Passionate Care Ltd is registered to provide personal care to people in their own home. At the time of the inspection 28 people were using the service. The service had a registered manager. 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 we spoke with and their relatives said the service was safe. They were very complimentary about the care they received and the care workers and management team who supported them. They had regular contact with the registered manager who was described as wanting 'to get it right' and 'so good'. People felt the service was person centred and were supported to make decisions about their care. Several people told us the provider went the extra mile. People were invited to the provider's anniversary party to celebrate their first year. This was funded by the provider and held at a community centre with a tribute singer, catering and a champagne toast. Transport was provided.

Care plans contained good information about tasks to complete at each visit and how staff should deliver care. Risks to people who used the service were also assessed. The provider was introducing assessment tools to assist in the assessment of risk. Systems were in place to make sure people received their medicines as prescribed.

There were enough staff to meet people's needs and visits were well planned so they met people's preferences and the same care workers visited which ensured continuity of care. Recruitment checks were carried out but these were not always fully completed before staff were employed. The registered manager agreed to make sure there was a clearer record on file of when employment commenced and the date staff started working directly with people who used a service.

Staff told us the management team and colleagues provided very good support on a day to day basis. Staff received training and supervision to help make sure they understood their role and responsibilities although the supervision matrix only covered the last session so it was difficult to establish all staff had received the required number of sessions over a longer period of time. A development manager had commenced the week of the inspection and was going to be overseeing training and supervision. The provider agreed to develop the induction training programme because it did not include all modules in the care certificate which is an identified set of standards that workers adhere to in their daily working life.

The provider had some effective systems in place to monitor the service and were continuing to develop these. We identified two safeguarding incidents reported to the local safeguarding team should have been

sent as notifications to the Care Quality Commission. Once we brought this to the attention of the registered manager they submitted the notifications retrospectively. We have made a recommendation about reporting incidents. Accident records were not always fully completed and lessons learned were not clearly recorded.

People who used the service, relatives and staff said they would feel comfortable raising any concerns or complaints and had opportunities to share their experiences to help improve the service.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

The staffing arrangements ensured people were safe and their needs were met. The provider carried out recruitment checks although this was not always done before staff were employed.

Risk to people who used the service was assessed and managed. The provider was going to introduce assessment tools to help ensure the level of risk was identified.

Systems were in place to manage medicines safely.

### Is the service effective?

**Good** ●

The service was effective.

Staff were supported in their role and people said staff were competent and knew how to care for them appropriately.

Systems were in place to promote choice and assist people to make decisions when they needed help. The provider was going to introduce assessments around capacity when relatives were making decisions on people's behalf.

When required people received appropriate support to make sure their nutritional and health needs were met.

### Is the service caring?

**Good** ●

The service was caring.

People were very complimentary about the care they received and said they were treated with respect.

Staff were confident the service provided good standards of care.

People received information to help keep them informed.

### Is the service responsive?

**Good** ●

The service was responsive.

People's care needs were assessed and plans identified how care should be delivered.

Staff met people at an introductory visit before they delivered care.

Systems were in place to deal with complaints and concerns.

**Is the service well-led?**

The service was not always well led.

The registered manager was knowledgeable about the service, its vision and values.. People told us the service was well managed and staff told us they enjoyed working at the service.

Everyone was given opportunity to share their views about the service.

The provider had systems in place for assessing the quality of the service although not all were formalised. Statutory notifications were not submitted in a timely way.

**Requires Improvement** ●

# Precious Passionate Care Ltd

## **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.

Before the inspection we reviewed all the information we held about the service. We contacted relevant agencies such as the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

An adult social care inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection took place on 13, 14 and 19 September 2017 and was announced. We telephoned the service and gave them notice on Tuesday 12 September 2017 because we needed to make sure someone was at the office.

During the inspection we spoke with four people who used the service, three relatives, five members of staff, the quality assurance manager and registered manager. We looked at documents and records that related to care and support and the management of the service.

