

Passion Health Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Passion Healthcare provides personal care for people living in their own homes. On the day the inspection the manager informed us that there were 36 people receiving personal care from the service.

We previously carried out an unannounced inspection of this service in November 2013. Breaches of regulations was found relating to a failure to fully promote people's welfare, checking that staff were fit to provide personal care to people and a lack of quality checking of services supplied to people.

After this inspection we asked the provider to produce an action plan stating what they would do to meet legal requirements in relation to the breaches. The provider sent this to us. This outlined action that would be put in place to ensure that these breaches in regulations were rectified. We found action had been taken to meet these breaches.

A registered manager was not 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 and associated Regulations about how the service is run. The current manager stated that she would submit an application to be the registered manager of the service within a month of this inspection visit.

People and their relatives we spoke with said they thought the agency ensured that people received safe personal care. Staff had been trained in safeguarding (protecting people from abuse) and staff understood their responsibilities in this area.

Risk assessments were detailed to assist staff are to support people safely.

We saw that medicines were supplied safely and on time, to protect people's health needs.

Staff had been safety recruited to ensure they were appropriate to supply personal care to people.

Staff had training to ensure they had the skills and knowledge to be able to meet people's needs, though more training was needed to ensure all people's needs could be met.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choice about how they lived their lives.

Staff had awareness of people's health care needs so they were in a position to refer to health care professionals if needed.

People and their relatives we spoke with told us that staff were friendly, kind, positive and caring.

People, or their relatives, were involved in making decisions about how personal care was to be provided.

Care plans were individual to the people using the service is to ensure that people's individual needs were met to ensure a fully personalised service was provided to them.

People or their relatives told us they would tell staff or management if they had any concerns and were mostly confident any issues would be properly followed up.

People and their relatives were satisfied with how the service was run by the management. There were comments for improvement from staff to ensure they were fully supported in their work. Management carried out audits and checks to ensure the agency was running properly and ensure people were provided with a quality 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?

Good ●

The service was safe.

People and their relatives said that people felt safe with staff from the service.

Risk assessments to protect people's health and welfare were in place.

Staff were aware of how to report incidents to their management.

Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff.

Medicines had been supplied as prescribed and action taken to protect the person's health if an error in supplying medicines had taken place.

Is the service effective?

Good ●

The service was effective.

Staff were trained to meet people's care needs though more training was needed to ensure that all people's needs were met.

People's consent to care and treatment was sought in line with legislation and guidance.

People's nutritional needs had been promoted and protected.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us that staff were friendly and caring and respected their rights.

We saw that people or their relatives had been involved in setting up care plans that reflected people's needs.

Is the service responsive?

Good ●

The service was responsive.

Care plans contained information on how staff should respond to people's assessed needs.

People and their relatives were mostly confident that any concerns they identified would be properly followed up by the provider.

Staff were aware of how to contact medical services when people needed health support.

Is the service well-led?

The service was well led.

A registered manager was not yet in post though the current manager was in process of making an application to the Commission.

People and all relatives except one told us that management listened and acted on their comments and concerns and they thought it was a well led agency.

Staff told us the manager and senior office staff had provided support to them.

Staff said the manager had a clear vision of how friendly individual care was to be provided to people to meet their needs.

Systems had been audited in order to measure whether a quality service had been provided.

Good ●

Passion Healthcare Limited

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 26 and 31 May 2016. The inspection was unannounced. The inspection team consisted of one inspector.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No concerns were expressed about the current provision of personal care to people using the service.

During the inspection we spoke with 10 people who used the service, four relatives, the manager, the provider, the deputy manager and three care staff members.

We also looked in detail at the care and support provided to four people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and medicine administration records.

Is the service safe?

Our findings

After the last inspection in November 2013 we found the provider had not ensured people were provided with care that fully responded to their needs. These issues were in breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Requirements relating to workers. We issued a requirements notice indicating that this situation needed to be rectified or we would consider taking more serious enforcement action. At this inspection we found that the provider had organised proper checks to aim to ensure that staff were safe to work with people receiving a service.

All the people we spoke with and their relatives except one relative said that they felt safe with staff from the agency. A person using the service told us, "They make sure I am safe and I don't fall when I am using the rotunda." The issues identified by a relative were about staff leaving the grill on when making toast and leaving the house unlocked. The manager said she would follow up these issues and that she would arrange a meeting with the relative to discuss and act on any issues raised.

