

Passion Health Care Limited

Passion Healthcare Limited

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

Passion Healthcare Limited is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection the registration manager confirmed the service was providing personal care to 28 people.

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

People felt safe with staff from the service. Care plans and risk assessments provided guidance for staff to follow. However, not all identified risks had been risk assessed to mitigate and reduce any identified risks. People felt safe with staff from the service. Staff understood how to protect people from the risk of harm and understood potential signs of abuse. People and relatives were involved in assessments of potential risks to safety and in identifying measures to keep them safe. Staff went through a recruitment process so that the provider only employed suitable staff.

People received their medicines as prescribed. They were protected from the risk of infections through staff working practices. People had enough staff to meet their needs. Staff undertook induction training that supported them to have the knowledge and skills to do their job well and effectively meet people's needs.

People were provided with care and support that ensured they had good nutrition and hydration. They had access to healthcare that maintained their health and wellbeing. People were supported to have choice and control of their lives and staff supported them to do this.

Staff knew people well. People had developed positive relationships with staff which helped to ensure good communication and support. Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

People or their representatives were involved and consulted when making changes to how their support was provided. Staff knew and understood the needs of the people using the service and care was provided based on their assessed needs. Staff were responsive to changes in people's needs to ensure people received timely intervention to maintain their health and well-being.

People knew how to raise any concerns or make a complaint. The provider had a policy and procedure which involved investigation and solutions to put things right. This provided information about how these would be managed and responded to. This needed to include information about referral to another statutory body to approach if they were not satisfied with the investigation.

Systems were in place to monitor the quality of care and support people experienced through quality

assurance systems and processes to drive improvements in the service, though a small number of issues have not been followed up.

People and staff spoke positively about the management and leadership of the service. People said staff were very friendly and caring, and they had good relationships with them. The service worked in partnership with external agencies to ensure people achieved good outcomes from their care and support.

Rating at last inspection:

The last inspection on 11 June 2018 rated the service as requires improvement.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 11 June 2019. Breaches of regulation 12, safe care and treatment and regulation 17, good governance were found. We issued requirement notices to the provider for these breaches. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 

Passion Healthcare Limited

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 an 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 homes.

The service had a manager registered with the Care Quality Commission. This means that when a registered manager is registered, 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 it is a small service and we needed to be sure that there would be staff in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with six people who used the service and one relative about their experience of the care provided. We also spoke with three members of care staff, the registered manager and the nominated individual.

We reviewed a range of records. This included three people's care records and medication 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 registered manager to validate evidence found, including risk assessments and amended procedures. We received this information.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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.

At our last inspection in June 2018 the provider had failed to robustly assess the risks relating to the health safety and welfare of people. The provider had not protected people from identified risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirements notice which gave the provider a timescale in which to make the required improvements and ensure people were safe.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management.

- An assessment of health and safety of premises had been carried out for people's homes. This was largely comprehensive though had not included a plan to evacuate safely in the event of fire or whether there were smoke detectors installed in the person's home. This could have safety implications for people in the event of fire in their homes. After the inspection, the registered manager supplied information rectifying these issues.
- The registered manager had assessed individual risks to people's safety. Information was in place for staff of action that needed to be taken to reduce these risks. However, not all risks had been assessed. For example, one person who needed assistance with continence did not have a risk assessment in place, although this did not have an impact on the person who said staff always assisted them with their continence. The registered manager said the risk assessment would be put into place.
- Staff members had a good understanding of people's needs in order to keep people safe. For example, how to assist a person to use the hoist when transferring them from one place to another.

Staffing and recruitment

- Prospective staff members suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting. However, one reference from a previous care employment had come from a work colleague, not management. This did not provide objective assessment of whether there were any concerns about the person's performance. The registered manager said this would be put into place.
- There were enough staff to meet people's needs. People and the relative said that sufficient staff had always been available to support them.
- Staff said there were enough staff attending calls to keep people safe.

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

- People and a relative confirmed that people felt safe and secure with staff from the service.

- Staff members knew how to recognise signs of abuse and to act, including referring any incidents to a relevant outside agency if needed. The whistleblowing procedure had contact details of relevant agencies for staff to contact in the event of an incident.
- Staff had safeguarding training to know how to safeguard people in the event of an incident.