# Is the service safe?

## Our findings

When we asked people if they felt safe they told us they did. One person who used the service told us, "It is usually the same ladies; I do feel very safe with them as they are excellent." Another person said, "I have no hesitation in saying I am safe with them." A relative said, "I'm 100% sure [name of relative] is safe with them, that is the reason we came to them."

All the staff we spoke with told us people were safe. They understood safeguarding procedures and knew they should report any concerns to the management team. They were confident any concerns would be acted on promptly.

We reviewed safeguarding records which showed any issues or concerns were reported to the local safeguarding team and action was taken to ensure investigations were carried out where appropriate. Some issues shared with the local safeguarding team related to poor practice and did not need to be reported to the Care Quality Commission, for example, staff not wearing personal protective equipment such as gloves. However, two incidents reported to the local safeguarding team should have also been sent as notifications to the Care Quality Commission. Once we brought this to the attention of the registered manager they submitted the notifications retrospectively. We recommend that the service introduces a more robust process to identify when incidents should be reported to other agencies.

People who used the service, relatives, staff and the management team told us care workers were always introduced prior to delivering care. The registered manager explained staff received moving and handling training which included a training session with people who required assistance to transfer. A relative told us if any new staff were involved the registered manager "introduced them" and showed them correct moving and handling techniques.

We reviewed people's risk assessments which were completed when people started receiving a service and then reviewed on a regular basis. People had moving and handling risk assessments and environmental assessments which covered areas such as the entrance, rooms within the home, lighting, smoke detectors and electrical appliances.

Risks to people who used the service were also assessed. People who required assistance with moving and transferring had assessments that identified techniques and equipment to use which ensured people were safe. Some assessments identified potential risks such as pressure sores and falls, however, it was not clear how the level of risk was decided because the provider was not using a recognised risk assessment tool or validated score to assess the risk. On the second day of the inspection they showed us assessment tools they would be introducing to assist in the assessment of risk.

People told us the staffing arrangements worked well. One person said, "They are on time, and they do ring me from the office if they are held up anywhere." Another person said, "They come twice a day to get me up and then put me to bed. It is always the same three carers on rotation, and always the same carer to get me up and shower me." A relative told us, "They do turn up on time, traffic permitting because where we live the

traffic can be awful but they do their best to get here." Another relative said, "[Name of relative] has a main carer but there are two or three others that come. We do get a list. [Name of relative] just has these because she likes them."

Every member of staff we spoke with said the visits were well planned. They said they had plenty of time to provide care and carry out everything they were expected to do. One member of staff said, "They are well planned. We get time to talk to people, get to know them. We have regular clients so they know us too." We saw the provider used an electronic 'care planner' to make sure the staffing arrangements were meeting people's assessed needs.

Staff told us they had attended an interview and recruitment checks had been carried out. However, we found these were not always done before staff were employed. We saw staff files had application forms, evidence of disclosure and Barring Service (DBS) checks, proof of identify, health declarations and interview assessments. Not all had a full employment history and some did not have two references even though the provider's policy stated this was a requirement. The (DBS) is a national agency that holds information about criminal records.

The registered manager explained the staff that did not have the required references had commenced employment but had not worked with people who used the service; they had only completed their induction training. The quality assurance manager showed us a tracker which evidenced office staff were chasing up outstanding references. The registered manager agreed to make sure there was a record on file of when employment commenced and the date staff started working directly with people who used a service.

We saw staff had provided details of employment history but sometimes there was a lack of detail. For example, one member of staff said they had been self-employed but there was no information to show this had been explored. Another member of staff had provided a curriculum vitae (CV) but this was not dated and it was not clear when the last employment ended. Another file stated the reason for leaving was 'new career' but they had then been unemployed. The registered manager reviewed the information and agreed to make sure they explored gaps or ambiguities. They said they would complete a full audit of all staff files.

People told us they received appropriate support with their medicines. One person told us there was an occasion where their pain relief cream had been forgotten. They said the response by the management team was very good because, "[Name of registered manager] was on it straight away and a supervisor was out to see it was done." A relative told us medicines were always given at the same time which was important because they were "time critical".

