Precious Passionate Care Ltd

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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

Precious Passionate Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people over the age of 18 years. Not everyone using Precious Passionate Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were 39 people receiving personal care when we inspected.

This inspection took place on 31 October and 1 and 2 November 2018 and was announced. The provider was given short notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager would be available.

At our previous inspection in September 2017 we rated the service as 'Requires Improvement'. There were no regulatory breaches. This inspection was to check improvements had been made and to review the ratings.

A registered manager was in post who was also the Company Director. 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 2008 and associated Regulations about how the service is run.'

People and relatives told us the service was reliable as staff arrived on time and provided the care and support needed without rushing. People received care from staff who were familiar to them as they had been introduced and had an opportunity to get to know the person and their care needs before providing support. People and relatives had confidence in the staff and felt safe with the care staff who visited.

Staff were recruited safely and received the induction, training and support they needed to carry out their roles. Staff understood how to recognise signs of abuse and the action to take if they found or suspected this was happening. Safeguarding incidents were recorded and reported appropriately.

People received person-centred care. People and relatives told us they were involved in decisions about their care and developing their care plans. Care records reflected people's needs and preferences and showed the support needed from staff on each call. Risks were assessed and plans were in place to manage them. People were supported with their nutritional needs and in accessing healthcare services. People received their medicines when they needed them, although the guidance for staff around when to give 'as required' medicines needed to improve.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives praised the staff who they said were kind and caring, treated them with respect and maintained their dignity. People and relatives knew how to raise any concerns and there was a complaints procedure in place.

People, relatives and staff felt the service was well-managed and spoke highly of the registered manager. The management team had recently increased to provide additional support to the registered manager. Quality assurance systems were in place to monitor the service and ensure ongoing improvements.

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 received their medicines as prescribed.

Staff recruitment processes were robust. There were enough staff to ensure people received their calls on time and for the correct duration.

Safeguarding incidents were reported appropriately. Risks to people's health, safety and welfare were assessed and mitigated.

Is the service effective?

Good

The service was effective.

Staff received the induction, training and support they required for their job role and to meet people's needs.

People's rights were protected as the registered manager understood their responsibilities under the Mental Capacity Act 2005.

People received support to ensure their healthcare and nutritional needs were met

Is the service caring?

Good

The service was caring.

People and relatives said the staff were kind and caring.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People's support plans were person-centred and showed the support people required on each call.

Systems were in place to manage complaints

Is the service well-led?

Good

The service was well led.

People, relatives and staff told us the service was well managed and spoke highly of the registered manager.

Quality assurance systems were in place

Precious Passionate Care Ltd

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 31 October and 1 and 2 November 2018 and was announced. The provider was given notice because we needed to be sure the registered manager was available. The inspection was carried out by one inspector. The inspector visited the agency office on 31 October 2018 and made telephone calls to people who use the service, relatives and staff on 1 and 2 November 2018.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service. We also contacted the local authority contracts and safeguarding teams.

We had asked the provider to complete a Provider Information Return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection planning.

During our visit to the agency office we spoke with three care staff, the care standards officer, a line manager, the training and development manager, the quality manager and the registered manager. We looked at the care records of four people who used the service, three staff recruitment files, training records and other records relating to the day to day running of the service.

We spoke on the telephone with five people who used the service and/or their relatives and one person's social worker. We also spoke on the telephone with two care staff.

Good

Is the service safe?

Our findings

There were enough staff to provide people with the care and support they required. The registered manager planned the rotas a week in advance ensuring staff had sufficient time to travel between calls. There was an effective call monitoring system which triggered an alert to senior staff if staff had not logged in or out of each visit within a certain time period. This helped ensure staff were safe and calls had not been missed.

Staff we spoke with were happy with the staffing arrangements and said they had sufficient time on each call to provide the support people needed without rushing. One staff member said, "If we needed more time we'd just tell [registered manager] and it would be sorted. They increased the time for one person I went to when we raised it." Staff told us they usually visited the same people and were always introduced before providing care to anyone new. They said on call arrangements worked well and there was always someone available if they needed support.

