

Passion Domiciliary Care Ltd

# Passion Domiciliary Care Ltd

## Inspection report

19 Brook Street Business Centre  
Brook Street  
Tipton  
DY4 9DD






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15 June 2021

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Passion Domiciliary Care Ltd is a domiciliary service which provides personal care to adults with a range of support needs in their own houses and flats. At the time of this inspection the service was supporting five people with personal care.

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.

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

Infection prevention procedures were in place but there were some concerns around how some staff refusals for COVID-19 testing were being managed.

Staff had received training in administering medicines safely and regular audits of medicine records took place, but some improvements were required. Care records needed to include more detailed information on the medicines people were prescribed and competency checks needed to be completed to ensure staff were safe to administer medicines.

The provider's auditing processes needed improvement to ensure records contained enough information to guide staff about people's support needs. Staff recruitment procedures needed improvement.

Quality assurance checks were in place but had not identified some of the concerns raised during the inspection. The management were responsive to concerns highlighted and some changes were made immediately.

People and their relatives were able to give feedback about their care in a variety of ways. Examples included care reviews and during spot checks monitoring staff performance.

People were protected from abuse and relatives told us their loved ones received safe care.

Staff had received training in infection control and demonstrated an understanding of what personal protective equipment (PPE) should be used when supporting people. People told us that staff wore PPE when coming into their homes.

People's needs were assessed and staff with the right skills helped to meet these. Staff received appropriate training to assist them in their role. There were enough staff to support people's needs, people and relatives told us they saw the same staff who were always on time. Staff supported people with their eating, drinking and to access healthcare support if needed.

There was an enthusiastic, positive and caring culture amongst staff at the service. Staff had good knowledge about the people they supported and told us they enjoyed working at the service. People's independence was promoted and respected.

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 26 July 2019 and this is the first inspection.

#### Why we inspected

This inspection was carried out due to the length of time the provider had been registered with CQC without receiving a formal rating.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to regulation 17, (good governance) at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

The service was not always safe.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

**Good** ●

### Is the service caring?

The service was caring.

**Good** ●

### Is the service responsive?

The service was responsive.

**Good** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# Passion Domiciliary Care Ltd

## **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 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 48 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.

Inspection activity started on 14 June 2021 and ended on 16 June 2021. We visited the office location on 15 June 2021.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider was 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 one person who used the service and with three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager and care workers.

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. 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 and received information from the registered manager about the improvements they were making.



# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- Some staff were not electing to take part in COVID-19 testing in line with the recommended government guidance. The management of the risks they could pose to people was not robust. A risk assessment had not been completed to consider options such as removing staff from working directly with people or considered alternative risk reduction methods to ensure that staff were protecting people from infection risk. Following our inspection, the registered manager updated the procedures in place, and we were informed that all staff had now agreed to regular testing.
- Staff had regular IPC training. Staff confirmed they had enough personal protective equipment (PPE). The provider had systems in place to ensure they used this effectively when in people's homes. Relatives and a person using the service confirmed that staff wore appropriate PPE when entering people's homes.
- We saw that IPC measures were in place at the office.

### Using medicines safely

- Medicines were managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions. One relative told us, "Medicines have been smoothly managed".
- Staff had received training in administering medicines safely and regular audits of medicine records took place.
- Some improvements were required. Care records needed to include more detailed information on the medicines people were prescribed and competency checks needed to be completed to ensure staff were safe to administer medicines. Following our inspection, the registered manager sent evidence to show systems for this were being implemented.

### Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed, including an assessment of the home environment where care was provided.
- Support plans generally contained good levels of personal information about people's needs and risks. However, one person's plan lacked details regarding the management of a health condition and how staff should respond to keep the person safe. The registered manager told us they would ensure this was addressed.
- Staff were able to tell us how they supported people safely and understood people's risks.

### Staffing and recruitment

- Staff files did not always have the required information recorded within them. We found that there was not

always a complete work history.

- The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We identified that where the registered manager had completed a risk assessment due to the outcome of the DBS check these were not fully completed in all instances.
- There were enough staff to support people's needs and relatives told us they saw the same staff who were usually on time. One person told us, "Timekeeping is good."

Systems and processes to safeguard people from the risk of abuse

- Staff received training on safeguarding and understood how to recognise and report abuse.
- Staff told us they would always report any concerns such as, unexplained bruising or change in a person's behaviours.
- Relatives confirmed they felt people received safe care. A person using the service told us "I definitely feel safe."
- Policies and procedures in relation to safeguarding and whistleblowing were in place.

Learning lessons when things go wrong

- The service had a system in place so it could analyse any occurrence and learn lessons should things go wrong. Due to the small size of the service there had not been any significant incidents.



