

Masteronecare Ltd

# MasterOneCare Limited

## 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

MasterOneCare Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection 12 people were receiving a service. This was our first inspection of MasterOneCare Limited.

A registered manager was in post. 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 using the service and their relatives told us they were happy with the support provided by MasterOneCare Limited. They told us that they had regular staff visiting who were punctual, polite and respectful and communicated with them well. The feedback we received was uniformly positive and people told us they would recommend the service to others.

There were systems to safeguard people from abuse. Staff completed safeguarding training and knew how to report any concerns. Staff also received training in the Mental Capacity Act (MCA) and understood the importance of gaining people's consent before assisting them.

People were supported by staff who were trained, effective and well supported in their job roles. Staff members had been safely recruited and had received an induction to the service.

Staff had access to personal protective equipment (PPE) for the prevention and control of infection.

The service completed assessments of people's needs and these were used to inform the care plan for each person. The service kept people's needs under review and made changes as required. Any risks to people's safety were identified and managed.

People and their relatives felt able to raise any concerns or complaints. There was a procedure in place for people to follow if they wanted to raise any issues.

The service promoted a culture that was person centred, open and inclusive. People using the service and their relatives said that MasterOneCare Limited was well managed and responsive to their needs.

## 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

There were systems to safeguard people from abuse. Staff completed safeguarding training and knew how to report any concerns.

There were sufficient staff employed to provide care and support. The service carried out checks on new staff to make sure they were suitable to work with people using the service.

Staff had access to personal protective equipment for the prevention and control of infection.

Any risks to people were assessed and managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff completed training to provide effective care and support to people using the service.

The provider worked within the principles of the Mental Capacity Act 2005 (MCA) and made sure they obtained people's consent to the care and support they received.

People were supported to stay healthy and well.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and respected and promoted their privacy, dignity and independence.

The service consulted people and their relatives about the care and support provided and involved them in decision making.

### Is the service responsive?

Good ●

The service was responsive.

People using the service received care and support that was personalised and responsive to their needs.

The provider had systems to respond to complaints they received. People using the service and their relatives felt able to raise any concerns or complaints.

**Is the service well-led?**

**Good** ●

The service was well-led.

People using the service and their relatives told us the service was well managed. Senior staff were available, consistent, and led by example.

The service carried out regular checks to monitor quality in the service and make improvements where necessary.

# MasterOneCare Limited

## 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.

Before the inspection we reviewed information we held about the service including a Provider Inspection Return (PIR) and any statutory notifications. Statutory notifications include information about important events which the provider is required to send us. A PIR is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make. We also received completed CQC surveys from 10 people using the service, two relatives and five staff.

We gave the service 48 hours notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Our inspection site visit activity started on 21 May 2018 with a visit to the agency office and ended on 6 June 2018 following telephone calls to people using the service and/or their representatives.

During our inspection we spoke with six people using the service, two relatives and one staff member. We also looked at records relating to the management of the service, including care records, staff schedules, spreadsheets to monitor staff training and supervision, field observations and findings from satisfaction surveys. We also looked at three staff records including the recruitment information held.

# Is the service safe?

## Our findings

People using the service told us they felt safe in the care of staff from MasterOneCare Limited. One person using the service said, "I feel perfectly safe." Another person told us, "I feel safe – definitely."

There were procedures in place to minimise the potential risk of abuse or unsafe care. There were no safeguarding concerns at the time of our inspection. Records seen confirmed staff had received safeguarding vulnerable adults training. Staff records included completed worksheets to make sure they understood their responsibilities in this important area.

Environmental risk assessments were carried out to help make sure people and staff were kept safe. They covered internal and external areas including fire safety, lighting and entrances to properties. Other specific risk assessments in place addressed medicine administration, moving and handling and any equipment in use. One person commented how staff used their provided equipment safely and competently. Records showed risk assessments were reviewed on a regular basis or if circumstances changed.

