

Masterstaff Limited

MasterStaff Healthcare (Preston)

Inspection report

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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

Masterstaff is a limited company providing domiciliary care throughout the country. Masterstaff (Preston) is a local branch based in the docklands area of Preston, near the city centre. The agency provides personal care services to support people to live independently in the community. At the time of our inspection there were 130 people using the service and 70 care workers appointed.

We last inspected this location on 21st November 2013, when we found the service to be compliant with the regulations we assessed at that time. This inspection was conducted on 12th March 2015 and 13th March 2015. The provider was given 48 hours notice of our planned visit. This meant someone would be available to provide us with the records and documents we requested.

Summary of findings

The registered manager was available at the agency office 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.

We found recruitment practices were not sufficiently robust, because the recording of information did not reflect a clear audit trail, to show necessary details and checks had been received before people started to provide care and support to those in the community. New employees were provided with an in-depth induction programme and were supported to gain confidence and the ability to deliver the care people needed.

Records showed that staff had completed training in safeguarding adults. The staff team were confident in reporting any concerns about a person's safety and were competent to deliver the care and support needed by those who used the service.

A variety of assessments were conducted within a risk management framework. This helped to protect those who used the service from harm. Emergency plans were in place, which provided staff with clear guidance about action they needed to take in the event of a critical situation.

The staff team were provided with a range of learning modules. This helped to ensure they were trained to meet people's health and social care needs. Records demonstrated that formal supervision for staff was regular and appraisals were conducted every year. This promoted a well supported staff team.

Staff were kind and caring towards those they supported and people were helped to maintain their independence with their dignity being respected at all times. Plans of care were, in general person centred and people who lived in the community received care and support in a consistent way.

The plans of care were, in general person centred documents. However, some areas could have been a little more informative, so that staff were provided with a clearer picture of the people they supported.

When asked about the service provided people's comments varied. One person said, "They (the agency) are ok. Mum has used them for a few years. They (the staff) call four times a day. They help her get up and washed and dressed and they help with some food." Another commented, "They are excellent. They are very good and I'd recommend them." "When they help me to shower it's all done well and with dignity. They use gloves and an apron. They have uniforms. It's the same people each time."

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was not consistently safe.

People we spoke with said they felt safe using the service and records showed that staff had received training in safeguarding adults. However, we found recruitment practices were not sufficiently robust, because the recording of information did not reflect a clear audit trail, to show necessary details and checks had been received before people were employed.

Detailed emergency plans were in place and the management of risks protected people from harm. Accidents were appropriately documented with records being maintained in a confidential manner. Records showed staff had completed training in infection control and the policies and procedures of the agency were followed in day-to-day practice.

The management of medications was satisfactory and safeguarded people from medication errors or drug misuse.

Requires Improvement



Is the service effective?

This service was effective.

Staff appointed received an in-depth induction programme, which helped them to understand the policies, procedures and practices of the service.

The staff team completed a range of training modules, which helped them to improve their personal development and to better support those in their care.

Staff were periodically observed at work. Regular formal supervision sessions and annual appraisals for staff were conducted.

Good



Is the service caring?

This service was caring.

People who used the service generally received the same care workers, who knew them well and were knowledgeable about their specific care needs. This promoted continuity of care.

We spoke with staff members about the support they provided for people they visited regularly and we found they were able to discuss the needs of those they knew well. They were fully aware of the importance of promoting independence and respecting privacy and dignity.

Good



Is the service responsive?

This service was responsive.

We saw support plans were retained in people's own homes and an assessment of people's needs had been conducted before a package of care was arranged.

Good



Summary of findings

The plans of care had been developed with the person who received the care and support or their relative. They were person centred, providing staff with clear guidance about how care and support needed to be delivered.

People knew how to make complaints and systems were in place to make sure complaints were responded to appropriately.

Is the service well-led?

At the time of our inspection of this location the registered manager was on duty.

