

Mega Resources Limited

# Mega Resources Nursing & Care - Head Office - Northamptonshire

## Inspection report

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14 July 2021

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Mega Resources Nursing & Care - Head Office - Northamptonshire is a domiciliary care agency that provides personal care to people in their own homes. At the time of the inspection they were supporting 45 people.

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

Risk assessing and care planning required some improvement to ensure people's needs were consistently and accurately recorded. Internal systems and processes had not always identified errors in record keeping. An electronic system was being implemented at the time of the inspection to improve oversight.

People were not consistently protected from the risk of infection as not all staff were tested for COVID-19 as per government guidance. Staff had access to personal protective equipment (PPE) which was used appropriately.

The registered manager sought feedback on the service. However, people and staff did not always feel listened to when they raised concerns. Some people told us they had not received a copy of the complaints procedure after asking for a copy on a number of occasions. Some people and staff also had difficulty contacting the office team by telephone when needed.

Staff were recruited safely and there were enough staff to meet people's needs with two staff members made available when needed. However, people and staff told us, staff were often late for care visits due to a lack of travel time between visits. We have made a recommendation that the registered manager review their rotas to ensure staff have enough travel time between care visits to promote good time keeping. People received person centred care from staff who were kind and caring and had got to know them. People felt safe and were protected from the risk of abuse by staff who were trained and knew how and where to raise concerns.

Medicines were managed safely by staff who had received training and were competency checked by the registered manager who was a trained health professional. There were improvements required to the manager's auditing systems to ensure errors would be picked up and corrected promptly.

Accidents and incidents were recorded and monitored, the registered manager worked with people and their relatives to prevent further incidents.

The service worked in partnership with other health care professionals such as GPs and occupational therapists.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 25 August 2018).

#### Why we inspected

The inspection was prompted in part due to concerns received about medicines, staffing, communication and staff attendance and time keeping. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to the quality assurance and managerial oversight of the service.

Please see the action we have told the provider to take at the end of this report.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mega Resources Nursing & Care - Head Office - Northamptonshire on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Mega Resources Nursing & Care - Head Office - Northamptonshire

## **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

This inspection was carried out by one inspector and one assistant inspector

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 a short notice period of the inspection. This was to ensure we and the provider could manage the risks of COVID-19. Inspection activity started on 16 June 2021 and ended on 14 July 2021. We visited the office location on 16 June 2021.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality and safeguarding teams and Healthwatch. Healthwatch is an independent

consumer champion that gathers and represents the views of the public about health and social care services in England.

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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and six relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, the care manager, the branch manager, a director and six care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records further risk assessments and impact assessments of people's experience.

# 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 has deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- People were not consistently protected from the risk of infection. Staff were not routinely regularly tested for COVID-19 in line with government guidance. This meant people were at increased risk of being cared for by staff who had unknowingly contracted COVID-19.
- Staff had access to a supply of personal protective equipment (PPE) and were able to explain its appropriate use. People and relatives told us staff wore PPE appropriately in their homes.

### Assessing risk, safety monitoring and management

- Risks to people had been assessed and planned into care. Some risk information required further detail to ensure staff guidance was clear. For example, where a person had been identified at risk of choking the care plan did not give staff specific person-centred guidance on supporting them with eating and drinking.
- Staff gave mixed feedback on the accuracy of the information provided on risks to people. Some staff told us information was detailed and accurate, whilst other staff said information was missing or records did not fully reflect the people they cared for.
- The registered manager had recognised the need for improvement in this area prior to inspection, and risk assessments and care plans were under review to improve information and increase staff guidance. We saw examples of some of the completed documents which showed improvement. However, this would need to be continued and embedded in practice.

### Staffing and recruitment

- There were enough staff available to meet people's needs and two staff were provided where needed.
- However, staff rotas evidenced that travel time between calls was not consistently included. One relative told us, "They [staff] are a bit stretched sometimes to get to their next person. Sometimes it [the care] does go over by 10 minutes but I never had someone say we have to go now before they are finished." Another relative said, "Sometimes they [staff] are 20 minutes late then they are rushing." Some staff told us they were frequently late for visits due to either no travel time or unrealistic travel time in their rota.

We recommend that the registered manager review staff rotas to ensure there is adequate travel time between calls to promote good time keeping.

