Master Quality Healthcare Services 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

The inspection took place on 11 May 2016 and was announced. The service had been registered with the Care Quality Commission since July 2015 and this was the first inspection of the service.

Master Quality Healthcare Services Limited provides domiciliary care services to people in their own homes. The people who receive these services have a wide range of needs. At the time of the inspection, the service provided care and support to eight people.

The service had a registered manager in post at the time of our inspection. 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 told us they felt safe and staff had received safeguarding training in order to keep people safe. There were enough staff to meet people's needs with a regular, small staff team and there were robust recruitment practices in place, which meant staff had been recruited safely. Risks to people and staff had been assessed and were minimised where possible.

Staff told us they felt supported and we saw staff had received induction and training. Staff received appropriate supervision and their competency was regularly assessed.

We saw from the care files we reviewed the registered manager sought and obtained consent from people, prior to their care and support being provided.

People and relatives we spoke with told us staff were caring. People's privacy and dignity were respected. The staff we spoke with were enthusiastic and were driven to provide good quality care.

Care and support plans were personalised and these were reviewed regularly. People were offered choices. Appropriate referrals for additional support for people were made when necessary.

The registered manager was not fully aware of their responsibilities to report specific incidents to the Care Quality Commission.

Regular quality assurance audits took place and the registered manager took action to improve the quality of service provision. People told us they felt the service was well led. The registered manager encouraged a culture of transparency.

## 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 told us they felt safe.

Staff had received training in relation to safeguarding people.

Risk assessments had been completed and measures were in place to reduce risks to people and staff.

### Is the service effective?

Good

The service was effective.

Staff received training and ongoing support through supervision and quality checks.

Consent was obtained from people in relation to the care and support provided.

Staff had an understanding of the Mental Capacity Act 2005, although formal training in this area was not evidenced.

### Is the service caring?

Good

The service was caring.

People and their relatives told us staff were caring.

People's privacy and dignity were respected.

Confidentiality was respected.

### Is the service responsive?

Good

The service was responsive.

Care plans were personalised and were reviewed regularly.

Complaints were well managed and responded to in line with policy, resulting in a satisfactory outcome.

## Is the service well-led?

Good

The service was well led.

People and staff told us they felt the service was well led.

The registered manager lacked awareness in terms of their reporting responsibilities.

Regular quality assurance audits took place and actions were taken to continually improve the quality of service provided.

# Master Quality Healthcare Services 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.

The inspection took place on 11 May 2016, with follow up telephone calls being made to staff and people who used the service, and their relatives where appropriate. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection was carried out by an adult social care inspector. Prior to our inspection, we looked at the information we held about the service and considered any information we had received from third parties or other agencies.

The registered provided had completed a Provider Information Return (PIR). 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 and plan our inspection.

We visited the registered office and looked at three care plans and associated records such as daily notes and medication administration records, four staff recruitment files, training records, records relating to quality assurance, audits, policies and procedures. We spoke with two people who used the service, a relative of a person who used the service, two members of care staff and the registered manager.

Good

# Is the service safe?

## Our findings

A person told us, "Yes, I feel safe. I feel safe with the carers coming into my home, yes."

The registered manager had a thorough understanding of safeguarding and the risks associated with vulnerable people living in their own homes in the community. A safeguarding policy was in place, which included contact details so staff were aware of who to alert if they had any concerns a person was at risk of harm or abuse.

Staff had received safeguarding training and we saw evidence that safeguarding issues and learning were discussed with staff. For example, in a staff member's supervision, the registered manager and staff member had discussed what could be learned as an organisation from looking at historical cases where serious case reviews, involving other organisations, had taken place. Serious case reviews are held to identify the lessons that can be learned from particularly complex or serious safeguarding adults cases. This showed the registered manager took safeguarding seriously and was proactive in protecting people from abuse or harm.

