

Masterstaff Limited

MasterStaff Healthcare (Preston)

Inspection report

Unit 9 Navigation Business Village
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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

Masterstaff Healthcare (Preston) provides domiciliary care to people in their own homes. The service supports people with a wide range of needs including older people, dementia, mental health, physical disability and sensory impairment and children. The service operates from an office base in the docklands area of Preston.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

We spoke with nine people supported by the service. They told us staff who visited them were polite, friendly and caring. They told us they received patient and safe care and they liked the staff who supported them. Comments received included, "I am very happy with the service and find the staff are very reliable and helpful." And, "I have the same group of staff visiting me and they are all brilliant. I am never rushed and allowed to go at my own speed. I have a laugh with them."

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

When we last inspected this service recruitment procedures required improvement. This was because we made a recommendation that the provider reviewed the recording of information received in relation to recruitment checks. We found there was not a clear audit trail confirming checks had been completed before new employees commenced working for the service. During this inspection records seen confirmed staff had been recruited safely and recruitment is now rated as good.

We found staff had been appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

Staff retention was good and people told us they were supported by the same group of carers. They told us staff who supported them knew and consistently met their needs.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

We looked at how the service was staffed. Five staff members spoken with said they were happy with how their visits were managed. They told us they were allocated sufficient time to be able to provide support people required. People supported by the service told us staff were reliable and never let them down with late or missed visits.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at the times they needed

them.

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

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff supported people to have a nutritious dietary and fluid intake. Assistance was provided in preparation of food and drinks as people needed.

People were supported to have access to healthcare professionals and their healthcare needs were met. We saw the service had responded promptly when people had experienced health problems or required assistance to attend healthcare appointments.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

People's care and support was planned with them. People told us they had been consulted and listened to about how their care would be delivered.

The service had provided people with information with regards to support from an external advocate should this be required by them.

People told us the staff who visited them treated them with respect and dignity at all times.

People who used the service and their relatives knew how to raise a concern or to make a complaint. They told us they would be quite comfortable in telling someone if there was a problem.

The service used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, spot checks, telephone monitoring and care reviews. We found people were satisfied with the service they received.

The registered manager and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their care.

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 ●

We found that action had been taken to improve the safety of the service.

Records seen confirmed staff had been recruited safely.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

MasterStaff Healthcare (Preston)

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.'

This inspection visit took place on 26 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.' The expert-by-experience had a background dealing with older people and people in the early stages of dementia.

Before our inspection on 26 July 2017 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people supported had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

During our inspection we spoke with nine people supported by the service and the relatives of two people.

We also went to the Masterstaff Healthcare (Preston) office and spoke with the director of care, registered manager and five staff members providing care in the community.

We looked at the care records of three people, training and recruitment records of three staff members and records relating to the management of the service. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

We spoke with people about the service they received and whether they felt safe in the care of staff who supported them. They told us they had the same group of staff who provided their care and they were familiar with their needs and preferences. Comments received included, "I am satisfied with the service and I feel safe with the staff who visit me. I have not experienced missed calls and staff stay the correct amount of time." And, "I cannot fault the service the staff are excellent. They have never let me down."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience and understood their responsibility to report any concerns they may observe. The service had cooperated and worked with safeguarding teams when concerns had been referred to them to investigate.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. Risk assessments provided clear instructions for staff members when they delivered their support. We also saw the service had undertaken assessments of the environment and any equipment staff used when supporting people. Where potential risks had been identified action taken by the service had been recorded. Training records seen confirmed staff had received moving and handling and health and safety training to ensure they had the knowledge and skills to support people safely when they delivered care.

When we last inspected this service recruitment procedures required improvement. This was because we made a recommendation that the provider reviewed the recording of information received in relation to recruitment checks. We found there was not a clear audit trail confirming checks had been completed before new employees commenced working for the service. During this inspection records seen confirmed staff had been recruited safely and recruitment is now rated as good.

We found staff had been appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs. The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. Staffing levels were determined by the number of people supported and their individual needs. Staff members spoken with said they were allocated sufficient time to be able to provide support people required. People supported by the service told us staff who visited them were reliable and never let them down.