People who needed assistance with equipment were satisfied with the way staff operated this. We saw a care plan which set out how to use equipment to keep people safe, "Use large sling, white loops for the shoulder and blue for the legs" and that "Safety checks to the hoist and sling...must be carried out prior to the commencement of the task."

Risks within people's homes had been assessed and managed. We saw risk assessments set out how to protect people from identified issues in the environment such as electrical appliances and tripping risks. Staff told us examples of how they kept people safe such as making sure that medicine was not lying around, doors and windows were kept shut and locked when needed and checking that rugs on floors were flat to eliminate tripping risks. This showed that staff were aware of taking action to ensure people's safety.

Care records for people showed risk assessments were completed to protect their safety. These included how to move people safely and included the equipment needed. Staff told us that they had been trained to use equipment such as hoists to ensure people were moved safely. A staff member told us they were aware of when the hoist should be serviced and that slings used for hoists were in good condition to make sure that people were safe using the hoist. People had information in their care plans about who to contact in the event of an emergency.

A care plan noted a person was at risk of losing weight. There was a risk assessment in place for staff to follow as to providing extra food for the person and to encourage the person to eat. Records show that staff had recorded what food the person had eaten so this could be closely monitored and the GP informed if there were any problems with the person not eating. This meant there was system in place to try to improve the person's health.

We saw a care plan which stated that the person had an identified risk of pressure sores. There was a risk assessment outlining safety measures to ensure the person received creams from staff to maintain their skin, and records supplied information as to where to apply the cream to safely protect the person's skin.

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary. Staff were aware of relevant outside agencies to report concerns to if they had not been acted on by the management of the service. We saw evidence that abuse had been discussed in staff meetings to highlight the importance of staff taking action should they encounter this.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These told staff what to do if they had concerns about the safety or welfare of any of the people using the service. There were contact details of relevant agencies set out in the staff handbook where staff could report their concerns to.

Policies set out that when a safeguarding incident occurred management needed to take appropriate and action by referring to the relevant safeguarding agency. The manager was aware that if a safeguarding issue came up, she would report this to the safeguarding authority and work with the authority to protect the safety of the person.

Staff recruitment practices were in place. Staff records showed that before new members of staff were allowed to start, checks had been made with previous relevant persons and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character.

We found that sufficient numbers of staff had were usually available to meet people's needs, as people and their relatives told us that most calls had been made on time by staff. In the instances that staff were be late, office staff had, in the most part, contacted them to explain why they would be late and give an update of the time of arrival. The people we spoke with were satisfied with this procedure.

People all confirmed that staff stayed the length of time needed to complete personal care tasks. One person said, "They stay the time I need them to."

People and their relatives told us that staff had reminded people to take their medicines and there had been no issues raised about not receiving their medicine. One person said, "They remind me to take my medication and I am grateful for that as I sometimes forget." Information regarding people's allergies was contained in their care plan which protected them from receiving medicines that could affect their health and were unsafe for them to take.

We saw evidence in medicine records that people had usually received their daily prescribed medicines. Where this was had not been recorded, this had been checked with the daily records of the person to follow up and check that medicines had been supplied to ensure the protection of the health and safety of the person involved.

There was information in people's records about their allergies. This helped staff to ensure that people were taking their medicines safely. We also saw that staff had been trained to support people to have their medicines and administer medicines safely and they had undergone a competency test to check that they understood how to assist people to have their medicines. We saw that a medication administration policy was in place for staff to refer to, and assist them to provide medicines to people safely. We found evidence in a care plan that staff had been directed to safely store a person's medicine as there had been a risk that it could be moved and lost by the person's partner. This made sure the person could have their prescribed medicine to protect their health.

Is the service effective?

Our findings

All the people and their relatives we spoke with except one relative said that the care that and support they received from staff effectively met their needs and they thought that staff had been properly trained to meet people's needs. The issue identified by one relative was about proper moving and handling techniques which the manager said she would follow up and that she would arrange a meeting with the relative to discuss and act on any issues raised.

A staff member said, "I have had loads of training. If I need more then I ring the office and it is arranged." Another staff member said, "Training is very thorough here." Staff also told us that the manager would go over information if they were not certain they understood it. One staff member said she had not been confident about how to use a hoist properly and the manager had gone over this issue with her again until she felt competent.