The whistleblowing policy stated, 'All company staff are encouraged to raise any genuine concerns about any malpractice, suspected crime or breach of legal obligations, miscarriage of justice, danger to health and safety, financial malpractice, fraud, corruption or any cover up of these they may come across.' The policy made clear staff should not hesitate to 'blow the whistle' on suspected or actual malpractice and contact numbers were provided for staff, in case they felt the need to raise any concerns. This showed staff were provided with relevant information in order to raise any concerns.

A medication error, which had resulted in a person being given their medicine twice within a four hour period, had led to a safeguarding referral being made. The registered manager reported this to the local authority and ensured staff received refresher training in relation to the administration of medication.

The registered manager told us, prior to care and support being provided to a person, the registered manager visited the person's home and assessed risks. A care plan was formulated with the person prior to any support being provided.

The care plans we sampled contained risk assessments in relation to accessing people's property, such as whether paths were safe, lighting issues and whether the person had a key safe. Risks associated with the environment, such as trip hazards, electrical appliances and obstructions were considered, as well as risks associated with fire. One of the risk assessments we sampled showed a person did not have a fire blanket in their kitchen. The 'action' section of the assessment showed that one had been procured. Risks assessments had been reviewed and were up to date. This showed risks had been assessed and measures put into place to reduce risks to people and to staff.

Staffing levels were sufficient to meet the needs of the service. People told us, and records showed, people received care and support from a small, consistent staff team. From the documentation we reviewed, we did not see evidence that any calls were late or missed and, with the exception of one person who told us one of

their calls had been 20 minutes early, people and their families told us their carers came on time.

We looked at four staff recruitment files. We found safe recruitment practices had been followed. For example, the registered manager ensured reference checks had been completed from two referees and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

There was an on call system so staff were able to contact the registered manager, or another senior person, in case of an emergency. Due to the small number of people who were in receipt of service, the registered manager told us the number of out of hours calls was manageable. The staff we spoke with confirmed the out of hours service was effective and they were able to contact the registered manager or senior person whenever necessary. However, the registered manager acknowledged that, if the size of the service grew, then further consideration would need to be given to ensure effective out of hours provision was sustained.

Staff administered medicines to some people. The registered manager told us, and we saw evidence, staff were trained and competency checks were undertaken to ensure staff were competent. Medication risk assessments had been completed in relation to those people who required assistance with medicines. These assessments considered whether the person was able to take their own medicine, read and understand the medicine labels, able to open bottles or any other difficulties the person may experience. This helped the registered manager to work with the person in order to determine the level of support required, without taking away the person's independence and whilst minimising risks associated with taking medicines.

We looked at the medication administration records (MARs). We saw these were fully completed and included information regarding whether the person was assisted to take their medicine, whether they were seen taking the medicine or whether they refused the medicine. We saw evidence the registered manager checked the MARs weekly. Furthermore, the registered manager checked the medicines in the person's home to ensure the amount remaining reconciled with the MAR.

We looked at the medication policy which stated, 'Staff must not offer assistance with medication unless the support plan and risk assessments are in place.' We saw risk assessments and support plans were in place for those people who did require assistance. The policy was dated November 2015 with a review date of November 2016. This showed the registered manager had a clear medication policy in place and this was working effectively.

None of the people being supported by the service required the use of specialist equipment, such as a hoist, to assist them to move. The registered manager told us, and we saw evidence, staff had been trained in safe moving and handling techniques. No care calls required more than one member of staff.

Although no lifting equipment was used, some people used aids and equipment in their homes, such as wheelchairs. The registered manager had an effective system in place to ensure equipment was serviced regularly. A log was kept of when equipment was bought, serviced and when it was next due for service. This log contained contact details for those responsible for the servicing of equipment. This helped to keep staff and people safe because equipment was tested and serviced regularly.

Staff told us they had access to personal protective equipment such as gloves. We asked the people we spoke with whether staff demonstrated good hygiene and whether they wore protective equipment and people confirmed this was the case. This demonstrated good practice and helped to prevent and control the spread of infection.

Good

# Is the service effective?

## Our findings

People and their relatives told us there was continuity of staff and calls were on time.

A person we spoke with said to us, "I'm happy with the service. They always come on time."

A relative told us they sometimes phoned their family member at times when they know the carers should be there. This relative told us, "The carers are there when they should be."

