

Mass Care Momentous Ltd

Mass Home Care

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

About the service

Mass Home Care is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection there were 15 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

People were very happy with the care and support they received from the agency and said they would recommend it to others.

People felt safe and comfortable with staff who supported them. People were cared for by small teams who they were able to get to know and build trusting relationships with. Staff knew how to recognise and report any concerns about people's safety and well-being.

Risks to individuals were assessed and measures put in place to reduce risks identified. The provider had a contingency plan to deal with major issues such as extreme weather or severe staff shortages.

People felt the service enabled them to maintain their independence and were fully involved in planning their care and support. Staff promoted people's independence and respected their right to make choices.

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 received care that was personalised to their needs and wishes. Comprehensive individual care plans supported staff to provide individualised care and support.

People praised the staff who cared for them. All said staff were extremely kind and polite. Some told us they enjoyed "having a laugh" with staff who visited them.

The provider had systems in place to monitor the quality of the service provided and seek people's views. There were regular management meetings and a three-monthly audit. There were also spot checks of care provided in people's homes.

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 16 June 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 since it was first registered with the Care Quality Commission.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Mass Home Care

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service 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 a short period of 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 31 August 2022 and ended on 1 September 2022. We visited the location's office on 31 August 2022.

What we did before the inspection

We looked at the information we had received from and about the provider since it was registered with us.

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 information gathered as part of monitoring activity that took place on 8 April 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives. We also spoke with three members of staff.

The registered manager was not available at the time of the inspection, but the provider's nominated individual was present for the inspection and feedback. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

During the inspection we looked at a variety of records relating to people's individual care and the running of the service. These included; four care and support plans, four staff files, staff training information and records of complaints made.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff had training in recognising and reporting concerns about abuse. Staff were confident that any concerns reported would be fully investigated.
- People were only visited by staff they had met. All carried identification to make sure people knew the staff visiting them were from the agency.
- People felt safe with the staff who supported them. One person said, "I feel extremely safe with the girls [staff] in the house." A relative told us, "I feel they are totally safe with the carers."
- The provider was aware of what to do and who to contact if any concerns were highlighted to them.
- Some people were unable to answer their doors and keys were located in key safes to enable staff to access properties. The provider told us key safe codes were only available to staff who were visiting the person. They also told us they encouraged people to change the codes to their safes regularly to promote security.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed and measures were put in place to minimise risks. People had personalised risk assessments which promoted independence with minimum risk to themselves and others.
- The provider used an electronic system that staff accessed on mobile phones. This ensured all staff had up to date information about how to manage people's individual risks.
- Staff received appropriate training to make sure they were able to safely support people. This included practical training about safe moving and handling.
- The registered manager monitored risks and made changes as appropriate. Any changes to people's care was communicated to staff through changes in care plans and messages to all staff.

Staffing and recruitment

- People had small teams of staff who supported them. This enabled them to get to know and trust the staff who helped them. One member of staff said, "We always see the same people. It means they see the same faces."
- The provider assured us they only took on new packages of care if they were confident they had the staff needed to meet the person's wishes and expectations. Staff said they had adequate time between calls to enable them to carry out visits at the allocated time.
- People were cared for by staff who were safely recruited. Checks and references were carried out before

staff began work. However, we found that some application forms did not contain comprehensive information about staff's previous employment. Gaps in employment had not always been explored. The provider gave assurances that measures would be put in place to make sure discussions about gaps in employment were recorded.

Using medicines safely

- People who needed support to take medicines were supported by competent staff. All staff received training in medication administration and had their competency assessed by the registered manager.
- Care plans gave information about the level of support people needed with medicines. People were encouraged to be independent, but staff assisted where needed.
- Clear records were kept of when medication had been administered by staff. The electronic system created a task which had to be completed where the agency administered medication. Office staff were able to see that the task had been completed and could therefore act quickly if someone had not received their medication.
- People told us that staff assisted them to apply creams and lotions as part of their personal care.

Preventing and controlling infection

- We were assured that the provider was supporting people using the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was following Government guidelines in respect of staff testing.

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 had their needs assessed before they began to use the service. This was to make sure the agency had the staff available to meet people's needs and expectations.
- From initial assessments care plans were created to show how needs would be met. People knew about their care plans and said staff followed them to make sure they got the correct care.
- People received care and support in accordance with their wishes and preferences. Care plans gave details of how people liked to be helped and what was important to them.

Staff support: induction, training, skills and experience

- People were cared for by staff who had the correct skills and training to safely support them. All staff completed an induction programme and were able to shadow more experienced staff before they worked alone.
- People had confidence in the staff who supported them. One person told us, "They know what they are doing. I feel totally safe."
- Staff were happy with the training they received. Staff told us they were confident if they required any additional, specific training they could request this.

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

- The provider carried out nutritional assessments and reviews with people. Care plans gave details of the support or encouragement people needed to eat a balanced diet.
- Where the agency staff supported people with meals, they monitored food and fluid intake and sought support if they had concerns.

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

- Staff worked with other providers and professionals to make sure people received the care they needed.
- Staff knew people well and monitored their health and well-being. If staff were concerned about a person, they told us they contacted the office so that contact could be made with a relative or healthcare professional. A relative confirmed that this had been the case when someone had been unwell.
- Staff all received training in first aid and basic life support during their induction. A staff member told us

they had received this training and would not hesitate to contact emergency services if they identified someone needed immediate medical support.