The staff training matrix showed that staff had training in essential issues such as such as protecting people from abuse, and supplying person centred care. Staff from the agency had undertaken accredited training in providing proper training to other staff in how to effectively move and handle people. Staff training on health issues such as stroke care, mental health conditions and epilepsy was not in place. The manager said this would be followed up and she later sent us information that this was being organised for staff. Relevant staff had received in house training to deal with catheters. The manager said she would ensure this training would be carried out by a medical professional to ensure this was fully comprehensive.

New staff are expected to complete induction training. This training included relevant issues such as supplying medicines and providing care for people with dementia. New staff were also expected to complete training on the Care Certificate which is national recognised training for staff. We saw in the minutes of staff meetings and supervision records that staff training issues were discussed and action taken to organise more training as needed.

Staff told us that new staff undertook an induction when they had begun work with the agency, which included shadowing experienced staff on shifts. The manager said that shadowing was usually for approximately two days with an experienced staff member, but if the new staff member did not feel confident of carrying out essential tasks this process was then extended as needed to make sure the staff member was confident about how to provide effective care to people.

Staff we talked with said they had spot checks from the management of the agency to check they were supplying care properly. We saw evidence of these checks. Staff told us they received supervision and these were recorded in staff records. This provided staff with support to provide effective personal care to people using the service.

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.

There were no formal procedures in place to assess people's mental capacity. This was rectified by the manager by day two of the inspection as a template to assess people's capacity was supplied to us and the manager stated that this would be carried out for people who needed this in the near future. Staff were aware of their responsibilities about this issue as they told us that they always asked permission before they supplied care to people. This was also confirmed by people and relatives we spoke with. There was also information in care plans for people to follow. One care plan stated, "Staff must explain...the procedure and communicate with her throughout the task." Staff had received training about the operation of the law in their induction. This meant that staff were in a position to assess people's capacity to make decisions about how they lived their lives.

People told us that the food prepared by staff was good. One person told us, "The food is exactly how I want it done." People told us that their food choices were respected and they knew what people liked to eat and drink. They told us that people had drinks and snacks left for them as needed to make sure they did not become hungry or dehydrated. We found evidence in people's care plans that staff were directed to carry this out. For example, in one person's care plan it stated, "May want you to make something if daughter is not there."

We saw evidence that staff contacted medical services if people needed any support or treatment. A staff member told us that they had contacted the ambulance service when they found that a person had fallen and injured themselves. This was an example of staff acting to provide effective care to meet people's needs.

Is the service caring?

Our findings

All the people we spoke with and their relatives thought that the carers were friendly and offered companionship to the people who used the service. One person said, "I would not swap them as they are all very caring people." Another person said, "They are kind and caring in their approach." A relative said, "They will have a laugh and a joke with him and he likes that."

A staff member told us, "We are here to provide good care and treat people properly."

We saw evidence that people had face to face meetings with members of the office to discuss how their care was going. People considered that all staff, both those supplying care and those from the office, were good listeners and followed their preferences. People and their relatives told us their care plans were developed and agreed with them. We also saw evidence in plans that this had taken place, such as people or their representative signing their plans.

People told us that their dignity and privacy had been maintained and staff gave them choices. For example, staff using preferred names, what food they wanted to eat or the clothes they wanted to wear. Care plans set out how staff should respect people's privacy. One care plan stated, "Ensure curtains are drawn before starting care." A care plan set out that staff also needed to respect people's possessions, "Don't place the bowl on the table as they are antique."

Staff told us that they protected people's privacy and dignity. They said they always knocked on doors before entering their houses. One staff member told us, "We ask people how they want us to do things."

We saw that information from the agency emphasised that staff should uphold people's rights to privacy, dignity, choice, confidentiality, independence and cultural needs. The staff handbook also emphasised that people's rights needed to be respected.

The care plans we looked at stated that staff needed to encourage people's independence. People stressed that being independent was very important to them. The staff handbook emphasised the importance of promoting people's independence. We also saw evidence of this in people's care plans. One care plan we looked at stressed the person's independence; "He can pull himself up using his grab rails."

Care plans included whether people were religious to provide information to staff on respecting people's beliefs.

