

Master Quality Healthcare Services Ltd

# Master Quality Health Care Services

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Master Quality Health Care Services is a domiciliary care service providing personal care and support to people in their own homes. At the time of our inspection there were 12 people using the service.

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.

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

At the time of this inspection the electronic care planning, rota and records system was fully functional and therefore we did not have access to all of the records stored on the system.

Systems were in place to minimise the risk of harm to people. Procedures were available to staff for use in the event of a concern being raised. People told us they felt safe when their care and support was delivered. People were supported by care staff who had been safely recruited and there were enough staff employed to meet people's needs.

People were supported by staff who had received an induction and training for their role. Care planning gave the opportunity to record people's needs and wishes in relation to eating and drinking. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us that staff delivering their care and support were respectful, caring and respected of their dignity.

Care plans were person centred but required more detail. Where appropriate, family members had access to their relative's care records to enable them to understand and monitor the care people received. People's communication needs were considered when planning care. People were aware of how to raise a concern or complaint about the service, and felt they were responded to appropriately.

People were supported to express their views about the service. The provider was aware of their legal obligations. The service was currently working with the commissioning local authority to make further improvements to service delivery.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Recommendations

We have made 2 recommendations in this report in relation to medicines management and that the

provider reviews their monitoring systems in place to ensure they are effective in identifying any improvements required.

#### Rating at last inspection

This service was registered with us on 1 July 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe  
Details are in our safe findings below

**Requires Improvement** ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# Master Quality Health Care Services

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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 the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 March 2023 and ended on 14 April 2023. We visited the service on 22 and 29 March 2023.

### What we did before the inspection

We reviewed information received about the service since registration. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 3 people who used the service and 3 relatives of people who used the service. We spent time with the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including care records. We looked 5 staff files in relation to recruitment, training and records relating to the management of the service. Following visits to the service, the registered manager forwarded further documents requested during this inspection process.



# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance available about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Systems for supporting people with their medicines were in place. However, further development of these systems was required.
- Information relating to the application of creams by staff needed further clarification. Potential risk around their use required assessing.
- Policies and procedures were in place for the safe administration of people's medicines.
- Staff had received medicines training for their role.

We recommend the provider consider reviewing medicines procedures to update their practice.

- Policies and procedures were in place for the safe administration of people's medicines.
- Staff had received medicines training for their role.

### Assessing risk, safety monitoring and management

- During this inspection the electronic care planning system was not fully operational. Therefore, we were not able to fully view all records available on the system relating to assessing risk, safety and management. These will be further reviewed during our next inspection.
- Policies, procedures and guidance were available to staff in relation to health, safety and risk. Further information about safe working practices was also available in the staff handbook.
- The registered manager reviewed health and safety as part of their regular monitoring of the service.

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

- People told us they felt safe using the service.
- People's comments included "Feel very safe when staff are around"; one person said that a member of staff had reported a concern to the service when they felt something was not appropriate.
- Safeguarding procedures were in place and staff had access to information about how to protect people from harm.
- Staff received training in safeguarding people.

### Staffing and recruitment

- Sufficient numbers of staff were available to meet the needs of people.
- Recruitment procedures were in place that included appropriate checks being carried out prior to staff commencing their employment.
- We were not able to fully review the times that staff visited people due to the electronic records systems

not being fully operational. However, people told us that following on from some initial issues around the times of staff calls, things had improved. In addition, people told us that they are now always contacted in the event of staff running late for their visit.

- People spoke positively about support they received from the staff team. Comments included "Not happy, I'm delighted with the staff"; "Very helpful, they will do anything"; "Excellent, they are very nice" and, "All nice people, all caring, never in a hurry."
- Family members told us that staff were flexible when visit times needed to be altered, for example, due to hospital appointments.

#### Preventing and controlling infection

- Procedures were in place for the prevention of infection and control.
- Staff had access to personal protective equipment (PPE) for use when required.
- Staff had received training in infection prevention and control.

#### Learning lessons when things go wrong

- When things went wrong for people, systems were in place to monitor and make improvement to minimise the risk of re-occurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to receiving a service.
- Information received from commissioners of the service and/or other agencies formed part of people's care planning. In addition, prior to the service beginning the registered manager visited the person to discuss their needs. These visits were not recorded. This was discussed with the registered manager who showed a commitment to record all information in the future.