People and relatives we spoke with told us staff arrived on time and let them know if they were going to be late. The majority of people and relatives told us they had regular care staff who visited them; two relatives mentioned there had been a lot of staff changes which had meant new care staff attending. All told us new care staff were usually introduced before they began delivering care so that the person and staff member could get to know each other.

Safe recruitment processes were in place. Staff files we reviewed contained application forms, full employment history, interview records and proof of identity. References and criminal record checks had been obtained before new staff started providing care to people. Staff we spoke with confirmed these procedures had been followed when they had started in post.

People were kept safe and protected from abuse and improper treatment. Staff had received safeguarding training, understood the signs of abuse and knew the procedures to follow if they had any concerns. Staff were confident any issues raised would be dealt with appropriately by the registered manager but also knew of external agencies they could contact if concerns had not been addressed. We saw safeguarding incidents were logged and referrals had been made to the local authority safeguarding team appropriately.

Risks were well managed. Staff we spoke with had a good understanding of people's needs and any associated risks and knew how to keep people safe. Risk assessments were in place for areas such as medicines, moving and handling, falls and choking. Care plans contained clear guidance for staff on how to manage these risks. For example, for one person who required a hoist to transfer there was detailed information about how to use the hoist and sling safely as well as pictures illustrating these manoeuvres. Environmental risk assessments were also in place.

Safe infection control practices were followed. Staff had received training in infection control. Staff told us supplies of personal protective equipment (PPE) such as gloves and aprons were kept in people's homes and stocked up regularly. This was confirmed by people and relatives we spoke with who also said staff used this equipment appropriately. Additional PPE supplies were kept in the agency office.

Medicines were managed safely, although more detailed information was required for 'as required' medicines. Where people were prescribed 'as required' medicines, guidance for staff about when, where and in what circumstances these medicines should be administered was limited. For example, one person was prescribed three different creams and it was not clear where on the body these should be applied, in what circumstances or how often. We discussed this with the registered manager who said they would review all 'as required' medicines to ensure there were clear instructions for staff.

Some people administered their own medicines or received support from their relatives. Other people were supported by staff who administered medicines and relatives told us staff ensured people received their medicines as prescribed.

People's care plans provided information about their medicines, which included storage and delivery arrangements and the support they required from staff.

Medicine administration records (MARs) were updated monthly and senior staff checked the information printed on the MAR reconciled with the medicines present in the person's home and those detailed in the care plan.

MARs were returned to the office each month and audited by senior staff. We saw where issues had been identified such as missing signatures, action had been taken to resolve them.

Staff had received medicine training and had their competency assessed. This was confirmed in our discussions with staff and review of records.

Good

Is the service effective?

Our findings

People's needs were assessed by the registered manager prior to the service commencing. The registered manager visited people to discuss their needs and choices and agree the support they required from staff, as well as any equipment which might be needed. This information was then formulated into a care plan. This process was confirmed by people and relatives we spoke with and in the care records we reviewed.

Staff were provided with the training and support they required to enable them to carry out their roles. People and relatives we spoke with felt staff were well trained and knew what they were doing. Comments included: "They're well trained. They've got a knack of knowing how to engage with [family member] and get things done"; "They have a good understanding of [family member's medical condition] and know how to support [them]" and "We can rely on the staff as they know what they're doing."

The provider employed a training and development manager and had purchased new training materials which included comprehensive workbooks with real life scenarios to test staff knowledge and understanding of what they had been taught. The registered manager told us new staff completed a five day induction before they started working with people. This included all of the training which was considered mandatory including areas such as safeguarding, health and safety, infection control and the Mental Capacity Act. Following the induction staff were introduced to the people they would be providing care to and shadowed the call with a senior staff member. We spoke with two staff who had been recruited recently and both confirmed this process had been followed and this was evidenced in their staff records. One of these staff said, "I've had great support. The induction covered everything and it was good having time to discuss things. As soon as I walked in I felt welcomed."