Using medicines safely

- People said they were prompted by staff to take their medicines when prescribed. Records showed that people had received their medicines.
- The provider had a policy and procedure for the receipt, storage, administration and disposal of medicines so that medicines could be supplied safely to people. This had not included when to take as needed medicines. After the inspection, the registered manager supplied information rectifying these issues.
- A medicine audit checked that medicine had been supplied to people as prescribed.

Preventing and controlling infection

- People told us that staff always wore protective equipment when assisting them with personal care.
- Staff were aware of the need to use protective equipment when providing people with personal care.
- Staff had been trained on maintaining infection control. This helped to protect people from acquiring infectious diseases. Staff were aware of the need to wash their hands thoroughly after completing a task to prevent infections being passed to people.

Learning lessons when things go wrong

- The registered manager said that the service was aware of the need to learn if situations had gone wrong. This included not accepting new people to the service at weekends, as support from health services was not always comprehensive.
- This showed action in place to prevent incidents occurring.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained good.

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; staff providing consistent, effective, timely care within and across organisations

- People and a relative said needs were fully met by staff. They said timely care had been provided to people.
- People's needs had been assessed to ensure they received the right support. Staff said that care and support plans helped them to provide care that met people's needs.
- Staff understood people as individuals.

Staff support: induction, training, skills and experience

- People and a relative said staff had been well trained to do their jobs. One person said, "All [staff] seem to be well trained." Another person said "Staff are well trained. No problems"
- People were supported by staff who had received ongoing relevant training. If staff requested more training, they said management would arrange this for them. Additional guidance notes were in place for health conditions to assist staff to understand people's conditions.
- On joining the service, staff received an induction and training in relevant issues such as how to assist people to move safely, and how to safeguard people.
- Staff were given opportunities to review their individual work and development needs in supervision sessions.

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

- People and a relative told us that staff provided food of people's choice. One person said, "They sort my tea out for me and ask me what I like. One asked me if I like paste and brought me a selection of flavours." Another person said, "They do my breakfasts, and sandwiches for lunch, as well as warm meals for me. They handle the food properly and always wear aprons and gloves. They always ask me what I would like."
- Staff were aware of people's dietary requirements. People had food provided that respected their cultural choices.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information on meeting their health and social needs.
- If people had an accident or incident, staff were aware of reporting this so that healthcare services were called to provide healthcare.

Supporting people to live healthier lives, access healthcare services and support

- People's health and wellbeing was supported by staff. Records of people's care showed this happened.
- People said that staff assisted them with their healthcare needs. For example, contacting a nurse to assist with continence care.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA. We found that it was.

- Mental capacity assessments had been recorded after assessing people's capacity to independently make decisions about their lives.
- People were able to consent to their care. Care plans stated that staff must ask people for consent before providing personal care.
- Staff were trained to understand the MCA and said they always asked people's consent to care. One staff member had not received training. The registered manager said this was currently being organised.

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.

At the last inspection this key question was rated as good. At the last inspection this key question has remained rated as good.

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 spoke warmly of the care staff. One person said, "I like the care staff and we have a laugh and a natter. They are respectful to my privacy and dignity. They are polite and I am very happy for them to do what they do for me." Another person said, "I like them all and I feel that they do listen and respect me. They are very thoughtful of my dignity. It moves me to tears at how caring they all are."
- The service user handbook stated that staff should treat people equally whatever their backgrounds. This gave a positive signal to staff on treating every person well.

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

- People and a relative told us that they had been involved in care planning at the beginning of their involvement with the service. They agreed with the care plan that had been drawn up. This was shown in records.
- One person said, "I feel that my views are listened to." Another person said, "If I express any views I feel that they do listen to me. The care they give me is thorough."
- There was evidence in care plans that people and their representatives had been consulted about whether care provided still met people's needs. People were provided with information about advocacy services if they needed support to make their views known.

