

Passionate About Care Ltd

# Passionate about Care

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Passionate about Care is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 63 people at the time of the inspection, including older people, those living with dementia, people with a physical disability and younger adults.

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. 62 people were supported with personal care at the time of the inspection.

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

People and their relatives told us they were safely supported by staff. The management of medicines given 'as required' did not follow current best practice guidance and further detail was needed to guide staff on the safe administration of these medicines. We have made a recommendation about this. Records relating to risks about people required some further detail. However, people were mostly supported by familiar and consistent staff who knew their needs and understood how to meet these safely. There were enough staff employed to meet people's needs, and safe recruitment practices were carried out. Staff acted to protect people from abuse and to prevent the spread of infections. Incidents and accidents were investigated and learning from these was used to prevent a reoccurrence.

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. However, records about people's legal representatives and consent, required improvement. We have made a recommendation about this.

People's needs were assessed, and care was planned to meet these. People were satisfied with the support they received with eating and drinking and were helped to access healthcare support when needed. Staff completed an induction into their role, competency assessments and supervision, to support them to care for people effectively. Staff completed some training prior to supporting people which was considered mandatory by the provider. A programme of on-going training was in place. However, not all staff had completed this training which was in progress.

People and their relatives told us staff were kind and caring. Staff knew people's needs and preferences, involved people in decisions and provided respectful care.

People's care plans were person centred and people told us they were involved in developing these plans, which were regularly reviewed. People's communication needs were known and met. Complaints had been investigated and responded to. The provider was developing their approach to end of life care. However, no one was receiving end of life care at the time of our inspection.

The service did not have a registered manager in post, but the manager had started the process to apply for

registration. Some notifications which are required to be sent to CQC had not been submitted. These were submitted following the inspection and the manager has assured us any further relevant incidents will be notified, as required. The system used to identify and manage risks to the quality of the service had not identified all the issues we found. We have made a recommendation about this. Since the service was first registered with CQC, it had increased the number of people it provided support to. The provider and manager worked closely together to manage changes and maintain a personalised service for people and staff. Feedback from staff and people was positive about the leadership of the service.

#### Rating at last inspection

This service was registered with us on 13/09/2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection.

#### Enforcement

We have identified one breach in relation to the provider's failure to submit notifications of incidents to CQC.

Please see the action we have told the provider to take at the end of this report.

## 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 effective findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Passionate about Care

## 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 and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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 did not have a manager registered with the Care Quality Commission at the time of the inspection. There was a manager in place who had taken up this role in September 2019 and was supported by the provider. The manager had commenced the registration process with the Care Quality Commission (CQC).

#### Notice of inspection

We gave notice of the inspection because and we needed to be sure that the provider or manager would be in the office to support the inspection. There was a delay in visiting the site because the service had moved offices and we were unable to carry out the inspection due to a registration issue. Inspection activity started on 30 October 2019 and ended on 27 November 2019. We visited the office location on 25 November 2019.

#### What we did before inspection

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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and eight relatives about their experience of the care provided. We spoke with nine members of staff including the provider, manager, one supervisor and six care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two 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. We looked at training data and quality assurance records.

# 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 which meant there was an increased risk that people could be harmed.

### Using medicines safely

- Some people were supported with their medicines and care plans included details of the support they required. Other people were able to administer their own medicines and any risks associated with their medicine needs was included in their care plans.
- People told us they were happy with the support given with their medicines. However, some people were supported with 'as required' (PRN) medicines such as pain relief, laxatives or creams applied to the skin when needed. Protocols were not in place to provide staff with guidance about what the medicine was for, the minimum time between doses and the maximum dose and any other information to assist staff to manage these medicines safely. This meant we could not be assured that 'as required' medicines were being safely managed. We spoke to the manager about this who told us they would implement PRN guidance.
- Staff completed training and were checked as competent to administer medicines safely. A staff member said "They [senior staff] come out and observe [medicines administration] and will spot check without you knowing before."
- The Medicine Administration Records (MAR's) we saw had been fully completed, these were audited by supervisors and checked by the deputy manager. Errors found were promptly acted on.

We recommend the provider reviews current guidance on managing PRN medicines and updates their practice accordingly.

### Assessing risk, safety monitoring and management

- People's risks were assessed, and plans were in place to guide staff as to how to minimise risks to people. Staff told us the plans contained enough information to support them to provide safe care.
- People and their relatives told us staff managed risks to them safely and confirmed they were mostly supported by familiar staff, who knew them well. Staff we spoke with gave us examples of how they supported people with known risks.
- We found some records relating to risks required further detail, to ensure important information was available. For example, body maps indicated where people had skin injuries, however there was no evaluation of these wounds to show improvements or deterioration. Records did not demonstrate if actions had been taken when needed. In addition, dysphagia (risk of choking) care plans included information on people's positioning and food texture requirements. However, for one person at risk of choking who was supported with thickened drinks, there was no information about the required consistency and level of thickener used. This meant the person could be at increased risk of choking if the correct consistency of liquids was not provided. Whilst this person was supported by consistent care staff, this information should

be available for all staff should unfamiliar staff be required to support the person. The manager acted to address this.