Staff we spoke with said they had completed medicines training and their competency had been assessed to ensure they practiced safely. We saw records to confirm this. The registered manager showed us correspondence they had sent to other professionals to ensure competency was assessed when care workers administered medicines using specific skills.

Medication administration records (MARs) showed medicines had been administered correctly. We saw these were returned to the office and checked every month by a member of the management team to make sure there had been no errors. People's care plans identified the support they required with their medicines. For example, one person's stated they administered their own medicines but required staff to apply a pain relief cream. Another person's care plan had clear guidance around applying topical creams. They were also prescribed pain relief 'as required' (PRN). However, they did not have a PRN protocol to help staff consistently decide when and under what conditions the medicine should be administered. The registered manager agreed to make sure everyone who received support with PRN medicine had a relevant protocol.



## Is the service effective?

### Our findings

People we spoke with said staff were competent and knew how to care for them appropriately. A person said, "They are very well trained, all of them, they do the moving and handling properly and I am extremely fussy, I know I am but I don't have to be fussy with them because they do it right first time." A relative said, "The girls are very well trained."

Staff told us they received very good support from the management team and colleagues. Every member of staff we spoke with said the management team was always available and provided support and guidance when requested. Staff told us they had received appropriate training, supervision and had been observed when they were delivering care to make sure they were doing this correctly. Supervision is where staff attend structured meetings with a supervisor to discuss their performance and are supported to do their job well to improve outcomes for people who use services.

Staff files evidenced supervision and spot checks were being carried out but we saw there were some inconsistencies in the frequency. The provider's matrix showed staff had received a recent supervision or spot check however it was difficult to establish that all staff had received the required number of sessions over a longer period of time because the provider's matrix only covered the last session. The quality assurance manager agreed to ensure sessions over the last 12 months were included on the matrix so they had a clearer overview.

All staff completed induction training when they commenced employment which covered eight standard modules; moving and handling, health and safety, equality and diversity, fire safety, safeguarding, Mental Capacity Act 2005 (MCA), medication and infection control. Refresher and additional training was provided thereafter. Staff who had not previously worked in the health and social care field should complete additional modules from the 'Care Certificate' which is an identified set of standards that workers adhere to in their daily working life. The registered manager said they were not currently doing this but continued to develop the training programme. A development manager had commenced the week of the inspection and would be overseeing training and supervision. The registered manager said their priority full implementation of the Care Certificate would be their priority.

The (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.

We saw MCA training was included in the provider's training programme. Staff we spoke with understood their responsibilities around the MCA and confirmed they had attended training. One member of staff said, "When people have capacity they have the right to take responsibility and if people don't they must get the right support and it has to be what is best for them." Staff were confident the principles of the MCA were adhered to and people's rights were protected.

It was evident from discussions and care records that people had been involved in making decisions about their care. Consent forms around care and medication administration had been signed by people who used the service or someone who could sign on their behalf. When relatives were making decisions on behalf of people who used the service we found assessments around capacity to make decisions were not completed. The registered manager said before people used their service a social worker identified where a person lacked capacity and included this in their assessment, and any changes would be referred back to the local authority 'gateway' to care team. The management team agreed to review their arrangements and complete assessments where appropriate; they showed us the relevant capacity assessment forms they would use.

One person's care plan stated they had capacity and it was evident from the visit records they made decisions about their care. Their consent forms had been signed by a relative. The registered manager explained this was because the person was unable to sign their name so the relative had signed on their behalf. They agreed to ensure this was reflected on the consent form.

Some people received support with their meals from their family or friends; others received support as part of their care package. We saw people's care plans clearly identified when people required assistance. People told us the arrangements worked well. One person said, "They make my meals, whatever I want. They make things or do ready meals." A relative said, "They come every morning 8.30am to 9.30am to get [name of person] up. They get breakfast and they make a sandwich or a salad for lunch and leave it labelled. They come back in the evening and do a hot meal and have a chat." Staff told us before they left their visit they made sure people had access to food and drink.