Meetings for staff were routinely held on a regular basis. Recent surveys had been conducted, so people could provide their feedback and a quality audit had been undertaken by the company, which was detailed and covered a wide range of areas.

Record keeping was, in general well organised. Staff members were well monitored and supported through supervision sessions and appraisals.

Good



MasterStaff Healthcare (Preston)

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This inspection was carried out on 12th March 2015 and 13th March 2015 by an Adult Social Care inspector from the Care Quality Commission. An Expert by Experience made telephone contact with people who received care and support from Masterstaff (Preston) or their relatives, in order to obtain their views about the service provided. An Expert by Experience is a person who has experience of the type of service being inspected. Their role is to find out what it is like to use the service.

At the time of our inspection of this location there were 130 people who used the service. We spoke with 18 of them or their relatives and visited three people in their own homes. There were 34 care staff appointed. We spoke with ten of them, the registered manager and a care coordinator during the course of our inspection.

Whilst we visited people in their own homes we were able to observe members of staff at work. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed. We also looked at a wide range of records, including the care files of four people who used the service, the personnel records of four staff members, a variety of policies and procedures, training records, medication records and quality monitoring systems.

The registered manager of the service 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. Before our inspection we reviewed the information provided within the PIR.

Prior to this inspection we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us since our last inspection and we asked local commissioners for their views about the service provided.

Is the service safe?

Our findings

All those we spoke with said they or their relatives were safe when the care staff were assisting them. A typical comment was, “I feel very safe and relaxed with them.” One relative told us, “Masterstaff work well with us and as far as I can see (name removed) is always relaxed and at ease and seems safe with them.” A person who used the service said, “They are reliable but not always on time. I feel ok and safe.”

Records showed that areas of potential harm had been assessed within a risk management framework. This identified potential hazards and control measures implemented in order to reduce the likelihood of harm around areas such as, bathing, mobility, slips, trips and falls. Detailed environmental risk assessments had also been conducted within people’s own homes, which covered areas such as, adequate lighting, locks, outdoor steps and paths. This helped to ensure people were kept safe. The risk assessment process incorporated regular reviews, to ensure the staff team were provided with current guidance and up-to-date information.

A detailed multi-agency policy was in place in relation to safeguarding adults and whistle-blowing procedures. These were supported by a clear flow chart, which showed the processes to follow in order to make a safeguarding referral. They also made staff fully aware of the importance of promptly reporting any concerns they had about the care and welfare of people they supported. Systems were in place for recording any safeguarding referrals, which allowed a clear audit of processes followed. Records showed that staff had completed training in safeguarding adults and those we spoke with were fully aware of whistle-blowing policies, to ensure any actual or potential allegations of abuse were appropriately reported without delay.

Accident records were retained in line with data protection guidelines. This meant personal details were kept in a confidential manner. Records showed none had been reported within the previous year. However, monthly audits were conducted, which enabled the registered manager to closely monitor any patterns or themes which emerged and therefore act swiftly in response to any concerns identified.

All three people we visited were very happy with the service they received. One person told us she didn’t always get the same care workers. She said, “It is sad for me, as I get used to them and get to know a lot about them and then they are taken off and I don’t see them again.”

Detailed written policies told staff how the control of infection needed to be managed. Clear information was provided about hand washing procedures, food hygiene, blood borne viruses and the reporting of outbreaks of infection. Records showed staff had completed training in infection control and those we spoke with confirmed this to be accurate. People recalled that staff wore gloves when assisting them with personal care and washed their hands when preparing food.

A business continuity plan had been developed, which helped to ensure continued service in the event of a variety of emergency situations, such as flood, severe weather conditions, power or utility failure. Staff we spoke with were aware of action they needed to take in the event of a medical emergency, such as a person collapsing or if there was no response when they visited someone in the community, who would have been expected to be at home.

