

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 agency and provides personal care to people living in their own homes. At the time of our inspection there were five person receiving personal care.

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

Risks were not always assessed, identified or updated and risk management plans were not always in place to manage risks safely. Quality assurance and monitoring systems were often not effective. We have made a recommendation about documentation of medicines.

People were safe and protected from avoidable harm because management and care staff knew how to identify and report any concerns relating to the risk of abuse. People were supported by care staff who had been safely recruited. Recruitment processes were robust and there were enough staff working at the service to support people safely. Staff received inductions before starting work, so they knew what to do when they started working with people.

Care staff received training in infection control practices and personal protective equipment was provided for them. The management team took appropriate action following any incidents and learning was shared with the team.

Care plans were person centred but required more detail. Staff knew how people liked to be cared for and supported. People's communication needs were met. People were supported with their health care needs and staff communicated with each other to ensure people received effective care.

People and relatives told us staff were caring and they treated people with respect. Staff understood how to support people in a way that promoted their privacy, independence and dignity. The service sought to meet people's needs in relation to equality and diversity.

Systems were in place for dealing with complaints. People and staff told us there was an open and positive culture at the service. People were supported to express their views. The provider was aware of their legal obligations and worked with other agencies to develop best practice and share knowledge.

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

Rating at last inspection

This service was registered with us on 2 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 one inspector.

Service and service type

Master Quality Health Care Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 August. We visited the office location on 25 August. We contacted people and reviewed documents on 26 August 2022.

What we did before the inspection

We reviewed all the information we had received about this service since its registration with us in 2021. 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 one relative about their experience of the care provided. We spoke with the registered manager and a member of care staff. We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service. Following the inspection, we looked at quality assurance records, audits and policies and procedures.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- Risks to people were not always identified. Risk assessments were not always carried out for medicines, falls and moving and handling.
- One person used mobility aids to mobilise, however, their moving and handling risk assessment did not identify the potential risks of using these mobility aids and there was no guidance in place for staff on how to safely mobilise the person and how to minimise potential risks.
- Some people were at risk of falls; there were no falls risk assessments in place or guidance for staff on how to minimise these risks.
- Following the inspection, the registered manager sent us updated risk assessments and there was appropriate guidance in place for staff. We will check this at our next inspection.

Using medicines safely

- The provider's medicines management systems were not always safe.
- Medicines assessments were completed to assess whether people needed staff to support them to take their medicines. Where staff support was required, this was not always clearly recorded. Following the inspection, the registered manager told us they had revised care plans to include details on personal preferences regarding medicines.
- Medicines records were checked by the registered manager for accuracy. However, the audit tool used was too basic to be able to identify any issues.
- Records showed that staff had received medicines training.
- Relatives told us staff supported the person to take their medicines. Comments included, "Yes they help [family member] with medicines, and they do it well."

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

Systems and processes to safeguard people from the risk from abuse

- Staff were aware of their responsibilities to protect people from abuse and avoidable harm. A staff member said, "I have had safeguarding training. I know how to report any concerns to the management team or external agencies."
- Staff were confident that action would be taken by the registered manager if they raised any concerns relating to potential abuse.
- There were robust processes in place for investigating any safeguarding incidents.
- Relatives said they felt safe with the staff and the care received by their loved one. One said, "I and

[person] feel safe with them. I have confidence in the staff."

Staffing and recruitment

- There were enough staff to meet people's needs.
- There was a call monitoring system to provide the registered manager with oversight of the times and durations of support calls made and identify any issues with late or missed calls. This was monitored to ensure any issues with care were identified as they arose.
- The provider's recruitment procedures ensured that staff members were suitable for the work they were undertaking. Checks of criminal records (DBS), identity and references had been carried out before staff started work. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We looked at the recruitment records for three care staff currently working for the service. The records showed that the provider took all necessary steps to verify information provided by new staff.

Preventing and controlling infection

- The service had an infection prevention and control and COVID-19 policy in place.
- The service ensured an adequate supply of personal protective equipment (PPE) was available to staff. Relatives confirmed this and said staff wore the protective equipment while supporting their family member.
- We were assured the provider was using PPE effectively and safely. Accessing testing for staff was undertaken.
- All staff had received infection control training and an assessment of their understanding.

Learning lessons when things go wrong

- There were systems in place to record any incidents and accidents and what action had been taken.
- Staff spoke positively about working as part of a team where they felt comfortable to ask questions and seek guidance.

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 before they started to use the service and personal care needs were identified to ensure the team could meet those needs. Information gathered was used to create a care plan and risk assessments although these lacked detail. People and relatives were involved in this process. One relative said, "We made the care plan together."
- An electronic care planning system was in use. Following the inspection the registered manager advised us they had spoken to the provider of the system and now had greater access. This meant more detail could be implemented.
- The registered manager told us the care plans would be amended immediately to provide more detail for staff about people's views and preferences.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs.
- New staff completed an induction linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life.
- Staff received ongoing training relevant to their roles, and specific to people's needs.
- Staff were supported through spot checks and regular supervision. One staff member told us, "I am very supported. I have regular supervision which gives me an opportunity to discuss concerns, ideas or my personal development goals."

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

- People were supported to maintain a balanced diet, where required.
- Care staff supported people to eat meals supplied by family members or prepared simple snacks for them.
- Care plans included information about people's dietary requirements including their preferences of what they liked to eat for breakfast, lunch and in the evening.
- Care staff were familiar with people's dietary requirements.

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

- Staff liaised with healthcare professionals and other agencies to support people to retain their independence and maintain their health.
- Staff knew what to do if a person became unwell or needed additional support. One staff member said, "I would take action depending on the issue by reporting to the manager, GP or even calling an ambulance."