Staff employed by the service received medication training during their induction and this was renewed annually. Discussion with five staff members confirmed they had been trained and assessed as competent to support people to take their medicines. We spoke with people about the management of their medicines. They told us they were happy with medication arrangements and received their medicines when they needed them.

Staff had received infection control training and were provided with appropriate personal protective

clothing such as disposable gloves and aprons. This meant staff were protected from potential infection when delivering personal care.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. People told us staff understood their needs and said they were happy with the care and support they received. Comments received included, "I know all the staff visiting me and they look after me very well." And, "They always ask about my welfare when they visit and make me feel important."

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented. Food preparation at mealtimes was completed by staff members with the assistance of people they support where appropriate. Staff told us people decided each day the meals they wanted. Staff spoken with during our inspection visit confirmed they had received training in food safety and were aware of safe food handling practices. People supported by the service told us they were happy with the support they received with their meals.

We saw people's care records included the contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. We saw where staff had more immediate concerns about a person's health they accessed healthcare services to support the person. People we spoke with said their general health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed. For example we saw on one person's care plan they were regularly supported by the same staff member to attend a healthcare appointment. The registered manager told us the person would only attend their appointments with the support of the staff member.

Is the service caring?

Our findings

People supported by the service told us they were treated with kindness and staff were caring towards them. Comments received included, "Absolutely superb. I love the girls that care for me." And, "The girls treat me with kindness and compassion. They listen to me and show concern if I feel unwell."

Prior to our inspection we received positive feedback from the relative of two people supported by the service who was extremely pleased with the care provided. The person said, 'I would like to commend two employees of Masterstaff Preston Lancs. The care, compassion and professionalism they have shown while caring for my [relatives] has been outstanding and the family would not have coped without them.'

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness. People supported by the service told us staff who visited them had an extremely sensitive and caring approach.

Five staff we spoke with showed they had an understanding and an appreciation of people's individual needs around privacy and dignity. People supported by the service told us staff spoke with them in a respectful way and they were treated with dignity during delivery of their personal care.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager told us the service provided information details about advocacy services on commencement of their service. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People's end of life wishes had been recorded on their care plans so staff were aware of these. The registered manager told us the service spends time with people and their family to build a specific end of life support plan where needed. She told us the service listened to their wishes and support the family. Discussion with two carers confirmed they had recently supported one person at end of life. The carers were both experienced and known to the person and the support provided had ensured the person received continuity of care.

Is the service responsive?

Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care and support.

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. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. We saw the service had a system in place for recording complaints. This included recording the nature of the complaint and the action taken by the service. We saw complaints received had been responded to promptly and the outcome had been recorded.

The service had considered good practice guidelines when managing people's health needs. For example, we saw people had healthcare passports in place. Healthcare passports are documents which promote communication between health professionals and people who cannot always communicate for themselves. They contain clear direction as to how to support a person and include information about the persons personal details, next of kin, medication, allergies and healthcare needs.

Is the service well-led?

Our findings

There was a registered manager in place. 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 the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with members of the management team confirmed they were clear about their role and between them provided a well run and consistent service. Comments received from people supported were positive about the service and how it was managed. One person said, "Very well run service. Management and staff are all very professional."

The service had systems and procedures in place to monitor and assess the quality of their service. These included seeking views of people they support through satisfaction surveys. People were asked a number of questions. These included asking if they were happy with the service provided and how they rated the quality of care and support. They also asked if people's needs were met in a timely manner. The surveys we saw people had rated the service very highly and had recorded positive comments which included, 'My carer is my best friend. She's brilliant with me.' And, 'My carers are charming ladies. I couldn't wish for a better team, I would recommend them to anyone.' And, 'My carers have always been amazing with me and understand my needs and concerns. The management have always made the right choices on my carers.'

Additional quality monitoring procedures in place included home visit assessments and telephone monitoring. People were also contacted for comments about their carer's performance prior to the staff member's supervision with the registered manager. This enabled the service to give carers feedback about their performance and 'client' satisfaction. People supported by the service confirmed they were regularly contacted and asked for comments about the service they received.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners, psychiatrist's and district nurses.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.