Some staff members talked us through their recruitment and selection process. They confirmed that they had submitted completed application forms, had formal interviews and that references and police checks had been conducted before they started to work in the community.

We looked at the personnel records of four staff members. Application forms had been completed by prospective employees. Records showed that Masterstaff (Preston) was an equal opportunities employer. Therefore all applicants were treated equally, without discrimination. Although all required details were present in staff files, we found recruitment practices were not always robust, because the recording of information did not reflect a clear audit trail, to show all necessary details and checks had been received before people were employed by the agency. **We recommend that the provider reviews the recording of information received in relation to recruitment checks, so that a clear audit trail is evident, which demonstrates that all checks are obtained for new employees before they are employed by the service.**

We discussed recruitment practices with the regional managers during our visit to the agency office. We were told staff members may commence their induction

Is the service safe?

programmes before checks were validated, such as references and police disclosures. The registered manager confirmed that staff did not visit people in their own homes until all checks had been received.

We established the turnover of staff to be very low, which indicated they enjoyed working for Masterstaff (Preston). All those we spoke with told us they were very happy working for the agency. One member of staff told us, “It is great. I really do enjoy coming to work. I feel like I am helping people, which is what I have always wanted to do.”

The medication policies and procedures of the service were detailed and included how people should be supported to manage their own medicines. Clear definitions were also provided for staff, which outlined the differences between instructions, such as ‘prompt’, ‘assist’ and ‘administer’.

Areas that care workers must not attempt were also highlighted. For example, they must not give injections or administer rectal medications, unless specifically trained to do so.

People recalled that if the staff did assist them with any medication it was done safely and properly and noted in the appropriate sheets. We looked at the Medication Administration Records (MARs) of two people who used the service. We found these were appropriately maintained and information recorded was clear and easy to follow. We did not identify any concerns in relation to the management of medications. One relative showed us her Mother’s medications and told us how the staff prompted her to take her tablets. She told us that the carers left messages for her if there was anything she needed to know about her Mother’s medications, which she was quite happy about.

Is the service effective?

Our findings

The general opinions of those who used the service or their relatives was that regular staff were well trained and competent to do their work. However, some people said that replacement staff had not been given enough information about their needs and that they had to explain how things needed to be done when they received support.

Policies and procedures were in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards and a system was in place for demonstrating best interests in the decision making process. People we spoke with told us that care workers asked them for their agreement before care duties were undertaken. One person told us, "They (the staff) never do anything without asking if it is in order. They are very respectful."

We looked at the personnel records of four members of staff, which showed new employees were provided with a reading list and had completed a detailed six week induction programme when they started working for the agency. Each member of staff had a personal training and development plan, which contained all their up-to-date training data.

Staff members we spoke with told us all new workers shadowed senior staff when they first started working for Masterstaff (Preston). Staff were also issued with a range of information to help them to do the job expected of them, such as job descriptions relevant to their role and terms and conditions of employment. An employee handbook was also issued to all new employees. This document provided staff with a brief overview of some of the more important policies and procedures of the agency, such as equal opportunities, staff training and induction, safeguarding adults, infection control, security and confidentiality, codes of conduct and discipline procedures. This meant that new staff were provided with relevant information before they started to work for the agency.

Staff were supported by the grievance policies and procedures of the agency. This is a framework for resolving an issue formally, which an employee has concerning any aspect of their employment. We were told by the managers

of the agency that a different policy is selected each month for the staff to discuss. This was considered to be good practice. The policy of the month at the time of our inspection was 'Confidentiality'.

A standard training programme had been introduced for all staff members. This was mandatory and included areas such as, induction for new staff, quarterly supervision sessions, annual appraisals, first aid, food safety, moving and handling, health and safety, medicines management, safeguarding, infection control and fire awareness. Records showed that all staff were fully up to date with these training modules, which was commendable. However, we did not find any evidence of further training for staff members, in relation to the specific needs of those who used the service, such as dementia awareness, diabetes or epilepsy. One member of staff told us she would like additional training in areas, such as dementia awareness, first aid and Parkinson's disease. This information was passed to the manager at the time of our inspection.