#### Staffing and recruitment

- The manager told us there were enough staff to meet people's needs and a system was in place to calculate the numbers of staff required, based on people's needs.
- A risk-based plan had been carried out to make sure if staff numbers should fall, those people with the highest needs would be prioritised.
- Due to growth in the service the provider had introduced a time frame of half an hour before and after the preferred call time. The manager told us this was important so that people had "Realistic expectations" about the service.
- One person told us they didn't always know when a carer would be coming which left them feeling unsafe because they were at risk of falls and required the support of a carer. The provider responded to their concerns and told the person they would improve the consistency of the timing of their calls. All others confirmed timing was not a problem and carers were on time or, if not, the office or a carer themselves would get in touch to explain the situation.
- Pre-employment checks were carried out and included character and previous employment references and a Disclosure and Barring Service (DBS) check. These checks help providers make safer recruitment decisions.

#### Systems and processes to safeguard people from the risk of abuse

- People and their relatives we spoke with, told us they felt safely cared for by the service. People's comments included "I definitely feel safe because they [carers] know me and are very considerate." "I feel safe and comfortable because they [carers] always turn up. The carers are always concerned about me and would call my GP if necessary – and have done so."
- Staff completed safeguarding training and knew how to report concerns. Staff were aware of outside agencies they could contact if required.
- Records showed the provider and manager had acted to investigate and respond to allegations of abuse.

#### Preventing and controlling infection

- Staff completed training in infection control and were provided with protective equipment such as gloves and aprons. Supervisory staff checked all staff practised good infection control during spot checks.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded, and the manager checked staff took appropriate action in response to incidents. Records showed incidents had been investigated and remedial actions had been taken to prevent a reoccurrence.



# 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 Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- No one supported by the service was subject to a deprivation of their liberty by the Court of protection.
- People were asked to give their signed consent to care and treatment, photographs, medical records sharing and sharing information.
- Consent records for two people had been signed by their relative or partner. Similarly, a person's relative had signed the agreement to their care plan. It was not clear why other people had signed consent on behalf of these people. The manager told us both people had capacity to consent or refuse and therefore nobody else can legally sign consent on their behalf. If they had a physical disability and were not able to sign, in these circumstances an explanation should be recorded to state the person had witnessed and authorised the other person to sign on their behalf.
- There was some conflicting information about what legal authority people held to act on behalf of their relatives. For example, one person's assessment stated their relative had Power of Attorney (POA) for finance and health and welfare decisions, the manager told us they thought the POA was for finance decisions only. There was no evidence to show what authority was in place. This is important to ensure any decisions made on people's behalf are authorised by people with the legal authority to do so.
- We found no evidence that decisions had been made inappropriately. However, the records and information about people's consent and their legal representatives required improvement to ensure they were accurate and met the requirements of the MCA. We spoke to the manager about this and they have acted to address these concerns.

We recommend the provider consider current guidance on the Mental Capacity Act in relation to consent and act to update their practice accordingly.

- People and their relatives told us staff asked for consent prior to delivering care. Their comments included "[Carers] always ask for consent before doing anything and always ask if they can do more." "[person] can say 'no' and then they [carers] will ask what her wishes are."
- Staff we spoke with understood how to promote the principles in practice such as offering people choice and respecting people's decisions. Staff had not completed training in the MCA however, the training was included in the provider's training programme for completion by all staff.

Staff support: induction, training, skills and experience

- All the people we spoke with told us they thought staff were competent to meet their needs.
- Staff told us the training provided was a good standard their comments included "The training is excellent because it's all face to face, not like a computer where you can't ask any questions." "I'd have no hesitation in asking if I felt like I needed more, [trainer] is very hot on it you can always ring her and arrange things if you need to."
- Staff new to care completed the Care Certificate. The Care Certificate is a set of standards which set out the knowledge, skills and behaviours expected of care workers. In addition, new staff shadowed more experienced staff to support them to understand people's needs.
- A programme of on-going training was in place. Training records showed all staff completed safeguarding, basic life support, moving and assisting and medication training prior to supporting people and annually. Other training was delivered three yearly and records showed not all staff had completed these topics which included; MCA and DoLS, equality and diversity, fluids and nutrition, and communication. The manager told us staff were booked to complete this training and this was in progress.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law  
People's needs were assessed prior to them using the service and used to develop care plans and daily routine plans to guide staff on how to meet people's care needs.

- Policies, procedures and training were used to inform and guide staff on delivering care in line with standards, guidance and the law.