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.

- At the time of the inspection everyone using the service had capacity to make decisions about the care and support they received. One member of staff told us, "Everyone I work with makes choices. We just look after them as they want."
- People only received care with their consent. Care plans showed various elements had been discussed with people and they had signed to say they consented.
- Staff had received training about the mental capacity act and understood the principles of how to support people if they lacked capacity.

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

- The provider led by example to ensure everyone was treated with respect. Staff said it was a nice agency to work for. One member of staff said, "It's a good company to work for. They treat us with the same respect as the people we care for."
- People and their relatives told us staff were always kind and polite. Comments included, "They are all absolute gems. Couldn't ask for nicer" and "They are all so kind and gentle."
- Staff respected people's wishes about the gender of staff who supported them. One person said they had requested a female carer, and this was always provided.
- Staff respected people's property and their family members. One relative said the agency had done everything possible to make sure that everyone was comfortable with the service provided.

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

- People and their relatives felt involved in planning and reviewing their care. A relative said, "We have been fully involved in everything including the care plan." A member of staff told us, "Everything is about people's choices."
- The agency was flexible to fit in with people's needs. This included changing times of visits to accommodate people's personal circumstances.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent and maintain their skills. Care plans we read showed what people liked to do for themselves and the tasks they required help or prompting with.
- Staff saw their role as helping people to be independent. One member of staff said, "It's all about keeping people independent and enabling them to live as they choose." One relative said, "They are definitely helping [person's name] stay at home. We were very anxious about everything, but they have been really good."

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; 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

- People received personalised care because full assessments of need included information about how people wished to be cared for. Care plans were extremely personal and contained information about people's life histories as well as their current needs. Staff said they had all the information they needed to provide a service which was personalised to the individual.
- People and relatives told us they continued to be in charge of the care they received. One person said, "They do whatever I ask of them." A relative commented, "They are very focused on her as a person."
- People were supported by small teams of staff who they were able to get to know well and build trusting relationships with. One person said, "We have worked out little routines that work for us all and keep me independent." Another person told us, "They match us well. We enjoy some humour together."
- People did not feel rushed which enabled them to do things for themselves when they wished. One member of staff told us, "The beauty of the job is you have time to get to know people and you can work at their pace."
- The provider was flexible with timings to enable people to take part in activities with family and friends and to pursue any hobbies or interests. One person said, "They are quite good at working around us when we need to change things."

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 told us in their Provider Information Return (PIR) that they would make arrangements to ensure that all communication was provided in a format that was appropriate to the individual.
- Care plans showed that people had their communication needs assessed. At the time of the inspection everyone was able to understand verbal and written information. However, the provider reemphasised that information could be provided to meet people's specific needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which people could use to raise concerns or make complaints. People we spoke with said they would not hesitate to make a complaint if they were unhappy with any aspect of their care. One relative said, "I wouldn't hesitate to complain if I needed to. I think they would want to know so they could put things right."
- The provider used complaints to make improvements to the service offered to people. For example, paper copies of people's care records had been made available in people's homes. This followed a complaint about electronic records not being easily accessible to people.

End of life care and support

- At the time of the inspection the agency was not providing end of life care to anyone. The provider told us this was not an area of care which they wished to provide at the current time. They said if anyone required this care, they would ensure all staff had appropriate training and they would work with other professionals.

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider and registered manager promoted a person-centred culture. Feedback from people and staff showed this was put into practice.
- People were supported by small teams of staff who were able to get to know them well. This enabled staff to provide person-centred care. Staff spoke affectionately about the people they cared for and were able to tell us about individual likes and dislikes. One person said, "They treat me with love and understanding."
- People were very happy with the service they received and said they would not hesitate to recommend the service to others. One person said, "I would definitely recommend the service." Another person told us, "I couldn't ask for better."
- Staff felt well supported by the provider and registered manager and were happy in their jobs. Some people commented how happy staff were when they visited. One person said, "Always happy and polite."
- Staff felt that the provider and registered manager were very approachable and responded to any issues raised with them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had systems in place to monitor the quality of the service provided. There was a quarterly audit of all areas of the service provided. However, we noted that the format did not list any previous findings or any recommendations from the audit. This would help to promote ongoing improvements.
- People received care from an agency where the registered manager monitored the quality of their individual care. The registered manager carried out spot checks in people's homes to monitor the care provided and seek people's views. One person told us, "Someone comes out to do checks. It's all very well organised."
- Staff said there was always a member of the management team on call if they needed advice or support. This helped to make sure risks to people were minimised. One member of staff said, "If there is anything you are not sure of, you aren't on your own. You can always call for support."
- The provider had a contingency plan which ensured that the service would meet the needs of the most vulnerable people in situations such as poor weather or severe staff shortages.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People felt involved in all decisions about their care and support. Staff kept people up to date on any changes and relatives were kept informed about any concerns. One relative commented, "Good communication."
- People were cared for by staff who worked in partnership with other agencies and professionals to make sure people received the care and treatment they needed. This included working with community nurses and other care providers.
- The provider used technology to support staff and ensure that any information about changes in practice and legislation were given to all staff at the same time. This helped to make staff feel included.
- People and relatives told us it was easy to contact the office which enabled them to discuss any issues with a member of the management team. One person said, "I can always ring the office if I have any queries."