Training certificates showed staff had completed a range of learning modules, in areas, such as moving and handling, infection control, health and safety, safeguarding adults, medication management, fire awareness and food hygiene. We noted that a good percentage of staff had achieved a recognised qualification in care. This helped to ensure the staff team were well trained. Members of staff we spoke with gave some good examples of training they had completed in accordance with the certificates seen. One member of staff commented, "We are doing more computer based training now. It is in some respects better, because we are not sitting in training rooms for long periods of time, when we could be out looking after people and then we can do it in sections, rather than all at once. We do training in our own time – we don't get paid for it. If you don't have a computer at home then you can do the training on the computers in the office." Another member of staff said, "Yes, it is mostly on line training, but I must admit I would much prefer classroom based training, where we can ask questions and discuss the training between ourselves."

We saw recorded assessments of staff competencies, on site observations and spot checks on staff member's work performance. Together these assessments covered areas, such as medication awareness, time keeping, appearance, conduct, communication and health and safety. Records showed that regular supervision sessions and annual

Is the service effective?

appraisals were held with staff members, which enabled them to talk to their line managers about strengths, weaknesses, work performance and training needs. Staff spoken with confirmed this information was accurate.

One member of staff, who we spoke with told us, "I quite enjoy working for Masterstaff. I enjoy the job."

Is the service caring?

Our findings

One person we spoke with, who used the service said, “I’m very happy with them (the agency). We’ve used them for about 3 years. They (the staff) are very reliable and I like everything about the service.’ Another commented, “I just have the one person (care worker) and I’ve no complaints.” A third remarked, “Well some are good and some are not so good, but that’s life and I’m very happy.”

The policies and procedures of the agency explained how people’s personal details were to be maintained in a confidential manner within the agency office. We saw records were kept securely and locked facilities were available at the office base. Information was available about equality and diversity. This helped the staff team to ensure everyone who used the service was provided with the same opportunities and people were not discriminated against because of their age, disability, religion, gender or beliefs.

We visited three people in the community, two of whom were receiving care from agency workers at the time of our calls. The care staff both demonstrated a gentle and friendly approach towards the people they were supporting. They were very polite, well-mannered and kind.

One relative told us, “We are extremely lucky to get a service like we do. The girls are excellent. They asked us at the beginning about having male carers. We told them we would prefer female staff and that is how it has been for four years and we have had more or less the same carers for four years, except for when they are on holiday or due to sickness, but they are all very nice, kind and caring. We cannot complain about any of them. They are so dedicated and really do care about Mum.”

One person we visited told us of a care worker who tended to rush her work. She commented, “She is very nice, but she is always rushing to get away. She comes in and then she is off again in no time whatsoever.” This information was passed to the registered manager for him to address.

Policies and procedures of the agency covered areas, such as equality and diversity, principles of care, confidentiality, dignity and wellbeing. These helped staff to understand the importance of respecting people as individuals and aided in protecting their privacy and dignity. Information was also readily available for those who used the service about the use of an advocate. An advocate is an independent person, who supports people in making decisions, to ensure their best interests are consistently promoted.

We overheard a member of staff in the agency office speaking with someone who used the service on the telephone in a friendly and pleasant manner.

We spoke with staff members about the support they provided for people they visited regularly and we found they were able to discuss the needs of those they knew well. They were fully aware of the importance of promoting independence and respecting privacy and dignity.

People we spoke with told us that staff often did ‘little extras’ for them, if they asked. They said staff were thoughtful, which made a big difference. Examples given were, putting the washing in or asking if there was anything else they could do before leaving. People generally recalled having mostly regular staff which they overwhelmingly preferred and they consistently referred to the way staff respected their home and family life. One person told us, ‘They are on time and reliable. They might run a bit late, but they can struggle to get cover if they are short staffed.’