Supporting people to eat and drink enough to maintain a balanced diet

- People we spoke with who were supported with their food and drinks told us they were satisfied with the support they received.
- Records showed people's needs in relation to eating and drinking had been assessed and information was included in their care plans about their dietary needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relatives told us staff acted on health concerns. People's relatives said they were informed when care staff identified any health concerns and a person told us they had been advised about equipment to support their needs.
- Records showed healthcare professionals had been contacted by the service when people or staff had concerns. In addition, staff communicated with other healthcare professionals when they were involved in the person's care such as district nurses, occupational therapists and discharge teams from hospital. To ensure good outcomes for people.
- Information about people's health conditions was available to staff to support them to provide appropriate care and identify signs of concern. This included mental health conditions and we saw a detailed plan was in place to guide staff how to support a person effectively with their mental health needs.

# 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 told us the staff were kind and caring. Their comments included; "They [carers] get me up and are caring, they get on and do things I feel very well supported.", "Definitely kind and caring and I like it that they always address me by my proper name and I don't have to chase the carers up." "Nothing is too much trouble for them [carers]."
- People's relatives confirmed staff treated people well and their comments included; "The carers are great. Everything is good about them. They are great for the whole family." "I can tell how [person] gets on with them by their reaction. [Person] always blows them a kiss, they have empathy."
- The manager told us staff often did extra things for people such as going to buy milk and supporting a person to set up the things they needed in place to manage independent living. In recognition of the care shown by staff the manager had nominated some staff for an excellence in care award. One staff member had been shortlisted as a finalist.
- Staff said they would be happy for a family member to receive care from the service. Staff could describe people's likes, dislikes, preferences and history and told us about the people they supported. "[Person] loves listening to the TV but she doesn't like watching it, so you have to make sure her beds high enough to not see the TV" and "[Person] loves talking to you but can be a bit shy so you have to be the first one to talk to her, she's always smiling"
- In addition, quality reviews were carried out with people every 3 months. Records showed people had given positive feedback about staff and one person had stated 'I like it that you always involve me with things, you always listen you don't judge. I like that you are honest with me and don't tell me what you think I want to hear and help with my trips out.'
- When people requested care be delivered by the same gender of staff this was respected.
- The Equalities Act 2010 outlines people's rights in relation to their protected characteristics such as; disability, gender, marital status, race, religion and sexual orientation are met. When people had discussed needs relating to their protected characteristics such as their sexual orientation care had been planned to meet these.

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

- People told us they and family members were involved in planning their care. Their comments included; "I was involved in the making of the care plan and it is being reviewed at the moment." "I was interviewed at the start of my care and the plan is reviewed regularly."

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with knew how to provide care that was respectful, and this was checked during spot checks

and reviews by supervisory staff.

- People and their relatives confirmed staff delivered respectful care and told us how staff promoted their dignity whilst carrying out personal care tasks.
- A staff member said ""It's about helping them [people], really knowing them and helping them to keep their independence and stay at home for as long as they want to."

# 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 and their relatives told us their care needs were met by the service. Their comments included; "The carers get everything done." "They [carers] always ask how [person] is before they visit [person] and will discuss any concerns with me. All the necessary details are in their care plan. Carers are very good in allowing [person] choice and if [person] chooses to do it they will supervise. Communication is good, we work as a team." "I have prepared a bullet point list of things that need to be done when the carers visit, and they do what is on the list."
- People's care plans included their daily routines for each of their care calls. These records gave clear information and guidance about people's needs and how they preferred them to be met. Daily records showed care was delivered in line with people's care plans.
- People and their relatives told us they had been involved in the development of their (or relative's) care plan and their needs were reviewed. Staff told us "If there are any changes a message will be sent out to everyone that supports them and it's noted in the care plan" and "If someone's been in hospital then we'll be told about any changes straight away, any aftercare needed."
- Information including; 'all about me, good day/bad day and important information' provided staff with guidance on providing person centred care. For example, a good day/bad day description read 'A bad day would be hearing about Brexit and if the carers don't turn up on time. A good day is sitting in the garden with visitors.'
- The manager told us people were sent a weekly staff rota including photos of the staff who would be providing their care. They said, "People get continuity of staff as far as we can." Staff told us they generally supported the same people which meant staff got to know them and their needs well.
- The provider was introducing a new call monitoring system which would enable them to check the timeliness and duration of people's calls as they were currently reliant on people's feedback to identify any discrepancies.

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.

- People's communication needs were assessed, this included their preferred method of communication, any difficulties and the support needed. The manager told us if a person asked for information in a specific format they would provide this. Formats currently used included; email, texts, large print texts and documents.