Respecting and promoting people's privacy, dignity and independence

- People said staff respected people's privacy and dignity. A person told us, "Staff are good at protecting my privacy."
- People said staff ensured people always chose their lifestyles, such as what they liked to wear, food choices and how they wanted their drinks to be made.
- They also said staff supported people's independence to be able to do the things that they could do, such as being able to wash themselves.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to 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

- Personalised care was provided to people. People and a relative said staff provided people with care that met their individual needs. One person said, "They [staff] have never missed a call to me. They stay for the full time that they should. There are three or four main carers who come over the course of the week so I have got to know them." Another person told us, "They know me well and what I need and like."
- Another person said, "There was a day when the key had been left in the lock. No one could get in. [A manager] came immediately and waited for the locksmith. He stayed with me and was reassuring and helpful."
- Care plans had information about people's preferences, their life histories and likes and dislikes. This meant staff had information to assist them to provide people with all their individual needs.
- Staff members were aware of people's important routines.

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.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). The service identified people's information and communication needs by assessing them and ensured people could understand information relevant to their needs.
- Large print documents were made available for people with reading difficulties. Communication through gestures were used by staff to help people understand what was happening.
- There had been a complaint about some staffs communication skills and this was also mentioned by a staff member. The registered manager acknowledged that some staff whose first language was not English, needed to have support to develop their English speaking skills so that people could always understand them. She said that staff would be assessed and provided with support, such as college training courses, to develop their language skills.

Improving care quality in response to complaints or concerns

- No one said they had had cause to complain, and people felt that they could approach the office if they needed to. One person said, "A lady from the office comes out to do regular reviews and if I have any issues then I know who to call. They are very helpful. They keep me informed about changes and things." Another

person said, " I haven't needed to complain but I know they would listen if I called them."

- Complaints received since the last inspection had been investigated. Complainants had not received a written response to their complaints. The registered manager said that this would be carried out in future.
- There was a complaints procedure in the service user's guide which set out how complaints would be investigated with a response provided to the complainant. The procedure did not include that people could refer their complaint to the local authority and local government ombudsman. After the inspection, the registered manager sent us an amended policy including these details.

End of life care and support

- End of life care and support was not needed at the time of the inspection visit.
- The registered manager said that she was planning to have discussions with people about their end-of-life wishes, if they wanted to discuss this issue.
- Staff training had been carried out or was being planned for 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.

At our last inspection in June 2018, we found audits used to monitor and assess the quality of the service were not effective in identifying improvements and ensuring these were completed in a timely manner. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us that care was provided to meet their needs and preferences.
- The management worked with healthcare professionals to improve people's health when needed.
- The registered manager was aware about their legal responsibilities under their CQC registration, including notifying CQC of significant events and incidents in the service. The current CQC rating was displayed.

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

- People and relatives had opportunities to share their views about the service through reviews and spot checks on staff. The service was said to be well led and no one had any suggested improvements. One person said, "They seem to be organised as a company. The manager has always been pleasant. I have all the contact numbers if I need to call the office and they send a monthly questionnaire which we complete. I can't suggest any improvements as I am quite happy with how things are going." Another person told us, "[The registered manager] has always been very helpful. We do a regular questionnaire. I would recommend them. A relative told us, "We have used this company for a long time and have no issues or concerns at all. We are very satisfied. I have confidence in their care. I don't have to worry."
- Staff were supported to share their views about people's care directly with management and in staff meetings. They told us they felt encouraged to share ideas to further improve the service.
- The registered manager promoted positive team working. Staff were thanked for their work and positively encouraged to put forward their suggestions. One staff member told us, "Management are always available when we need them."

Continuous learning and improving care

- The registered manager looked to make improvements to the care and support provided, to achieve the best possible quality of life for people.

- This included reviews of people's needs to ensure the care provided was appropriate, and reviews of aspects of the service to ensure people had the best care possible.

Working in partnership with others

- The service worked with health and social care professionals to ensure people's needs were met.
- People were supported to use local services if this is what they wanted.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in place, registered with CQC.
- Quality audits, surveys and reviews were carried out to drive improvement of the service. Some needed to follow up issues that had been raised. The registered manager said these issues would be followed up and after the inspection visit, this information was supplied to us.
- People and staff were positive about the management and leadership of the service. There was a reliable staff team who said they took pride in providing care and support to people using the service.