People's care plans had information about their medical history and any relevant health issues. We saw examples where health professionals were consulted when any health issues arose.

## Is the service caring?

### Our findings

People we spoke with were very complimentary about the care they received and the care workers and management team who supported them. Comments included, "They are all very nice to me, they talk to me and make me laugh", "They are gentle and caring", "They are so good, they go above and beyond really", "They socialise and have a chat", "The ladies are very nice to me ,they talk to me and are very kind" and "You can joke and have a chat but it never goes too far if you know what I mean".

People told us they were treated with respect and provided examples of this. One person said, "The girls are extremely respectful and very kind. They knock and say who they are as they come in." A relative told us, "This company looked after my other relative earlier this year before they passed away and they were brilliant. They did everything they could. I cannot praise them enough." Another relative said, "I was away this weekend and [name of registered manager] rang to see if I was giving the last antibiotic dose and I wasn't, so she said 'never mind I'm going home now I'll do it' and she popped in and gave her the pills, had a cup of tea and a chat and then texted me to say everything was alright. Well you wouldn't get that anywhere else would you."

Several people told us the provider went the extra mile. People were invited to the provider's anniversary party to celebrate their first year. This was funded by the provider and held at a community centre with a tribute singer, catering and a champagne toast. Transport was provided. One person said, "It was great." A relative said the registered manager had arranged to take their relative to "Tropical world which is absolutely marvellous, I could not ask for better".

Every member of staff we spoke with told us the service provided good quality care. They said the management team promoted high standards. One member of staff said, "[Name of registered manager is always making sure we focus on people and will never accept anything less." Another member of staff said, "I'm really proud to work for Precious Passionate Care Ltd." Another member of staff said, "I would never want to work for anyone else."

Before people started using the service the registered manager visited them to make sure Precious Passionate Care Ltd could meet their preferences and wishes. As part of the initial visit we saw information was gathered about the person's background, likes and interests, which helps staff get to know them.

People were given information to help them understand what they could expect from the service. This included a statement of purpose, terms of business and a service user contract. The statement of purpose outlined the provider's aims and objectives; they stated they provided a homecare service to adults within its locality that is second to none, regardless of race, gender, age, religion, sexual orientation, belief or disability.

## Is the service responsive?

### Our findings

People told us they had been involved in planning their care. One person said, "They came and did the care plan with me when I started." Another person said, "I have a care plan and it has been reviewed. I have to say [name of registered manager] is on the ball and nothing gets missed. She wants everything done perfectly and by heaven she does." A relative said, "I am kept up to date, it's very good. We have a care plan and it's been reviewed." Another relative said, "We have a care plan and [name of registered manager] has been out two or three times for a review. They asked [name of relative] about all the things he could answer and then asked me."

Staff told us they had an introductory visit where they met people before they delivered care. One member of staff said, "I've worked in care before and this company is different. We are never allowed to provide care until we have been introduced. A supervisor visited with me and it made such a difference. It's a personal service that people get." Staff told us the care plans were very informative and provided enough information about how they should deliver care. They also said changes to care plans were made promptly. One member of staff told us a person they supported sometimes got anxious. They said, "The care plan provides details about things they like so we know what we can do. For example, I play dominoes with them." Another member of staff said, "There is information about people's backgrounds and this is really good because it helps generate conversations."

Care plans we reviewed contained good information about tasks to complete at each visit and how staff should deliver care. We saw specialist equipment was clearly identified such as 'slide sheets' to transfer and 'profiling bed'. Guidance for staff was specific which helped ensure care was personalised. For example, if people liked sugar/sweetener in their drinks. One person's care plan stated they were unaware when their skin condition deteriorated or who to contact so staff must contact management with any concerns. Visit notes completed at each visit were detailed and confirmed appropriate care was being delivered.

People we spoke with said they did not have any concerns about the service and would feel comfortable raising any issues with the care workers or the management team. Everyone knew the registered manager and said she was in regular contact. A relative said, "If there are any problems I just ring [name of registered manager] and it gets sorted very speedily." Another relative said, "The manager is brilliant and on to everything as soon as possible." Another relative said, "I have no worries at all, it is an excellent and compassionate service."