This presented as a strong picture that staff were caring and that people and their rights were respected.

We looked at the provider's statement of care, which emphasised that staff should treat everyone with respect, dignity and fairness. This set a good model to ensure people were treated in the caring and respectful manner.

Is the service responsive?

Our findings

After the last inspection in November 2013 we found the provider had not ensured people were provided with care that fully responded to their needs. These issues were in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Requirements relating to workers. We issued a requirements notice indicating that this situation needed to be rectified or we would consider taking more serious enforcement action. At this inspection we found that the provider had improved the care planning process so that people's needs were included and staff were supplied with relevant information.

All the people and relatives told us that staff would do anything asked of them and always asked if they could do anything else when they had finished their tasks. One person told us, "They always ask if they can do anything more for me and if I ask they will do it. They are very flexible." Another person said that when office management had initially visited them, they told them that if they had any queries then they would visit and sort the issue out. This made them feel very positive about raising any issue of concern

People and relatives told us that the office responded quickly to their requests and made changes where needed.

We found that people had an assessment of their needs and a personal profile in the care plan. People using the service and relatives we spoke with said that management properly assessed people's needs before providing a personal care service. Assessments included relevant details such as the support people needed, such as information relating to personal hygiene, mobility and communication needs. There was information as about people's personal histories and preferences such as their food and drink preferences and information as to what was important to them, and how they liked to spend their time. This helped staff to ensure that all people's individual needs were responded to.

We saw that the assessment of a person's moving and handling had identified that equipment was needed to help the person. An occupational therapy referral had been made by the manager so that the person could be assessed for suitable equipment to help them.

Staff told us that they always read people's care plan so they could provide individual care that met people's needs. They said that care plans were updated if people's needs had changed so that staff could respond to these changes.

People and their relatives told us that care plans were reviewed by the management from the agency to ensure any changing needs were recognised and could then be responded to. We saw evidence that this had been carried out in people's care plans.

One issue that came up from comments received from people and their relatives was that they had found it difficult to completely understand what staff had said to them as the English language skills of staff were not always sufficient. The manager showed us evidence that some staff had enrolled onto college courses to improve their skills and they would be assessed to see if they needed any further support.

We saw that staff had responded to people's needs as they arose. For example, staff washed a person's hair when their daughter, who always did this, was unwell. In another record, staff had found no medicine for a person. They informed the person's family, who were responsible for obtaining the medicine and the medicine was then obtained from the pharmacy. This ensured that the person's health needs had been responded to and met.

People told us that staff at times were either early or late but they had received a call from the office alerting them to this so it did not concern anyone we spoke with. Staff told us that there was enough travelling time on their rotas to get to people's calls on time. We checked call times in daily records of care and found that on occasion calls had been early or late. This meant that there was a risk that staff could not fully respond to people's needs. The manager and provider stated that this issue would be reviewed and action put in place as necessary. The manager sent us information after the inspection visit that this issue had been followed up.

We found that people knew how to make complaints. People and their relatives told us they would speak to the manager or office staff if they had any concerns, and would feel comfortable about doing so. One person said that they had contacted office management staff as staff had talked to each other in their own language and they felt excluded. This had been dealt with and they did not have this issue again. One relative told us that she had concerns in the past but had not had a response to them. The manager said this would be followed up and that she would arrange a meeting with the relative to discuss and act on any issues raised.

Staff told us that there were few occasions when they received complaints from people or their relatives but, when they did so, they reported issues to the manager or office management staff and they saw that the issue had been dealt with. We saw in staff supervision records that staff were asked whether people had any complaints about the service there was an action plan in place to deal with any issues that arose, so these could be responded to.

The provider's complaints procedure gave information on how people could complain about the service if they wanted to. It was stated in the Service Users Handbook that people should complain and they would be taken seriously. The procedure included relevant information on issues such as how to contact us the complaints body, the local authority, but had not included the local government ombudsman should they have concerns that their complaint had not been investigated properly by the local authority. The manager and provider said this would be put into place.

We looked at the complaints file. We found that complaints had been investigated, a response sent to the complainant, with apologies made as needed, and action taken as needed, for example additional staff training. This provided assurance that complainants received a comprehensive service responding to their concerns.