Staff told us they received a range of training which was kept up to date. This was confirmed in the training matrix and staff records we reviewed. Staff spoke positively about the training they received describing it as 'comprehensive' and 'very thorough'. The provider had a computer system which kept track of staff training and alerted managers when refresher training was due. Practical moving and handling training was person-centred with staff trained individually in each person's own home using the equipment the person had. Training was provided by senior staff who had completed the Train the Trainer course and were qualified to assess the staff member's competency. Staff told us they were supported and encouraged to gain care qualifications. Two staff told us they were completing National Vocational Qualifications (NVQ) in care.

Systems were in place for staff to receive supervision and appraisals. Staff told us they felt supported by the management team and colleagues and had regular supervision where they could discuss any issues. We saw supervision records in staff files and the provider had a computerised system which flagged when supervisions and appraisals were due.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

The service was working within the principles of the MCA. People's consent was sought and reflected in their care records. Staff said they had received training around mental capacity and training records we reviewed confirmed this. Our discussions with staff showed they understood people's right to make decisions about their care and checked people were happy to receive care on each call. We saw signed consent records in people's care documentation.

We saw where people lacked capacity and their relatives had legal powers to make decisions on their behalf, the provider had a copy of appropriate legal documents confirming this.

One person's care plan showed their medicines could be administered by staff covertly (hidden in food or drink), if the person refused to take them after they had been offered twice. We saw a MCA assessment had been completed which showed the person lacked capacity to make this decision. A letter from the GP confirmed medicines could be given covertly. The registered manager told us the person's family and social worker had been involved in the decision making process. However, there was no best interest decision recorded and no evidence of any pharmacist advice regarding how the medicines should be given covertly. We discussed this with the registered manager who told us they would take action to address these matters. Following the inspection the registered manager told us they had contacted the pharmacist for advice.

People had access to healthcare services. Care records showed staff had consulted with GPs, district nurses and social workers. Our discussions with staff showed they understood when to contact healthcare professionals. One staff member told us of a recent incident where the person they were visiting was unwell and they contacted the person's GP and stayed with them until the GP arrived.

People's nutritional needs were met. Care plans showed the support people required with eating and drinking and daily records confirmed this was carried out.

Good

Is the service caring?

Our findings

People and relatives spoke highly of the staff and praised them for their kindness and compassion. One person said, "They're very good. I get the same carers. They treat me with respect, ask me what I want doing and are just brilliant." One relative said, "They're absolutely superb, can't fault them in any way. Just couldn't wish for better carers or a better company." Another relative said, "Every single staff member is superb. They're so kind and go over and above. We know we can rely on them and that gives us peace of mind."

People and relatives told us nothing was too much trouble for the staff who were thoughtful and considerate and displayed many acts of kindness. One person told us, "I'd got a draft on my neck which was aching. I mentioned this to the carer and they nipped to the chemist and got me a heat pad. They didn't have to do that, they're so good." A relative told us how staff had stayed with their family member when there was a problem with a household appliance and did not leave until someone came out to fix it. Another relative told us if their family member ran out of things staff would get it for them and let them know.

People and relatives told us staff were respectful and maintained people's privacy and dignity. One relative commented, "All the staff treat [family member] with respect and that's extended to us as a family too." The registered manager was committed to making sure people received support from familiar staff who understood their needs and were able to develop trusting relationships with the person and their family. New staff were introduced and given an opportunity to get to know people before providing care and support. The provider kept a list showing which staff had been introduced to each person so if a call needed covering this would be done by a staff member familiar to the person.

One relative told us, "New staff are always introduced and work with one of the regular carers so they know what to do. [Family member's] never had a carer turn up that she doesn't know." Another relative told us although there had been some staff changes, new care staff were always introduced and the registered manager listened and worked hard to try to get it right.

Staff respected people's choices and supported them to remain as independent as possible. A social worker for one person told us, "Staff are really good. They're always thinking of different ways to encourage [name of person]. They don't rush, have a slow approach and do things with [the person] rather than for [them]." A relative said, "[Staff] give [family member] control. They discuss things with [them] and are good at keeping [family member] independent."