Staff told us they received feedback from the management team if concerns or compliments had been received. One member of staff said, "If they think we can do anything better they will say. If they get positive feedback from a client or their family they also tell us. [Name of registered manager] sends out thank you cards when we get compliments. It makes us feel valued."

We checked the provider's complaint file which showed that only one complaint had been received since the service commenced. There was a record which showed the concerns were investigated and action was taken to prevent a similar event from recurring. We saw confirmation the person who raised the complaint

was satisfied with the outcome.

The provider had received written and verbal compliments. We saw the organisation had been described as 'remarkable'. Care workers were described as 'lovely and always friendly', 'going the extra mile' and 'very professional in every aspect'. The registered manager was described as 'approachable and warm'. A relative said the introduction of care workers had put their relative 'at ease and calmed anxieties'.

## Is the service well-led?

### Our findings

The service had a registered manager. They were supported by a management team which included a quality assurance manager, care coordinator, office manager, field care supervisors and administrators. They all dealt with day to day issues and had clear roles and responsibilities. The registered manager oversaw the overall management of the service.

People knew the registered manager who they said had visited them at home and spoken to them on the telephone. Everyone was complimentary about the registered manager. One person said, "The difference between this and the last agency is the management. [Name of registered manager] wants to get it right. It's absolutely wonderful." A relative said, "The office and [name of registered manager] are just so good. They talk to you often and nothing is too much trouble. After the last company you cannot believe the difference." Another relative said, "The office is brilliant and [name of registered manager] is on to everything. They ring me often and so do the carers so I am kept up to date with everything."

People said they always received support if ever they contacted the office and spoke with other members of the management team. One person said, "The whole service is excellent. The office is very nice if you ring." Another person said, "They are outstanding, I cannot describe how much better the care is than the last agency. You can ring the office any time, I needed to shift my evening call as I was going out and that was done straight away, in fact I needed quite a late call but it was not a problem. A relative said, "If you ring the office they are most helpful and deal with everything promptly. We are very happy with it and it works well for us."

People told us they had opportunity to share their experience through surveys. We saw questionnaires had been completed with people after their first week of care and then every three months. Questions included whether the service was professional and staff were on time, courteous and kind. The registered manager said they would be sending a whole service survey out because they would be doing this annually and had reached their first anniversary. They said responses would be analysed, and any actions and learning would be formalised.

Staff told us the management team were very supportive. Staff were complimentary about the registered manager and said she provided good leadership. One member of staff said, "There is a good management team. We can talk to [name of registered manager] about anything and would never be made to feel uncomfortable. She really cares about the staff." Another member of staff said, "[The registered manager is definitely focused on care. She is very involved with clients and knows them. She also really cares about her staff."

Staff said communication was good and regular team meetings were held. We reviewed team meeting minutes and saw topics around confidentiality, on call, audits, PPE (personal protective equipment) and dress code.

The provider had systems in place to make sure they were delivering safe quality care. We saw audits of care

plan and medication records were completed on a monthly basis. An electronic 'care planner' was used to monitor certain aspects of the service and included visits, care reviews and some staff information such as car insurance. The registered manager said they would be developing the electronic system further to include spot checks and staff supervisions.

Providers have a responsibility to notify CQC about certain significant events such as safeguarding, serious injury and police incidents. Before the inspection we checked our records and found we had not received any notifications. We identified two safeguarding incidents reported to the local safeguarding team should have been sent as notifications to the Care Quality Commission. Once we brought this to the attention of the registered manager they submitted the notifications retrospectively. They told us no other notifiable incidents had taken place since the service commenced. The registered manager said there had been seven accidents recorded but none had resulted in serious injury. We reviewed the accident records and saw it was not always clear what action had been taken to prevent a repeat event and sometimes sections were incomplete. For example, the time and date was blank on one form. The registered manager said they would make sure future accident forms were reviewed appropriately and any lessons learned were clearly recorded.