#### Improving care quality in response to complaints or concerns

- People and their relatives we spoke with told us they had not made any complaints. However, two people referred to 'problems' they had raised which had been resolved by the service. People reported that communication with the service was good and the manager was approachable.
- Complaints were monitored by the manager as part of their monthly audit. This showed actions had been taken in response to complaints made. The provider was developing a more 'robust complaints tool' to record complaints more effectively.
- A policy and procedure was in place to explain to people how they could make a complaint and the response they could expect from the service.

#### End of life care and support

- The service was not supporting anyone with end of life care needs at the time of the inspection.
- A policy, including an end of life care plan was available to provide guidance to staff on how to support people at this time. Training with a local hospice was being planned for senior staff in delivering end of life care.

# 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 at times, inconsistent and 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

- There was no registered manager in post at the time of our inspection however, the manager had begun the process for registration.
- We found three incidents which had not been notified to CQC as required in the Regulations. This is important to enable us to monitor the quality and safety of the service. We saw action had been taken to investigate these incidents and the local authority safeguarding team and/or police had been informed and the provider had taken the appropriate actions. We discussed this with the provider and manager who submitted the notifications immediately following the inspection and have assured us all notifications will now be submitted as required.

The failure to notify the Commission without delay of incidents was a breach of the Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations

- A quality assurance system was in place and used to monitor the quality and safety of the service. This included audits of daily logs, medicines, care plans, accidents, incidents and safeguarding. The provider also randomly audited records to check audits were effective. However, the audits had not identified the issues we found such as; PRN medicines management, MCA records and notifications.

We recommend the provider consider current guidance on the identification and management of risks to the quality of the service and update their practice accordingly.

- The manager had an overall action plan aligned with the five key questions we look at during an inspection. This included actions and outcomes from audits and other quality checks such as staff training completion, team meetings held, and care plan reviews completed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and manager were working together to promote a positive culture. The provider said, "It starts at the top and is led myself and [manager]." They went on to tell us how having a positive attitude in the office and support for staff in the community could "Really feed through to the customers."
- The service had experienced growth since starting up and the manager and provider were working to support the changes to the infrastructure and culture. Although the service had grown they aimed to

continue to provide a personalised service for people and staff.

- People and their relatives told us the service was 'well managed'. A person's relative said "'Yes, the agency is well managed, I have been pleasantly surprised by them, managers are approachable. Before we started with the agency I was concerned, (because the agency had not been inspected by the CQC) but I am pleasantly surprised – it works.'
- Staff spoke positively about the provider and manager their comments included; "[Manager] is absolutely brilliant, she's amazing she's helped me so much" and "If there's ever anything I'm concerned about I can always phone them [provider and manager] and if they're not there they'll get back to me I think they're very helpful." "The owner knows most of the service users herself, she makes an effort to get involved and go out to see people. I think if you had a problem and went to the office [provider] would understand because she knows the people as well."

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 provider understood their responsibility to be transparent when things go wrong. The manager added "We would always offer a level of apology even if we weren't responsible, because we would be sorry it [any incident] ever happened." They had not had to act on this duty.

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

- The service carried out a satisfaction survey in 2018, however the provider told us they had received very few responses. A staff member had been allocated to organise and promote a survey to encourage feedback and this had been sent out during November 2019. The provider planned to analyse and respond to the information collected and share this information with people.
- People and their relatives were asked for their feedback during reviews and we saw this was mostly positive. We noted that one person had raised several concerns during their review but there was no recorded information to evidence these had been acted on. We discussed this with the provider and manager who told us about the actions they had taken to address the concerns. The manager told us they would record actions taken in the future.
- Staff told us they were listened to by the manager and provider. Comments included, "Yes definitely, 100% [feels supported], we meet all the time and she [manager] has an open-door policy." "I would say on the whole they're [manager and provider] striving to get it perfect, they do try really hard, if they find anything wrong they fix it to the best of their ability."
- Team meetings were held with all staff and the manager told us they met with senior staff weekly to discuss "Targets and structure and find solutions."

Continuous learning and improving care

- The provider and manager attended local providers meetings and met with the local authority to support their learning and develop the service. They told us they used feedback from people at reviews and in conversation to understand "People's expectations and what we could do better."
- The manager had an action plan in place to identify and monitor improvements to the service. They explained and evidenced how improvements had been made in the quality assurance processes , investment in technology to improve call monitoring, staff training and structure to support the delivery of good quality care to people.

Working in partnership with others

- The service worked with other health and social care professionals to support good outcomes for people.
- The provider and manager told us how they worked with other local businesses to support their own development and sourced resources for people. This included bereavement counselling for a person and



charities which could support people's needs.

- The service was developing relationships with a local hospice to provide specialised training in end of life care and supporting people with Parkinson's.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider had failed to notify the Commission without delay of relevant incidents.</p> <p>Regulation 18(1) (Registration) Regulations 2009.</p>