The registered manager monitored staffing levels to ensure sufficient staff were available to provide the support people needed at the time they required it. New staff worked alongside experienced staff members and shadowed them to ensure they understood their role and responsibilities. People supported by the service told us consistent staff visited them who were reliable and turned up on time. A relative said, "They are first class, very reliable." A person commented, "Nearly all the same ones, they turn up on time unless they have been delayed." A second person told us, "I do get the same staff – that's important to me."

People receiving support with medicines had a profile in place and staff received training to do this safely. Records seen followed the National Institute for Health and Care Excellence (NICE) guidelines. For example, we saw there were no gaps in documentation. The registered manager and senior staff checked staff on a regular basis to ensure they were competent to administer medicines with records kept.

Staff had received infection control training and were provided with appropriate personal protective clothing such as disposable gloves and aprons. This meant people using the service and staff were protected from potential infection when delivering personal care.

Any accidents or incidents were reported and documented. The registered manager informed us any incidents that occurred were addressed and they monitored for trends and patterns when visiting people in their own home. We saw evidence of this in accidents that had happened and action taken to reduce the risk of further incidents.

Recruitment practices were safe. Systems were in place to ensure suitable staff were employed and relevant checks completed. Staff files included proof of the person's identity, references and a criminal record check to ensure they were suitable for employment in the care sector.

# Is the service effective?

## Our findings

People receiving a service had a full assessment of their needs before staff commenced their support package. Following the assessment and in consultation with the person to be supported or family member the registered manager produced a plan of care for staff to follow. This ensured that staff had information about the needs of people and how these were to be met.

People using the service and their relatives told us staff understood their needs and had the right skills and knowledge to carry out their care roles. One person said, "Yes they definitely know what they are doing." Another person told us, "They have all shown evidence of being experienced and trained." A third person commented, "The training works."

A training programme ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills. Two newer staff were completing the Care Certificate at the time of our inspection. The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life. New staff shadowed experienced carers for a number of calls until they were confident to provide support independently. One person told us, "New people come with the regular carers to get trained." Another person said, "They have just employed some new staff. They are training."

Staff records showed that mandatory training was provided to staff and this was refreshed as required. Provided courses included moving and handling, first aid, safeguarding and human rights. Worksheets were kept on file that staff completed during the training. Staff competency was also assessed at interview including their maths and English. A system for structured supervision of staff was in place to regularly review their practice and focus on their training and professional development.

Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented. People's likes and dislikes were recorded. For example, 'I like to have a bowl of cereal in the morning' and 'I love my fry-up meals'.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of clients who may lack the mental capacity to do so for themselves. The Act requires that as far as possible clients 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.

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act (MCA) 2005. People told us they could make choices about the day to day support they received. One person using the service told us, "Yes they listen to you." A relative said, "They say, what do you think?" Records showed that staff had received training in understanding their responsibilities under the Mental Capacity Act (MCA) 2005.

Where people lacked capacity to make some decisions, we saw the registered manager worked with their

relatives or representatives to agree decisions that were in the person's best interests. The relatives we spoke with said the service communicated well and consulted with them regarding any issues or concerns.

The management team worked in partnership with health and social care professionals to ensure people's health needs were met. People's care records included contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. People we spoke with said their general health care needs were co-ordinated by themselves or their relatives. One relative told us, "MasterOneCare have been of particular support and assistance to my [family member], going out of their way to help in emergencies, coming out between scheduled calls, calling the doctor, etc."



## Is the service caring?

### Our findings

People supported by MasterOneCare Limited told us they were treated with kindness, respect and sensitivity. One person said, "All their carers are lovely, caring people who treat me and my family with respect and kindness." Another person said, "The carers are nice." A third person told us they appreciated the personality of the staff and their thoughtfulness. Other comments included, "They are a nice crowd", "Very caring" and, "Always a cheerful greeting."

A relative told us, "They have a laugh and joke with [family member]. They treat them with great respect." A review document for a person using the service included their feedback, "I can still have a laugh. I enjoy seeing all my care workers."