Staff support: induction, training, skills and experience

- People were supported by staff who received training for their role.
- Newly recruited staff undertook an induction into their role which was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their role.
- Staff received supervision for their role from a senior member of staff. In addition, the registered manager arranged for 'spot checks' to monitor and support staff in their role.

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

- Systems were in place to support people to maintain a balanced diet if required.
- Care plans gave the opportunity to record people's specific dietary choices, needs and wishes.

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

- Systems were in place to enable the service to liaise with other agencies and health professionals when required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of

Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Procedures were in place and accessible to staff relating to the MCA and people's decision making.
- The registered manager understood their responsibilities under the MCA.
- At the time of this inspection, none of the people using the service had restrictions placed on their liberty.

# 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 were supported by staff who treated them well and respected them as individuals.
- People and their family member's comments included "Carers are very caring"; "Very respectful of [name]"; "Staff are extremely caring and respectful"; "[Name] is very happy as the staff are very caring. Make an extra effort to make her smile." and, "What's refreshing, they are dealing with you as a person."
- Procedures were in place to offer guidance and support around recognising and maintaining people's lifestyle pathways. One person told us "They are faith people and they are a credit to the company."
- Care records showed people had the opportunity to share personal information that was important to them, for example, ethnicity, gender and religion.

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

- People were involved in reviewing their care on a regular basis.
- People and their family members were involved in how their care was delivered. Their comments included "Staff work with me and are very respectful" and, "They do what we let them do."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were respectful of their privacy and dignity. Their comments included, "Always spend time talking to you, very respectful of my privacy when helping me to shower" and, staff "Let themselves in but always knock as well."
- People told us that staff promoted their independence by chatting with them and offering encouragement. A family member explained that staff support their relative on regular basis with exercise.
- Policies and procedures were in place to manage people's personal information safely. Electronic records were password protected and written records were stored in a locked cabinet.

# 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

- Systems in place gave the opportunity to create and review person centred care plans for people.
- Not all aspects of the electronic care planning system were available during this inspection. However, the information we did have access to showed that guidance was available to staff as to what support a person needed and wished for from the service.
- Care records showed key contacts that were important to maintaining people's health and wellbeing.
- People's care files included information about their personal histories and what was important to them. People told us that through sharing their likes and interests they had formed relationships with certain staff. For example, one person told us that they shared a common interest with a member of staff that they enjoyed discussing. A family member told us they thought it was beneficial to their relative to have carers of a particular gender.

Meeting people's communication needs

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

- Care planning records considered people's communication needs.
- Family members, with the permission of their relatives had access to their relative's electronic records and care plans. One family member told us that this was extremely useful in supporting and monitoring their family members care and support.

Improving care quality in response to complaints or concerns

- Procedures were in place for people to make a complaint regarding the service they received.
- The registered manager maintained records of any complaints or concerns received and any actions taken in response.
- The service's complaints procedure was available to people in their service user guide.
- People and their family members knew how to raise a concern with the service. They told us when they had raised a concern, the registered manager was quick to respond and apologise.

# 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 was inconsistent.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The electronic monitoring and recording systems in place required development.

During the inspection, records and monitoring systems were not always available, functional or effective. Issues with the electronic system prevented a full assessment of times of visits, some aspects of care plans and rotas. Following discussion, the registered manager requested that staff maintain written records of all care, support and times of calls until the technical issues could be addressed. Following the inspection, the registered manager confirmed they were further exploring options available in relation to the electronic system in place.

- From the information available, the registered managers quality assurance monitoring systems had not always identified improvements needed. For example, in relation to people's medicines management and associated risk, recording of initial visits to people prior to using the service, and reviews of care plans.

We recommended the provider reviews the monitoring systems in place and update their practice.

- The registered manager had a clear understanding of the role and responsibilities.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility in relation to the duty of candour and the need to report certain incidents to CQC.

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

- Systems were in place to gather people's views around the service they received.
- People and family members were asked for their views via spot checks; surveys and care reviews.
- People and their family felt that the communication with the service had improved since they started to use the service. Comments included, "The office respond immediately if you call."

Continuous learning and improving care; Working in partnership with others

- The registered manager worked with other agencies when needed to maintain people's health and wellbeing.
- The service was working with the local authority commissioner to make further improvements to

operational systems within the service.