# 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. This meant 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

- People's needs were assessed and regularly reviewed as and when required if a change occurred. One person told us, "They [staff] understand my needs."
- People's preferences likes and dislikes, past life histories and background information were recorded in their care documentation.
- People and relatives were involved in developing their care plans.

Staff support: induction, training, skills and experience

- Staff we spoke with told us the training was thorough and provided them with the skills to undertake their role.
- An induction was in place to support new staff. This included on-line training and shadowing more experienced staff. One care worker told us, "The training has been good."
- Relatives informed us they felt staff had the right skills and knowledge to support people.

Supporting people to eat and drink enough to maintain a balanced diet: Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they received food and drink appropriately from staff. One relative told us, "They always offer choices of meals."
- The registered manager told us about previous instances where they had liaised with health professionals where it was found that people required support with eating or drinking.
- People were supported by staff who were aware of their healthcare needs.
- Staff worked closely with health and social care professionals to ensure people's changing needs were addressed, and people received the support they 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

- People's capacity had been considered as part of the initial and subsequent assessment process and staff worked alongside people to involve them in decision making when required.
- People and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided.
- Staff were able to describe how they sought peoples consent and offered choices to people during their care.

# 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

- Relatives and a person using the service spoke positively about the caring nature of staff. One person told us "I have really enjoyed the company. I get on with all the carers, they are lovely."
- Staff spoke with kindness about the people they supported. They told us they enjoyed their role and had got to know people well.
- Staff had received training on equality and diversity issues.
- The service was committed to meeting the cultural and religious needs of people with specific protected characteristics.
- Staff demonstrated an understanding of people's care needs and the importance of respecting diversity.

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

- Care plans were developed with input from people and their family members.
- Conversations with staff demonstrated an understanding of people's needs and how they encouraged people to make choices about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's independence wherever possible.
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). We saw that people's confidential private information was respected and kept secure.

# Is the service responsive?

## Our findings

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

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

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

- People received care that was person centred and responsive to their needs.
- People's care records included information about their preferences and wishes to ensure support was provided in the way the person wanted.
- Staff were able to describe people's specific needs to us.

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.

- Information on people's individual methods of communication was included in their care plan.
- The registered manager was aware of the AIS and the service could provide adapted information for people, and information in different formats such as large print if required.

Improving care quality in response to complaints or concerns

- Information was provided to people on how to raise concerns or make a complaint, if needed. The registered manager told us that no formal complaints had been received.
- Relatives told us they had not had to make any complaints they felt able to raise any concerns. One relative told us, "If there are any issues it would not be a problem to ring them".
- The complaints log indicated that no complaints had been received. The nominated individual told us that if any complaints were received, they would be used to help improve the service.

End of life care and support

- At the time of the inspection, no one supported by the service was receiving end of life care.
- Staff had received some training in end of life care. The registered manager told us they would work closely with relatives and healthcare professionals, including GPs to support people at the end of their life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality systems were not always robust.
- The registered manager was not fully aware of the latest guidance in regard to COVID-19 tests for staff. Systems to promote staff testing for COVID-19 in line with government guidance were not always effective. This resulted in staff who were not being tested posing a possible infection risk to people.
- Systems had not identified that there were some gaps in recruitment practice and that staff competency for administering medicine had not been assessed.
- Staff had good knowledge of people's current care needs but care documents did not consistently reflect this knowledge. For example, audits of care records had not identified that care plans were not sufficiently detailed regarding people's medication and some health needs.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately after the inspection and sent us information about the actions they were taken to address the issues found.
- The provider had an electronic call monitoring system where staff logged in and out of their calls, which alerted the registered manager to calls that had been missed or were late.
- The registered manager carried out spot checks and observations on staff to monitor staff performance.
- The registered manager understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service.

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 and staff were passionate about providing people with a personalised service. This was evident throughout our inspection and from the positive feedback we received.
- Through our discussions with the registered manager we determined they were aware of and acted in line with the duty of candour requirements.
- Staff, people and relatives all told us that the registered manager was approachable. One staff member

told us, "100% supportive. Approachable all of the time, no matter what time of day it is."

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

- We saw evidence of the provider asking people's and relative's views about the service through care reviews.
- Staff were encouraged to raise concerns about the care provided, including whistleblowing. Staff told us that they would feel confident raising any concerns or issues with the management team and that action would be taken to address these.

Working in partnership with others; Continuous learning and improving care

- We saw that the service acted quickly when there was a concern for people's health, for example getting into contact with health professionals.
- The registered manager took immediate steps to address concerns raised during the inspection.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems for monitoring the service were in place but were not always effective. Systems were not robust enough to demonstrate safety was effectively managed.

### **The enforcement action we took:**

Warning notice