- Staff were recruited safely. The provider had a system and process in place to ensure only suitable people were employed. Disclosure and Barring Service (DBS) checks were completed for all staff prior to them

working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were managed safely. Staff had received regular training and competency checks and medicine charts gave clear guidance and instruction. Staff had not consistently completed medication charts with the appropriate codes. For example, refusals of medicines were not always recorded. However, there was evidence that mistakes were followed up with reminders sent out from senior carer workers.
- Risks around medicine were assessed and planned into people's care. People were encouraged where possible to take their medicine independently.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in safeguarding and whistleblowing and knew how and where to report concerns. Staff had access to a shortened user-friendly safeguarding policy for guidance.
- People and their relatives told us they felt people were safe. One relative said, "They [staff] talk to him all the time and reassure [person's name] whilst they give [person's name] a wash". Other people and relatives felt staff were kind, caring and they were safe.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored for trends and patterns. Care reviews took place and follow up information was recorded to prevent future incidents. For example, where a person had experienced a fall the care plan was updated to include increased staff support when mobilizing.
- Staff understood the accident and incident process and demonstrated good understanding of the importance of recording and reporting.



# 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 has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and relatives were not consistently involved in care planning. Some staff and relatives told us care plans did not reflect people's needs. Other people had felt involved. One relative told us, "They [staff] did an assessment and had a chat with [relative]." They also advised that their relative's preferred gender of staff for personal care had been respected. Another relative said, "[Relative] feels in control of their care."
- People and their relatives did not always know how to make a complaint. One relative said, "We have made several attempts to get the complaint procedure, but the office will not supply us with a copy." Another relative said, I have asked if they [management team] could send a copy of the complaints procedure but they never sent one out to me." Other people had a positive experience with complaints being well managed. We discussed this with the registered manager who agreed to ensure people and relatives were provided with a copy of the provider's complaints procedure from the outset of their care and people already using the service who did not have a copy of the complaints procedure would be provided with one.
- System and processes did not consistently identify errors in records. For example, the registered manager maintained a spreadsheet to evidence oversight of people's care records. One person's care plan and risk assessments had been recorded as having been fully reviewed and updated. However, staff and a relative advised that the information had remained incorrect.
- Medicine audits were completed by a senior carer, there was no evidence of the registered manager's oversight in this area. During the inspection we identified that medicine audits from February and March 2021 had not been completed until June 2021. This meant there had been a risk of errors not being identified and responded to promptly.
- The registered manager had not consistently ensured staff had access to regular COVID-19 testing as per government guidance. This meant people were exposed to increased risk. Following inspection, the branch manager was tasked with implementing staff testing as per the government guidance. However, this would need to be continued and embedded in to practice.
- There was evidence of in case of emergency (ICE) information available that contained a good level of detail to ensure a smooth transition into emergency care. However, staff told us that in the changeover of paper records to electronic systems some of the ICE documents had been removed. One relative told us they were concerned about these records not being in place. This meant that some people were at risk of

delays in transition between services while information was collated.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the safety and quality of the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us care was person centred from kind and caring staff that knew them well. One person said, "They [staff] are talkative, friendly, helpful and keep to my routine." There was evidence of people being supported by staff to take positive risk and support to gain greater physical independence through the use of exercise and mobility aids.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received surveys for feedback which had been collated and analysed for trends and patterns. There had been a mixed response. Some people were happy with the support they received whilst others commented on call times not being as they wished. One relative said, "Evening calls are to suit the office, they have asked, but they are not recognising what the client's needs are." Another person told us, "They are coming a bit later now they have adapted very well."
- A recent staff survey had been analysed for trends and patterns, again with a mixed response. Some staff commented, "I do feel happy and supported" and "I feel very supported by management". Comments from other staff included, "Communication is not great, loads of numbers to phone but not many are answered" and "Given no travel time in between calls".
- The issues around communication were echoed by people and relatives we spoke with. One relative said, "Communication is poor. It's hard work getting through to them [office team]. It [the phone] rings and rings and rings, then you get put into a queue and then it cuts you off." Another person told us it was difficult to contact the office team via telephone as they were often in meetings but responded well to e-mails.
- One relative told us they did not have access to e-mails which meant they had not received a rota for some time. They said, "We don't get a rota because I haven't got an email address. I have asked them to post it but they haven't, a couple of carer's have written it out for me."

Continuous learning and improving care

- The registered manager had identified the need to improve oversight of the service prior to inspection and was in the process implementing an electronic system to help them maintain oversight of the whole service.
- The registered manager had implemented electronic call monitoring to ensure they were alerted should a care visit not take place. This had been effective and people and relatives we spoke with had not experienced missed calls.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of the duty of candour. There was evidence in records of follow up with people and their families following incidents and accidents.

Working in partnership with others

- There was evidence of partnership working with other professional such as GPs, district nurses and occupation therapists where required.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not consistently maintained effective oversight of the safety and quality of the service.