We looked at whether the service complied with the Equality Act 2010, and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our review of records and discussions with staff, people and relatives showed people's rights were protected and discrimination was not a feature of the service.

People and relatives told us they had been involved in the care planning process and reviews. We found care records were detailed and clearly identified people's care needs and their individual preferences and wishes.

Good

Is the service responsive?

Our findings

People received person-centred care. People and relatives told us they were involved in decisions about their care and the development of care plans. This was reflected in the care records we reviewed. One relative said, "We've just had a care review where we discussed all [family member's] needs. It was a full discussion."

Care records included call times, the length of the call and also the number of staff required. Care plans reflected people's preferences and wishes; detailing what the person could do for themselves and the support they required from staff at each call. For example, one person's plan showed some days they did not want much to eat or drink and suggested if staff had a drink and something to eat with them, this would encourage the person. A care review in May 2018 showed this had been effective as the person had gained weight. One person's care plans needed updating as there had been changes to their care needs. The registered manager was aware of this and told us they were in the process of arranging a review with this person.

Staff completed daily communication records at each visit, which were detailed showing the care and support provided.

The registered manager told us none of the people who used the service were receiving end of life care. The registered manager said they would ensure that anyone who required end of life care would be supported to discuss their wishes with the involvement of anyone else they wished to be present such as their family, friends or advocate.

Systems were in place to manage complaints. People and relatives we spoke with knew how to raise any concerns and were confident these would be dealt with appropriately. One relative we spoke with raised some concerns about their family member's care. With the relative's permission, we discussed these with the registered manager who was aware of the concerns and was liaising with the relative and social worker to resolve them.

A complaints log was maintained; we checked one complaint from the log and found this had been investigated and responded to appropriately. One person's care records showed concerns had been raised by a relative about their family member's care. The registered manager told us the action they had taken to resolve these concerns and we spoke with the relative who was satisfied that the issues had been addressed. However, there was no record to evidence this. The registered manager acknowledged this and assured us they would take steps to ensure this did not recur.

Good

Is the service well-led?

Our findings

The service had a registered manager who was also the company director. People who used the service and relatives spoke highly of the registered manager and the way the agency was run. Comments included; "We had this agency recommend to us and we've recommended it to others. From the first moment I met [registered manager] I had peace of mind, she is brilliant"; "This is the third care company we've had and we've finally got the one we need. Staff we can rely on, who turn up on time and know what they're doing. [Registered manager] deals with anything you raise, she's very good" and "We're very impressed with this company, by far the best we've had."

Staff told us they loved their jobs and felt well supported by the registered manager. They said communication was good and staff worked well together as a team. Comments included; "I'm happy [working here]. I love the job and what I do feels worthwhile. [Registered manager] is very good, I could go to her with anything": "[Registered manager] is extraordinary. She is extremely compassionate and accommodating, not just to clients but also to staff. She is a very good manager; makes you feel valued as she takes time to compliment you on what you're doing" and "[Registered manager] is very approachable. We've got a good team here, we help each other and can put forward ideas."

The number of people using the service had increased since the last inspection. The registered manager had recognised they needed to strengthen the management team to improve the service and provide greater support to staff. Three line managers had been appointed who were taking on responsibility for different geographical patches overseeing care and support provided to people in their area. A care standards officer had also started in post. They told us they would be carrying out many of the initial consultations with people, completing quality audits and spot checks and providing ongoing support to staff while they were working in the community.

The quality manager showed us systems they had in place to ensure quality audits were carried out regularly. These included spot checks of staff practice, care reviews, audits of daily records and MARs. We saw evidence of these in the care records and staff records we reviewed. Accident and incidents were logged and showed actions taken in response; there was no analysis as very few had occurred. However, the quality manager told us they monitored these closely.

People's views were sought through care reviews and satisfaction surveys which we saw in people's care records.

The provider worked in partnership with other agencies including health and social care professionals and the local authority contracts team.

The previous inspection rating was displayed on the provider's website as required under legislation.