People using the service all told us staff were respectful and they were treated with dignity when supported with personal care needs. One person said, "They are always polite and respectful." Regular checks were carried out on staff in the field to look at their approach to the person and their conduct. The available on-line training for staff included the care certificate module on privacy and dignity.

The registered manager told us they always tried to match staff with each person looking at their background, interests, personality, culture and religion. This helped to develop relationships and opportunities for interaction. The member of care staff was introduced to the person and a review would take place after a week to make sure things were working well and the person was happy with the service provided.

Care records contained evidence the person or a relative had been involved with and were at the centre of developing their care plans. They were written in the first person, were personalised and contained information about the person beyond their assessed care needs. Each care file included the persons preferred form of address and the things that were important to them. For example, about family, hobbies and pets. Also, what support was required to maintain their independence within their own home. One person told us how liked to be independent and how the staff helped them to do this. This was reflected in the care plans we looked at.

## Is the service responsive?

### Our findings

Staff provided care and support that was responsive to people's needs, routines and preferences. One person told us, "They adapt to me." A relative said, "They ask us and we ask them."

People told us they had regular visits by the same staff as much as possible so they were able to form relationships and get to know each other better. One person receiving a service said, "I get the same girls where it is all possible." Another person said, "I get to know all of them."

People and / or their relatives were able to contribute to the planning of the care and support provision. Before they agreed to provide support to people, the registered manager visited them to complete an assessment of their needs and talk about the support they required. A care plan was then written based on their identified needs and outcomes wanted from the service.

People using the service told us the care and support they received was in line with their preferences and established routines. Care plans were detailed, written in the first person and included holistic information to support people's physical, mental and emotional well-being. For example, information was provided about nutritional needs, preferred routine, medical history and independence.

Records showed the service regularly reviewed people's care plans to make sure they had up to date information about their support needs. Records included evidence of regular spot checks by senior staff including of the care documentation in place at the person's home. Daily care records were completed by staff at the end of each visit. These recorded a summary of the care and support provided including the person's mood and information about any changes in care needs.

People using the service and their relatives felt able to raise any concerns or complaints. One person said, "I have no complaints." Another person commented, "I have no need to." A third person said, "We would ring the office but we have not had any trouble."

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. The service had a system in place for recording complaints although none had been received since the service started providing support to people. This included recording the nature of the complaint and the action taken by the service.

## Is the service well-led?

### Our findings

People supported by MasterOneCare Limited and their relatives told us they were confident in the quality of the service and felt able to recommend the agency to others. One person commented, "They are very very good. We have had no problems at all." A second person told us, "You put in a good report for them."

One relative said, "The service was recommended to us and we would do the same." In a survey response to CQC, another relative described their previous poor experience with another care agency and told us, "I would not have believed there could be such a difference in the level of care provided, but MasterOneCare really have proved that is not the case - they are at the complete other end of the scale and I would strongly recommend them to anyone."

A registered manager was in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

There was a clear leadership structure in place. The registered manager was also the managing director of the business. They were supported by a care co-ordinator in overseeing the overall operation of the service. The registered manager and her staff team were experienced, knowledgeable and familiar with the needs of the people they supported. One person told us, "The lady who organises the staff is very efficient."

The registered manager had systems and procedures in place to monitor and assess the quality of their service. They had carried out a satisfaction survey to obtain feedback from people using the service and/or their relatives. Recent feedback showed that people were very happy with the quality of care they received. Comments included, "The service is excellent. Blessed to have you all", "My care worker is very good and knows my routine" and, "The staff are very professional."

Feedback was also obtained from people through care review meetings and spot checks of individual staff carrying out their duties. These were in place to confirm staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service. Care and medicines records were also monitored during the visits.

There were systems in place to ensure the security of confidential information. There were secure password log ins for the computer systems in use and paper records were also kept securely.

The service was a member of the United Kingdom Homecare Association (UKHCA) demonstrating their commitment to its principles and values underpinning the provision of high quality safe and sustainable homecare. The service had also received a certificate for consistent positive feedback on a homecare review website.