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

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The registered manager understood their responsibilities under the Act and staff empowered people to make their own decisions.
- A staff member confirmed they always asked a person for their consent before carrying out a care task and would act on their response.
- No one using the service at the time of the inspection had any 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 were kind, caring and treated them with dignity and respect. Care records included people's personal information relating to their next of kin, GP details, health care needs, gender and religion.
- Feedback from relatives reflected staff treated people respectfully and in a kind and caring way. Comments included, "They are polite, friendly and helpful" and "I know [person] is happy."
- Staff spoken with demonstrated a caring and kind attitude and spoke of wanting to provide people with high quality care.
- Individuality and diversity were respected. This was achieved by identifying where people needed support. Staff had received appropriate training in this area and were open to people of all faiths and beliefs. There was no indication people protected under the characteristics of the Equality Act would be discriminated against.

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

- The service obtained people's feedback at regular intervals to make sure the care and support they received was continuing to meet their needs.
- People and those important to them were consulted in the development and review of their support needs. On a day-to-day basis staff asked people to make choices, such as what they wanted to wear or to eat.
- People, and those important to them, took part in making decisions and planning their care and risk assessments.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. People's care plans described how staff should support people so that their privacy and dignity were maintained. The registered manager recognised more detail was needed and was in the process of updating the care plans.
- Staff maintained people's independence by supporting them to independently manage as many aspects of their care as they could.
- Privacy was upheld in the way information was handled and who this information could be shared with. The provider recognised people's rights to privacy and confidentiality. Confidentiality policies complied with the General Data Protection Regulation (GDPR) law.
- People's care records were stored securely both in writing and by a secure computer system. People were assured the provider was taking the necessary measures to comply with keeping information secure and confidential as they are required to by law.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individualised care plans which supported a person-centred approach. There was guidance on how to meet people's individual needs. The registered manager was in the process of ensuring the care plans had greater detail.
- People's care files included information about their personal histories and what was important to them.
- Care plans reflected people's health and social care needs and demonstrated other health and social care professionals were involved in people's care.
- People's care plans were regularly reviewed. This allowed staff to provide personalised care. A relative told us, "The staff know [person] really well."

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.

- The provider considered people's communication needs. People's care plans contained information about how they communicated, and if any communication aids were used. However, one person did not have English as a first language and communication was often reliant on family members. Service information had been provided, but only in English and not in their first language. The registered manager said they would rectify this immediately.
- All people using the service were able to communicate verbally with staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Although most people did not require support with social aspects of their lives, staff were ready to offer it when needed. Staff knew people's emotional needs and supported them to maintain the relationships important to them.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place.
- The registered manager told us they had not received any complaints since first registering with CQC.
- There was a service user guide given to people when they started using the service. There were details about how to make a complaint and what people could expect to happen if they raised a concern. This

included contact details for other organisations who could be approached if someone wished to raise a concern outside of the service.

- Relatives felt comfortable about contacting the service if they had any concerns. One relative said, "I don't have any concerns at all. If I did, I know how to complain."

End of life care and support

- At the time of the inspection there was no one receiving end of life care.

- The registered manager informed us should they be required to provide people with end of life care they would always ensure they liaised closely with people's relatives, healthcare professionals and others to ensure each person received the care they needed and wanted at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's quality assurance systems and processes were not always effective. Although some audits were in place, they had not enabled the provider to identify and address the shortfalls in the quality of record keeping we found at this inspection. This included the assessment of risks to people, the robustness of needs assessments, medication audits and reviews of care plans.
- The registered manager understood their regulatory roles and responsibilities.
- The registered manager had a clear vision of how they wanted the service to run and put people at the centre of what they did.
- Staff said they were well supported by the registered manager with ongoing training and one to one supervision. They understood their responsibilities to keep people safe whilst respecting and promoting personalised individual care.
- After the inspection, the provider sent us evidence of improvements made in response to the findings of the inspection. This included improvements to the assessment and care planning process.

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

- The service had an open and positive culture to help achieve good outcomes for people. Staff told us there was a good working environment with good teamwork. They also said the management team was supportive.
- Staff confirmed they were happy working for the service. One staff member said, "[Registered manager] is helpful and they [provider] listens to us."
- Systems were in place to ensure people's care was regularly reviewed and any changes or improvements were acted upon in a timely manner.

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, such as alleged abuse or serious injuries, to CQC, and had systems in place to do so should they arise. The provider had not been required to date to supply CQC with notifications of any events as they confirmed none had occurred.

Continuous learning and improving care

- There were systems in place in relation to the monitoring of complaints, accidents, incidents and near misses.
- During and following the inspection the registered demonstrated a proactive approach to making improvements which would have a positive impact on the service and the lives of the people living in their own homes.
- The registered manager told us all learning was shared with staff to help ensure widespread improvement.
- Staff performance was closely monitored by the registered manager who worked in collaboration with the staff team and completed regular spot checks of the service. Outcomes of these were recorded and shared with staff.

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

- The provider enabled people to share their experience about the service. This was via feedback surveys, spot checks and welfare calls to people and relatives.
- Relatives confirmed they received opportunities to share their views. A relative said, "They [staff] always ask how things are. They also do regular spot checks too."
- Staff told us they had regular contact with the management team and how they found them to be supportive if assistance was required. The provider told us they had staff meetings and communicated regularly via a secure phone application.

Working in partnership with others

- The provider worked well with other organisations to ensure people's needs were appropriately met. This included liaison with statutory health and social care bodies.
- The registered manager said they discussed people's progress with professionals and family members as appropriate to help ensure they continued to meet people's needs appropriately.