Is the service responsive?

Our findings

One person we spoke with commented, ‘Most of the time I am satisfied. I get on well with the carers. They are occasionally not good at time keeping. Its not good if they are working out of sequence or running very late and they do not let me know in advance. Staff can call at unexpected times.’

The Service Users’ Handbook furnished people with details about Masterstaff (Preston), as well as outlining the services and facilities available for people within the community. The Statement of Purpose was incorporated into this document, which provided a good range of information to any interested parties.

During the course of our inspection we looked at the care records of four people who used the service. We also spoke with 18 people or their relatives by telephone and visited three in their own homes.

We ‘pathway tracked’ the care and support of the three people we visited in the community. ‘Pathway tracking’ is a method of ensuring people are appropriately assessed and receive the care and support they need. We looked at their support plans, talked with them about the care they received, spoke with relatives and the care workers who were supporting them during our visits. We also looked at the personnel files of the staff we spoke with. Everyone we visited said they were very satisfied with the service provided.

We saw support plans were retained in people’s own homes and care staff completed a diary sheet on every visit. Records we saw showed an assessment of people’s needs had been conducted before a package of care was arranged. Information had also been gathered from other people who were involved in the care of the person wishing to use the service, such as relatives, other health care professionals and the commissioning authority. This helped the staff team to be confident they could provide the care and support people required.

The support plans recorded people’s social history, likes and dislikes, allergies and preferred terms of address and they had been developed with the person who received the care and support or their relative. People we visited were aware of their support plans and were happy with the contents. One person commented, “I get a good service

from that one (indicating the care worker, who was providing support at the time of our visit). (Name removed) is good, you know. You don’t get many like her, but I like all the others who come too.”

It was evident from the records we saw that females who used the service were asked which gender of staff they would prefer to support them. However, one person we spoke with said, “They are ok. The staff are fine, but it’s just they do not realise I prefer a female carer.” The support plans we saw were, in general person centred documents. For example, one extract stated, ‘(Name removed) likes her hair brushed and plaited on the morning visit. She likes company and enjoys telling stories about her past. She cannot be rushed.’ However, this support plan could have been still more person centred, particularly as personal care was being provided, by recording the type of clothes the person liked to wear, if she liked to wear jewellery, make-up or nail varnish and which toiletries she preferred.

The support plans provided staff with an overview of the assistance people needed at each visit. This helped the staff team to be fully aware of how people in their care wished to be supported. Staff had recorded on the diary sheets a brief synopsis of their visit. This promoted continuity of care because information was passed to each member of staff about any significant events. The support plans we saw had been signed by those who used the service and and were reviewed on a regular basis. The support plans we saw included the importance of promoting people’s privacy and dignity and supporting them to maintain their independence.

One relative told us, “The main carer at present can make my brother who is disabled feel a bit bossed about and she can be a bit bossy with him, but the staff are polite and respectful. Mum and my brother are never intimidated by them. They wash mum safely and with dignity.’ This information was passed to the registered manager at the time of our inspection.

Policies and procedures were in place at the agency office telling people how they could make complaints, suggestions or compliments, if they wished to do so. This information was also available within people’s homes and included contact details for relevant organisations, such as the Local Authority, the ombudsman and the Care Quality Commission (CQC), should people wish to report their concerns externally.

Is the service responsive?

Effective mechanisms were in place for the recording of complaints, which included the investigation conducted and the resolution. A copy of the investigation and outcome were provided to the person who had made the complaint, which was considered to be good practice. Complaints received were regularly audited, with a summary of the complaint and action taken being clearly recorded.

Staff spoken with told us they would know how to deal with a complaint, should someone in their care be dissatisfied with the service provided. Information retained in people's

homes explained that the registered manager would support them to access the services of an advocate, should they so wish. This included helping them through the complaints process.