One person told us, "I have no complaints really. Sometimes they come too early but they're pretty good." When we asked the person about this further, they shared with us carers sometimes came 20 minutes earlier than the expected time but the person did not wish to raise an issue regarding this.

The staff we spoke with told us they felt the training and induction they received had prepared them well for their role. One staff member said, "The training? Very useful. Every time I need it. I know my skills and knowledge are up to date because of the training."

We saw each member of staff had completed an induction. Staff had received training in areas such as fire procedures, health and safety, core values of privacy, dignity, independence, choice and rights, safeguarding and pressure care. All staff completed this training and this was then signed off by the registered manager. Staff had completed emergency first aid training, moving and handling training and safe administration of medication training. This showed staff had received training to enable them to provide effective care and support and help keep people safe. The registered manager told us, and we saw evidence, new care staff completed the care certificate. The aim of the care certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Staff received supervision monthly. Discussions took place in relation to training, observations of practice, importance of thorough documentation as well as the wellbeing of the staff member. This showed staff were receiving regular management supervision to monitor their performance as well as supporting their wellbeing.

Staff competency was regularly monitored through unannounced quality checks which took place. Actions resulted from these where necessary. Areas such as punctuality, respect for people who used the service, respect for property, staff skills and uniform were monitored. The expectations and responsibilities of staff were discussed and addressed regularly by the registered manager. This helped to ensure staff were aware of their responsibilities.

We saw a member of staff had expressed an interest in progressing their caring career further, into nursing. The staff member had been encouraged to contact the registered manager for any support with this.

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.

The registered manager told us all of the people who received support from the service had capacity to make their own decisions about their care. In one of the care plans we sampled we saw there was a section which stated, 'no issues which would affect capacity.'

Staff we spoke with had an understanding of the MCA and a member of staff told us the principles of the MCA were discussed in a team meeting, although we could find no evidence of formal training in this area.

People consented to the care and support that was provided. In the care plans we sampled we saw people had signed to confirm they accepted the package of care and support. Furthermore, consent had been sought from people prior to other professionals or agencies viewing their files. This showed people had consented to the care and support provided.

The registered manager told us work was organised by taking into account people's preferences and also the location and where staff lived. Care staff were issued with weekly rotas to ensure they were aware of the planned schedule.

Staff completed daily records and logs of the care and support provided to people. This ensured that important information was shared between care staff providing care and support. These were returned to the office every few weeks and stored securely in people's care files in the office.

The registered manager told us information relating to people's dietary needs was gathered at the initial assessment, prior to care and support being provided. This information was then incorporated into the person's care plan and given to staff and we saw evidence of this. This helped to ensure staff understood people's dietary needs.

Good

# Is the service caring?

## Our findings

A person we spoke with told us, in relation to care and support staff, "I like them. Oh yes, they're very good."

Another person said, "Yes, they respect my privacy. They assist me into the shower and leave me so I have my privacy."

The registered manager told us, and we saw evidence, they completed regular unannounced quality checks on staff and this enabled the registered manager to observe the care and support being provided. Feedback was then provided to staff. This helped the registered manager to ensure staff were providing care in a respectful manner.

The registered manager told us privacy and dignity were an important learning component of the care certificate and staff had received training in this area.

We saw comments in daily notes which indicated that people's privacy and dignity was respected. For example, a comment in one of the records stated, 'Assisted [Name] into the wet room and left for privacy.'

The registered manager had received feedback through 'Complaints, concerns, compliments and comments' booklets. Comments included, 'Both my [Name of person] and I are delighted by the quality and friendly services offered. We want this service to continue indefinitely.' Another comment read, 'The carers are very nice to me and polite. Anything I want doing they do it. They are always on time and I can't fault them in any way.' A further comment stated, 'The staff who come on a morning for help with shower and lunch time are the most wonderful people. They are always very happy and go away leaving me feeling happy.'

One person told us they liked to be as independent as possible and that staff providing care and support understood this and encouraged the person to retain their independence.

