

Mega Resources Limited

Mega Resources Nursing & Care - Bedford

Inspection report

Suite E, 20 Grove Place
Bedford
Bedfordshire
MK40 3JJ

Tel: 01234353157
Website: www.megaresources.co.uk

Date of inspection visit:
13 July 2023
19 July 2023
20 July 2023
25 July 2023

Date of publication:
30 August 2023

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Mega Resources Nursing & Care Bedford is a domiciliary care service providing personal care to people living in their own homes in the community. The service provides support to adults living with a physical disability or a sensory impairment including people who may be living with dementia. The service provides a 'rapid response' service to some people, where they support people who have just returned home from hospital to assess the support they need from the service or other services in the longer term.

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. At the time of our inspection there were 91 people receiving personal care at the service.

People's experience of using this service and what we found

The management team completed audits to monitor the quality of the service, however these were not always effective in identifying and driving improvements at the service. This included areas such as care visit monitoring and care plans being sufficiently detailed. Some people and relatives felt that communication with the management team could be improved. They felt they would like more opportunities to feedback about the service. The management team acted on this feedback immediately and gave us assurances improvements would be made and sustained.

Most people and relatives were positive about the support staff gave them. One person said, "If you are looking for a good service then I would recommend this one. [Staff] know what they are doing."

People felt safe using the service and staff were trained in safeguarding. Risks to people had been assessed and plans were in place to mitigate risks as far as possible. There were enough staff to support people safely, although the way in which care visit times were monitored needed improvement. We have made a recommendation that the management team monitor care visit times more thoroughly. People were supported safely with their medicines. Staff followed good infection control processes.

Staff were trained and knowledgeable and the management team checked staff competencies regularly. People were supported to eat and drink if they needed this support. Staff worked well with health professionals and supported people in line with guidance from professionals where this was given. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives felt staff were kind and caring. Staff ensured people were supported to make day to day choices whilst they were being supported. People were supported to be independent if this was their choice and staff supported people with dignity and respect.

People's personalised care and support needs had been assessed; however care plans would have benefitted from being more detailed. We have made a recommendation the management team review care plans to ensure they are sufficiently detailed. Staff knew how to speak with people in their identified ways of communication. There was a complaints policy in place at the service and concerns were responded to appropriately. People received dignified and compassionate care at the end of their life.

The registered manager and management team were passionate about providing good quality care for people. They took our feedback seriously and started to put improvements in place to address the areas we found needed action during the inspection. Staff enjoyed working at the service and took pride in their job roles. People and staff were involved in meetings to give feedback about the service. The staff team worked well with other professionals. We were assured the management team would continue to improve the service.

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 13 June 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Mega Resources Nursing & Care - Bedford

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector and 2 Experts 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed the provider or registered manager's support with the inspection process in setting up calls with people and their relatives and the staff team.

Inspection activity started on 13 July 2023 and ended on 26 July 2023. We visited the location's office on 19 July 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 22 relatives about their experience of the care provided to them or their loved one. We spoke with 20 members of staff including care workers, the registered manager, and members of the management team.

We reviewed a range of records. This included five people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, audits and call time analysis were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People and relatives gave mixed feedback about staff timekeeping for care visits. One person said, "Sometimes staff come at 8.30am, sometimes at 11.30am. They never gave me a time. This has settled, but you don't know the time they are coming unless you ask the staff before the next visit." Another person told us, "Staff turn up when they want. I am never sure when they are coming. They always seem to be either too early or too late for the things I needed help with."
- We also received mixed feedback about staff staying the full duration of care calls. One relative said, "Staff are not staying for the full amount of time. If they're short-staffed, they do what they have to do then leave." Staff also told us if they were running late, they would sometimes ask people if they could leave a visit early once essential care was completed.
- We fed this back to the management team. They showed us the way they monitored staff visit times and how long staff stayed for visits. This was done on a day-to-day basis, with no overarching audit or analysis to see whether there were any trends in when staff ran late or did not stay for the full duration of visits.

We have made a recommendation the management team review the way in which care visit times and durations are monitored so they can identify where improvements can be made more easily.

- The registered manager and management team took immediate action during the inspection process to assure us this had been addressed. They showed us evidence of the new system and how this would help identify where improvements were needed to ensure visit durations were only cut short if this was a person's choice.
- Through discussions with the management team and other professionals, it was clear feedback from people about visit times and durations were from people using the 'rapid response service'. We discuss this issue further in the 'well-led' section of this report.
- Some people and relatives also gave positive feedback about staff visit times and durations. One person said, "I have never had a problem and staff always give me a call if they are going to be a little late." A relative told us, "[Family member] has really taken to the staff who come in and can rely on them."
- The provider had checks in place to help ensure staff were recruited safely in line with current legislation. However, some checks of new staff's full employment histories were not completed. The management team addressed this during the inspection.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they/ their family member felt safe being supported by staff. One person said, "I feel safe with the staff and if I did not then there is a number I can ring to let [management team] know." A family member told us, "The way staff support [family member] makes them feel safe and makes

me feel reassured."