Extracts from recent written compliments read, 'Thank you all for the care you are providing for our Mother. We appreciate the continuity of carers. They are all brilliant.' And 'Just a note to say thank you for all your kindness and care looking after Dad. Your thoughtfulness to him and the family is greatly appreciated. He referred to your visits as, 'It is like a friend dropping in. We couldn't have wished for better!'

Is the service well-led?

Our findings

Comments we received from people who used the service and their relatives varied. These included: "I've had them (the agency) for 11 years and on the whole they (the staff) are not so bad, but some are not as good as others." "Well Mum is coming up for four years using them. It's been very hit and miss." "They are great!"

At the time of our inspection of this location the registered manager was on duty. He has managed this service for a total of twelve years. 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.

A care coordinator was also available throughout the inspection. One relative we spoke with said she had not had any contact with the registered manager during the four years her Mother had been receiving a service from Masterstaff (Preston). However, she was extremely pleased with the care and support her Mother received from the staff who attended to her needs. She added, "It is an example of it working well for the elderly. They (the staff) are brilliant. We get the same group of carers, for which we are most grateful."

The management team and office workers were very cooperative throughout the inspection and all records we requested were provided very promptly. The office was well organised and fit for purpose. People consistently said they could get in touch with the office, if they needed to do so and most said that the office staff were easy to get on with. The views of those who lived in the Lancaster area varied. Some people thought things had got worse since the Lancaster office had amalgamated with the Preston office. Others thought things had improved.

Systems were in place for gathering feedback from people who used the service and their relatives or main carers. Questionnaires were circulated annually, which offered people the opportunity to express their views about the service provided. A recent survey had been conducted, when 58 responses had been received, which provided, in general positive comments. The survey asked people about choice, respect, staff approach, decision making,

time keeping and privacy. Several people we spoke with told us they had completed questionnaires from time to time. We saw some face to face quality checklists had been conducted with those who used the service or their relative, when positive responses had consistently been provided.

One person we spoke with said, "They (the agency) are very attentive. I would give them the top score and we fill out a survey for them as well each year." Another commented, "They have improved, since eighteen months ago." And a third told us, "They occasionally ask how I am doing. They send me a form. They don't actually sit with me, but they might phone me."

A wide range of updated policies and procedures were in place at the agency office. These included whistle-blowing procedures, health and safety, the Mental Capacity Act, complaints, disciplinary and grievance procedures, dignity and infection control. One member of staff told us, "The policies and procedures are always on line, but there are paper copies in the office too."

We saw minutes of regular staff meetings which had been held. These allowed any relevant information to be disseminated throughout the staff team and encouraged attendees to discuss in an open forum, topics of interest and any concerns or issues they had. We noted a meeting was in progress on the day of our visit to the agency office. Evidence was available to show changes had been made in accordance with discussions during team meetings. This meant the management team listened to staff suggestions and supported those who worked for Masterstaff (Preston).

We saw records of a detailed quality audit, which was conducted in January 2015 by a company representative. During this audit 30 care files were checked. The audit also covered areas such as risk assessments, staff records, nutrition and safeguarding people. This assessment was designed in line with the Care Quality Commission's (CQC) previous outcome areas. We discussed this with the management team at the time of our inspection and explained how the CQC now looked at five key topic areas. The registered manager acknowledged this information and we were assured the auditing system would be brought into line with current ways of working.

Is the service well-led?

The company had been accredited with an external quality award. This meant that a professional organisation periodically audited Masterstaff Limited, to ensure an acceptable standard of service was being provided.

Staff personnel files showed that recorded spot checks and direct observations were periodically conducted, which

enabled managers to directly check the work performance of individual staff members. This quality monitoring system included punctuality, personal appearance, respect, skills, moving and handling techniques, personal care and effective communication. This information was confirmed as being accurate by members of staff we spoke with.