Staff we spoke with were aware of the importance of empowering people and of providing choice. A member of staff told us, "[Name of person] will choose what they would like to eat and we help prepare it." Another carer we spoke with said, "Me, personally, when talking to people I will ask them open questions and ask what they would like. This gives the person more choice and control."

Staff took pride in providing quality care and a number of staff told us it was important for people to keep their independence. One staff member shared with us the sense of reward and satisfaction they felt when a person, who was initially reluctant to receiving care and support, eventually began to talk with the carer and who, over time, was happy to accept support being offered.

A member of staff told us they had supported a person whose choices around how much privacy they wished to have changed from day to day. The staff member told us they therefore ensured they asked the person every day, what level of assistance was required. This helped to ensure the person received the

support they wished and the person's privacy was respected.

Staff were able to outline how they ensured people's privacy and dignity were respected, for example by closing curtains and doors when assisting people with personal care. Furthermore, staff identified the importance of respecting the person's property and possessions. One staff member said, "Some items in a person's home may be of sentimental value and it would be important not to touch them." This showed staff had an awareness of how to ensure the values of privacy and dignity were upheld.

We found confidentiality was respected and records were kept secure in the office of the business. Staff were also aware of the importance of confidentiality and one staff member said, "I wouldn't share any private information."

The registered manager told us staff were trained to provide person centred care and that staff would offer people choice and empower people to be as independent as possible. We found this to be case, from our discussions with people who used the service, their families, and care and support staff.

Good

# Is the service responsive?

## Our findings

A person told us, "Of course I have choices when they come. I like to be independent."

We sampled three care plans. Care plans contained a front page summary sheet which provided important information such as contact details for health professionals and family, allergies, specific communication needs and special dietary requirements. This helped to ensure staff were provided with important information to provide safe and effective care and support.

Plans contained a brief history of the person and any relevant medication information. Details included the preferred time of call and the assistance required. It was clear from inspecting care plans that people were encouraged to maintain their independence. For example, one plan stated, 'Remind [name] to make their breakfast and make sure [name] have started this before leaving,' and another plan stated, 'Encourage me to be independent with washing and dressing, providing assistance when needed.' This showed that people were encouraged to maintain their independence.

Care plans contained sufficient information for care staff to provide the care and support required. However, the level of detail within care plans was limited in a way that it may not provide staff an understanding of the person's background, likes and dislikes. This information can be useful for staff when building relationships with people. We shared our observations with the registered manager, who agreed to consider this further.

In one of the care plans we sampled, we saw the plan stated, 'Please leave the plugs in the kitchen turned on in case I want to make myself something to eat during the day.' This showed the plan was personalised to the individual.

We looked at a sample of daily notes. These were notes that staff completed on a daily basis, and reflected the care and support provided. One of the records we sampled stated, '[Name] was offered a shower and agreed. [Name] was assisted to shower.' On another day, the records for the same person stated, 'Was offered a shower and refused. Was offered assistance to change clothes and refused assistance.' This demonstrated people were able to make their own decisions and their choices were respected.

We saw evidence care plans were reviewed monthly and, in one of the care files we sampled, we saw the person, their family member and the registered manager had been involved in reviewing the person's care and support needs. Furthermore, people had signed to show they had been advised of their right to seek a review of their support plan. This showed people's care and support were reviewed regularly with them.

The notes from one person's care plan review stated, 'Spending most of the time alone and lonely. Not much stimulation.' As a result of this the registered manager had made a referral to a social care agency in order to source support for the person. When the registered manager and the person had not received a response from the agency, the registered manager had made follow up calls to address this. This showed the registered manager was proactive in seeking additional support for people when this was required.

The registered manager had made referrals to other services, when they identified a person or their family member would benefit from this. For example, a referral had been made to provide some support to a family member who was providing care for a person. This further demonstrated the registered manager was proactive in seeking to provide appropriate support.

The registered manager explained to us how complaints were dealt with and we looked at the policy for managing complaints, which outlined what the complainant could expect if they made a complaint. We saw an example of a complaint where a person had requested a specific gender of carer. This was managed well to the satisfaction of the person and reviewed in line with the complaints policy. There was a section in people's care plans which people signed to show they had received a copy of the company's complaints procedure. This showed the registered manager acted upon complaints.