People told us of other agencies involved in their care including the adult care department, GPs, and community nurses. Staff told us that they had contacted other services when needed. For example, a staff member told us that a person was found on the floor after falling. She contacted the ambulance and the person was able to receive hospital treatment.

We looked at the incident folder. We found that staff had called in medical services as needed. This told us that staff had appropriately liaised with other agencies to ensure that people had received care responding to their needs.

Is the service well-led?

Our findings

After the last inspection in November 2013 we found the provider had not ensured people were provided with care that fully responded to their needs. These issues were in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Requirements relating to workers. We issued a requirements notice indicating that this situation needed to be rectified or we would consider taking more serious enforcement action. At this inspection we found that the provider had improved the quality assurance process so that systems have been checked to ensure that they met people's needs.

All the people and their relatives we spoke with except one relative said that the service was well run and organised. One person told us, "A lovely agency." Another person said, "It is very well run. I have no complaints." People told us that they were more than happy to speak to the office staff and/or the registered manager should they need to, although the majority of people had no reason to.

A registered manager was not in post which is a condition of registration and required to ensure the service is well led.

The manager was aware that incidents of alleged abuse needed to be reported to local authority safeguarding teams to protect people from abuse. None had occurred in the previous 12 months leading up to this inspection.

Staff were provided with information as to how to provide a friendly and individual service. For example, to always respect people's rights to privacy, dignity and choice. Staff told us that the management of the service expected them to provide friendly personal care to people, and to meet their individual needs.

Staff told us that they were well supported by the management of the agency. They said that the office management staff were always available if they had any queries or concerns and that travelling time between calls was adequate so they were on time to make personal care calls. One staff said, "I have only had good support from the office. They try to help me with everything I need."

We saw that staff had been supported in providing care by having regular staff meetings. This covered relevant issues such as reporting concerns about care, ensuring daily records and medicine charts were properly recorded and staff training issues. This provided staff with more support to carry out their task of supplying quality personal care to people. Compliments were also given to staff from the management of the service regarding the care that staff supplied to people to recognise their contributions and maintain their morale.

Staff members we spoke with told us that they would recommend the agency if a relative or friend of theirs needed this service, as they rated the care provided as very good.

Staff said that essential information about people's needs had always been communicated to them, so that they could supply appropriate personal care to people. We saw evidence of this through text messages sent

to staff by the manager, such as reminding staff to always talk with a person to lessen their anxiety.

We saw that staff had received further support through supervision. This covered relevant issues such as training, changes in people's needs, and problems in providing the service. If any issues were identified these were taken forward through a stated action plan. For example, we saw that a staff member had been late for a call and that they had not informed office staff of this, leaving the person anxious wondering when staff would arrive. This was taken up with the staff member so that this would not occur in the future. A care worker's assessment was also carried out by the management of the service to see if they were providing a quality service. A medication and observation sheet was completed to ensure that people received their medicines. This meant that the service ensured that people's needs were promoted and staff were supported to discuss their competence and identify their learning needs.

There was evidence that people's needs were reviewed. Reviews covered important issues such as their general satisfaction with the service, whether their care needs were being met and whether they needed any more assistance with regard to meeting their health needs. People were also contacted periodically by telephone to check that they were satisfied with the service.

We saw that people had been asked about their views about the running of the service through a satisfaction survey. There was a high degree of satisfaction with the service. Comments included, "Excellent service" and "I am very satisfied with the carers and they feel like they are part of the family." However, from the small number of issues identified in the survey, there was no action plan to follow these up. For example, to issue weekly rotas to people so they knew which staff were supplying personal care to them. The manager said this would be addressed. Staff had also received a survey inviting their views on how the service was managed. These had all been positive about the support they received and the way the service was organised.

Information in the provider's statement of purpose stated that the service would ensure that quality monitoring systems to check services would be put into place.

We saw other quality assurance checks in place. Staff had periodic spot checks where a number of relevant issues were checked by management such as staff attitude, and performance such as respecting people's privacy and dignity. Care plans were reviewed to ensure they were still relevant to people's needs. Daily records had been audited to check that the care supplied to people was meeting their care needs. Medicine sheets had been audited to check that people had been supplied with their prescribed medicines. Staff recruitment records had been audited to check that applicants had the necessary checks in place to safely provide personal care to people. There was a missed visits file so these could be monitored and followed up as needed.

This process assisted in developing the quality of the service to meet people's needs.