

4Passion Care Ltd

4passioncare

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service

4passioncare is a domiciliary care agency providing personal care support to three people living in their own homes. Personal care is help with tasks related to personal hygiene and eating, we also consider any wider social care provided.

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

Although there was a process for completing risk assessments not all risks to people had been identified and assessed. Staff had completed safeguarding training but not all staff were fully aware of the procedure to follow if they suspected someone may have been harmed.

Effective recruitment procedures were being followed to ensure that the right people were employed.

People liked the staff that cared for them. Staff were kind and caring and made sure people's privacy and dignity was respected. People, and their relatives, were involved in making decisions about the care they wanted. Their preference for how staff delivered their care was recorded in their care plans.

Staff received training, supervision and support so that they could do their job well.

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.

There was an effective quality assurance process in place that identified areas for improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 12 July 2016 and this is the first inspection. (For a number of years the agency was not providing a regulated service).

Why we inspected

This was a planned inspection based on the date of registration with the CQC.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

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Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This 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 a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be able to support the inspection and provide us with information we requested.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 07 March and ended on 14 March 2022.

We spoke with the two people who used the service and one relative about their experience of the care provided. We spoke with the two members of staff currently providing care, one of whom is also the registered manager.

We reviewed a range of records. This included care records. We looked at files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 of 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.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed training about how to safeguard people from harm.
- Although the registered manager was clear they would take immediate action if they received a safeguarding concern, they must ensure they are aware of and follow the local authority safeguarding policy regarding carrying out investigations.

Assessing risk, safety monitoring and management

- Risk assessments were not always in place for foreseeable risks. Not all risk assessments contained the information staff needed to prevent harm occurring. For example, one risk assessment regarding skin integrity did not take into consideration that the person was spending the majority of their time in bed and how this could increase their risk of pressure ulcers.
- Staff providing the care had time prior to delivering care to read and understand the person's care plan and risk assessments. Staff told us that they received notifications about any updates to risk assessments and care plans.

Staffing and recruitment

- Safe recruitment practices were being followed to ensure the right people were employed. Checks were completed to ensure that new staff were suitable to work with vulnerable people.
- Staff had completed induction training to ensure that they had the knowledge and skills required to meet people's needs.

Using medicines safely

- Staff had completed training in the administration of medicines and been assessed as competent before administering medicines on their own.
- The medicines administration records were being regularly monitored to identify any issues so that action could be taken when necessary.

Preventing and controlling infection

- The registered manager had up to date policies and procedures in place to safeguard people and staff and reduce the risk of transmission of infection.
- The service had a plentiful supply of personal protective equipment (PPE) to prevent the spread of infection. People confirmed that staff wore PPE when visiting in people's homes.

Learning lessons when things go wrong

- Although there had been no accident or incidents in the last 12 months the registered manager had processes in place to review them when needed.

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

- The registered manager met with people new to the service to assess their needs and agree the support the service could offer.
- People and relatives confirmed that everything was agreed and in place before the care visits began.

Staff support: induction, training, skills and experience

- Staff received the training needed to ensure they could deliver support safely. Staff had received induction training when they first started working for the service. The registered manager stated that staff were reminded before their refresher training was due to ensure their knowledge was up to date.
- Staff told us that they felt supported and regularly met with the registered manager to discuss any concerns or training needs.

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

- The majority of people were happy with the food and drink the staff prepared for them. However, one concern had been raised and was being dealt with by the registered manager.
- People received the care and support they needed. People's records showed that where other professionals were involved, this was incorporated into their care plans.
- Staff worked with guidance and information from external health and social care professionals including district nurses and GP's. This was to promote people's well-being and deliver effective care and support.

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 MCA 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.

- Staff knew how the MCA applied to their work. They asked people for their consent before they carried out any personal care and they offered people choices in all aspects of their lives.

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

- People and their relatives talked fondly of the staff providing care to them and their family members. People told us that felt well treated. One person told us, "I've had previous carers that clock watch, they [4passioncare] are kind." Another person told us, "The carers are kind, we have a good relationship, they know me well they certainly do. Wouldn't change anything."
- On the whole people received support, wherever possible, from the same staff so that the care they received was consistent.
- Staff received equality, diversity and inclusion training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like and helped them make sure people were always treated fairly.

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

- People were supported to express their views and be involved in making decisions about their care.
- The registered manager obtained people's feedback at regular intervals to make sure the care and support they received was continuing to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff described how they ensured people's privacy when providing personal care. One member of staff told us, "I make sure the door is closed in case family members walk pass, make sure have I enough towels, don't rush them. I ask them if it's ok to do something and explaining washing certain areas. I make sure they're involved."
- Staff supported people to be independent. One person told us, "They [care staff] encourage and stand back and I try and do it."

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 had choice and control over how their care and support was provided. This helped to ensure people received support that was personalised and tailored to their needs.
- Staff understood how people wished to have their care and support provided. One person told us, "They [the carers] always do the things I need them to do." Another person told us, "They always make sure is there anything I need, they are top of the scale."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Discussion with staff and relatives showed that people's communication needs had been considered and staff had guidance on whether people needed support to communicate.

Improving care quality in response to complaints or concerns

- The service had systems in place to deal with any concerns or complaints.
- People and relatives were confident they could raise any concerns with the registered manager if they occurred. One complaint was ongoing.

End of life care and support

- Staff were not currently supporting anyone who was 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 good. 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; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and was committed to providing a good service for people.
- The provider understood their obligations to be open and honest with stakeholders when things went wrong. There were systems in place to identify and address issues when things went wrong. These included recording and reviewing accidents and incidents and responding to complaints.
- The registered manager had clear expectations about the quality of care and support people should receive from the service. They made sure these were communicated to people when they first started using the service. The registered manager told us that they talked about the company values during staff supervisions and meetings.

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

- There was an effective quality assurance process in place. Regular audits were carried out to identify any areas for improvement.
- The registered manager used the monitoring checks along with supervision and staff meetings to check staff were up to date in their knowledge of the care and support needs of people using the service. Staff were informed about any changes to the service's policies and procedures.
- Staff told us they felt well supported by the registered manager who encouraged and developed them in their role to help them undertake their duties effectively. A staff member told us, "I feel supported. I can definitely go and speak to the manager if I have any concerns or questions."

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

- The registered manager undertook monitoring visits and telephone calls with people to check that the support being provided was meeting their needs and to the standard expected. Outcomes from checks showed the majority of people were satisfied with the care and support provided by staff. Where people were not satisfied, the registered manager stated that they were taking action to resolve issues.
- People were provided opportunities to have their say about the service and how it could improve. Staff were also encouraged to give ideas and feedback about how care and support could continually be

improved for people.

- The registered manager worked proactively with healthcare professionals involved in people's care. When needed, they liaised with GP's and district nurses on behalf of the person. They also worked closely with the local clinical commission groups to provide the right level of care and support for people.