Good

# Is the service well-led?

## Our findings

There was a registered manager in post, who had been registered with the Care Quality Commission since July 2015.

A relative we spoke with told us the registered manager visited weekly, 'To ask if everything is okay.' We were told by this relative the registered manager was, 'Very keen and anxious to please.'

Another relative told us, "[Name of registered manager] is switched on. They really know their stuff and you can tell they have a nursing background."

A member of staff told us, in relation to the registered manager, "They're supportive of further training." Another member of staff said, "[Name of registered manager] is always available. I really do feel very supported. If I'm not confident or lacking skills, they're very supportive."

Another member of staff said, "I'm very happy with my job. They involve the staff as part of the company and I have a sense of ownership. Feel more a part of it."

Registered managers have a responsibility to notify the Care Quality Commission (CQC) of specific incidents. The registered manager was not fully aware of their responsibility in terms of notifying specific incidents to the CQC. We had provided the registered manager with information regarding their responsibilities during December 2015. During this inspection we again recommended the registered manager refresh their knowledge in terms of their reporting responsibilities.

The registered manager told us they undertook quality checks at least once a week, which included inspecting medicine administration records, checking medicines were in date and any refusals to medicines were recorded and actioned correctly. We saw evidence staff had been reminded about the importance of wearing full staff uniform, when the registered manager had identified, through quality assurance checks, a member of staff had not been wearing their identification badge. We asked a member of staff about the quality assurance checks and they confirmed they took place and told us they understood why they were required and they felt the registered manager was fair in their approach and a good leader.

Staff told us, and we saw records that staff meetings were held regularly. The most recent staff meeting had been held during the month prior to the inspection. Issues such as staff training and good practice were discussed. Records from another staff meeting showed the registered manager had provided updates to staff in relation to the business plan, futures services and safeguarding. A staff member told us they felt communication across the staff team was effective. Staff meetings are an important part of the registered manager's responsibility in monitoring the service and coming to an informed view regarding the standard of care and support that is being provided.

Staff were made aware of the registered manager's expectations through regular meetings and supervision. The registered manager also had due regard for the welfare of staff. The registered manager had given a talk

to staff regarding their own health and wellbeing and the importance of staff to look after their own mental health. This demonstrated a supportive culture within the company.

We found further evidence of an open culture within the company. For example, we saw the registered manager had held a meeting with staff to discuss care notes and documentation. Records from the meeting showed staff were reminded to, 'Put a date and time on every entry. Do notes at the end of the shift. If you make a mistake, just cross it out once and put your initial at the side. Do not scribble out. Always check the care plan when you visit the client.' This showed the registered manager was encouraging staff to be open and transparent.

We saw evidence the registered manager listened to, and acted upon, feedback from people. For example, a person had commented the office phone was not answered on one occasion. The registered manager therefore arranged for the telephone to be diverted to a mobile number if it went unanswered. This resolved the issued and the person was satisfied with the outcome.

Feedback was sought from people who used the service. Questionnaires had recently been sent to people. Question topics included, 'How well do our care workers do in understanding your care needs, providing the service you want, listening to your concerns, arriving on time and not letting you down, knowing their jobs, willing to change their ways of working to suit you and responding to your concerns.' All of the questionnaires we viewed stated, 'Excellent' or 'Very good' in relation to all these questions. All the returned questionnaires stated they would recommend Master Quality Healthcare Services to a friend.

The registered manager had relevant policies and procedures in place, for example, in relation to the Mental Capacity Act 2005, safeguarding and medication. These were reviewed regularly and kept up to date.

The registered manager had given consideration to the future of the business, for example by looking at electronic care planning systems to make information sharing more efficient with staff and a planning tool to help organise the care and support more effectively.  The vision was to expand the service and support provided. However, the registered manager was keen to stress they were aware this must be done in a safe way, by ensuring resources were available prior to increasing capacity.