

Masterstaff Limited

MasterStaff Healthcare (Preston)

Inspection report

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03 February 2020

04 February 2020

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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

MasterStaff Healthcare (Preston) is a domiciliary care service providing personal care and support to 130 people living within their own homes at the time of inspection. 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 protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. Risks were well managed and people felt safe. Staff were recruited safely and there were enough staff deployed to meet people's needs. Medicines were managed safely, and staff worked with other healthcare professionals to meet people's health related needs. People were protected from the risk of infection as prevention and control measures were in place.

People's needs were assessed, and care and support had been planned proactively and in partnership with them. People were happy with the support they received with meal preparation. Staff received the training and support they needed to carry out their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with dignity and respect and their right to privacy was upheld. People were positive about the service and said staff were caring and attentive. The registered manager provided people with information about local advocacy services, to support them making decisions in their best interests.

The service was flexible and care packages were changed and adapted to meet people's changing needs and choices. People's communication needs had been assessed and where support was required these had been met. The service listened to people's experiences, concerns and complaints.

The service was well led, the registered manager was knowledgeable and well informed. The registered manager worked in partnership with a variety of agencies to ensure people received coordinated care which met their needs. People were happy with how the service was managed. Staff felt well supported. Quality assurance systems were in place and were robust in all areas.

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

Rating at last inspection

The last rating for this service was good (published 10 August 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below

Good ●

MasterStaff Healthcare (Preston)

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 Care Act 2014.

Inspection team

The inspection team consisted of 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 03 February 2020 and ended on 04 February 2020. We visited the office location on 04 February 2020 to see the registered manager; and to review care records and policies and procedures.

What we did before the inspection

We completed our planning tool and 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 supported by the service.

We checked to see if any information concerning the care and welfare of people supported by the service had been received. We also sought feedback from professionals who work with the agency.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and five relatives. We spoke with six members of staff including the registered manager, three senior support workers and two support workers.

We reviewed a range of records. These included the care records of three people, staff training records, arrangements for staff recruitment, supervision and appraisal, medication procedures and records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Suitable staffing arrangements were in place to meet the assessed needs of people in a person-centred and timely way.
- People told us staff were reliable and didn't let them down. One person said, "Very organised service. Sometimes they run late but we know they are coming and don't worry."
- Staff told us their visits were well managed and they were able to support people without feeling rushed or under pressure.
- Recruitment was safe and well managed. The registered manager completed all appropriate checks before new staff commenced their employment. One recently recruited staff member confirmed their recruitment had been thorough.

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

- The provider managed risk through effective procedures. Care plans confirmed a person-centred risk-taking culture was in place to ensure people were supported to take risks and promote their own self development.
- Each person had a risk assessment and risk was managed and addressed to ensure people were safe. Senior support workers kept these under review and updated where required to ensure staff had access to information to support people safely.
- The provider had systems to record and review accidents and incidents. Accidents and incidents were investigated and actions put in place to minimise future occurrences. Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.
- The provider had effective infection control procedures. Staff had access to and used protective personal equipment such as disposable gloves and aprons.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and their human rights were respected and upheld. Effective safeguarding systems were in place and staff spoken with had a good understanding of what to do to make sure people were protected from harm.

Using medicines safely

- Medicines were managed safely and people received their medicines when they should. Where people were supported, we saw medicines were managed in line with good practice guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- Senior support workers completed assessments which were comprehensive to ensure people's needs could be met. Records were consistent and staff provided support that had been agreed during the assessment process. People confirmed this when we spoke with them.
- The provider was referencing current legislation, standards and evidence based research on guidance to achieve effective outcomes. This supported staff to ensure people received effective, safe and appropriate care which met their needs and protected their rights.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. Staff confirmed they received training that was relevant to their role and enhanced their skills. New staff had received a thorough induction on their appointment. This ensured they had the appropriate skills to support people with their care.
- Staff told us they were supported in their roles and received regular supervisions, competency spot checks and annual appraisals. One staff member said, "We have good out of office support and I receive regular supervision to discuss my work and any issues I may have. I feel well supported by management."

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

- People's nutritional needs were well managed. Senior support workers had assessed people's dietary needs and recorded guidance for staff to follow on support people required.
- People told us they were happy with arrangements to support them with their dietary needs. One person said, "They make my meals for me which I enjoy very much."

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

- People were supported to maintain good health and had access to healthcare services when required.
- The service worked in partnership with other health care professionals such as GPs, occupational therapists, falls teams, physiotherapists, dieticians and specialist nurses. This ensured people supported by the service were cared for in a holistic manner and all their needs were taken care of.

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

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

- Records contained evidence to demonstrate care planning was discussed and agreed with people and their representatives. Consent documentation was in place and signed by the person receiving care or their relatives who had legal status to provide consent on their behalf.

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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. Respecting and promoting people's privacy, dignity and independence

- People were supported by caring and respectful staff. People received continuity of care as they were supported by the same care workers who knew and understood their needs. One person said, "Couldn't have a better carer if I had chosen her myself. She is everything I hoped for and more."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds.
- People told us staff respected their privacy and dignity and consent was sought before staff carried out any support tasks. They told us they were treated with respect and felt comfortable in the care of staff supporting them.

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

- The registered manager and staff team supported people with decision making. Care records contained evidence the person who received care or a family member had been involved with and were at the centre of developing their care plans.
- Information was available about local advocacy contacts, should someone wish to utilise this service. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- Care plans were detailed and reflected people's wishes and care preferences. They included guidance about the level of support needed and how people liked this to be completed. These included how people communicated and tasks they needed help with including personal care and nutritional support.
- The registered manager and staff team provided care and support that was focused on individual needs, preferences and routines. People told us how they were supported by staff to express their views and wishes. This enabled them to make informed choices and decisions about their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and where support was required this had been met. The registered manager had provided large print information for people with visual impairment. Picture card aids were also available which could be used in most situations.

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 were empowered to have as much control and independence as possible. Care records highlighted the positive impact this service had on people and support provided to enable them to pursue activities of their choice. One person said, "They take me out into town once a week. I am so grateful to them as I wouldn't get out of the house without them."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was shared with people when they started using the service. People knew how to raise concerns and were confident any complaints would be listened to and acted upon in an open and transparent way.

End of life care and support

- People's end of life wishes had been recorded including their cultural and spiritual needs so staff were aware of these. Staff received palliative care training to enable them to support people at end of life alongside healthcare professionals.

- At the time of this inspection the service wasn't supporting anyone with end of life care.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- The provider planned and delivered effective, safe and appropriate person-centred care. We saw all current and relevant legislation along with best practice guidelines had been followed. This was to ensure the diverse needs of everyone who used their service were met.
- The service's systems ensured people received person-centred care which met their needs and reflected their preferences.
- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care 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. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood legal obligations, including conditions of CQC registration and those of other organisations. We found the service had clear lines of responsibility and accountability. People spoke positively about how the service was managed. They informed us the registered manager was visible and had a good understanding of their needs and backgrounds.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. Action plans were created following audits and shared with all appropriate staff for completion.
- The registered manager demonstrated sound knowledge of their regulatory obligations. Risks were clearly identified and escalated where necessary. Discussion with staff confirmed they were clear about their role and between them and management provided a well run and consistent service.

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

- The registered manager provided an open culture and encouraged people to provide their views about how the service was run. The service had sought the views of people they support and family members through care plan reviews, surveys and meetings. People told us they felt consulted about the service they received and felt listened to.
- People received safe and coordinated care. There was good partnership working with relevant healthcare professionals and stakeholders to ensure the service provided good quality care for people.
- Staff told us they could contribute to the way the service was run through team meetings and supervisions. They told us they felt consulted and listened to.

Continuous learning and improving care

- The provider had systems to ensure the quality of service was regularly assessed and monitored. The service had a wide range of effective audits such as medication and care records. We saw evidence the service had acted upon any findings from the audits. This demonstrated improvements were made to continue to develop and provide a good service for people supported by the service.