- Staff were trained in safeguarding and knew how to recognise and report potential signs of abuse both at the service and externally to organisations such as the local authority or CQC.

Assessing risk, safety monitoring and management

- People had risk assessments in place for the areas staff would be supporting them in such as personal care, supporting them with mobility and supporting them with specific health needs. Some of these risk assessments would have benefitted from more detail to help guide newer staff how to support people safely. The management team sent us assurances these were being reviewed.
- Staff had a good understanding of risks people faced and knew how to mitigate these as far as possible. One person said, "Now I feel comfortable with staff, and I feel confident asking them to help me out with bits and pieces because I know they will do this safely."
- Staff assessed risks to people's home environment to help ensure both they and people were kept as safe as possible. One person said, "[Staff] know how to move [equipment] around safely when they help me."

Using medicines safely

- People were supported safely with their medicines. Staff were trained in how to administer medicines safely and had their competency to do so checked regularly. One relative told us, "[Staff] have been quite good with the medicines. I have left a little timetable for them, and they follow this well."
- Some people were prescribed medicines to be given on an 'as and when required' (PRN) basis. These medicines did not have detailed protocols in place to guide staff when to administer these medicines. The management team put these in place during the inspection process.
- The management team audited medicines to help ensure they were administered safely.

Preventing and controlling infection

- Staff helped people to keep their homes tidy whilst they supported them. One person said, "[Staff] are very good. They wash up for me, put it away, tidy up. They change my duvet cover and put the Hoover round; anything I need doing really."
- Staff followed good infection control practices and wore Personal Protective Equipment (PPE) appropriately. One person told us, "[Staff] wear gloves and aprons and will put masks on if you ask them to."

Learning lessons when things go wrong

- The registered manager recorded and monitored incidents, accidents, and safeguarding concerns. They shared any lessons that could be learned with staff in meetings and supervisions.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People who used the 'rapid response service' had their needs assessed by staff during their first time meeting them, based off of information given by other professionals. There were some improvements the management team made to this system during the inspection, and we discuss this in the 'well-led' section of this report.
- Other people's needs were assessed when they started using the service. One family member said, "When [family member] started we had meetings to discuss how they wanted things done, but we can always ask for things to be changed if needed."
- The registered manager and management team kept up to date with current standards by attending registered manager forums and consulting online resources.

Staff support: induction, training, skills and experience

- Staff were trained to meet people's needs in areas such as supporting people to be mobile, supporting people living with dementia and supporting people to eat and drink. Staff had a good understanding of their training and were able to tell us how they used this to help support people safely. One person said, "I feel like the staff know what they are doing."
- New staff were inducted into the service and worked with experienced members of staff to help them learn how to support people effectively. One relative said, "Some of the newer staff are obviously not quite as on the ball as the experienced staff. I think it is good that they can work and learn off of the staff who already know [family member] well."

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

- Staff supported people to eat and drink if this was needed. They knew how to support people who needed food prepared in a specific way. One person said, "[Staff] make sure I have a drink before they go. They make me breakfast and always ask what I want."
- Some people were at risk of malnutrition or dehydration. The management team put care plans in place for people and staff monitored their food and fluid intake to help keep them safe. A relative told us, "[Staff] make sure [family member] is drinking enough throughout the day."

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

- Staff worked with health professionals such as district nurses and physiotherapists. Any plans put in place by professionals were added to people's care plans and followed by the staff team. One professional said, "I have no concerns with Mega Care. They follow all the advice we give them, and the staff are quick to raise

concerns if there are any."

- People told us they felt confident staff would ring a GP or health professional if they felt people needed more support. One relative said, "[Family member] has had a few knocks and bumps and staff always contact the GP to let them know. They ring and tell me they have done this."
- For people who used the 'rapid response service', staff worked well with social workers and occupational therapists to help support good health outcomes for people. Many people using the 'rapid response service' were able to regain their health and live without support again. One professional said, "A large proportion of people using the 'rapid response service' go on to not need support in their own homes and this is a credit to the staff team and how they support people."

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 MCA 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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were trained in the MCA and understood how to support people in line with this legislation. One person said, "[Staff] do everything I ask and never assume I want things a certain way."
- If people did not have capacity, the management team completed capacity assessments and made decisions in people's best interests. These were detailed and took people's previous choices and wishes in to account.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- Most people and relatives felt staff supported them with kindness and compassion. One person said, "All the staff are really lovely. If I am feeling down, they stay and talk with me until I feel better." A relative told us, "The staff sit and chat with [family member] as well as help them with what they need, and I know they really like this."
- Some people and relatives told us they would prefer a more consistent team of staff to help people build stronger relationships. One relative said, "It is a shame because some staff are excellent, but they don't stay long, and then new staff come in and we start all over again."
- We fed this back to the management team, and they started to review staff allocation to help ensure continuity of staff for people.
- Staff knew people they were supporting, and knew their likes, dislikes, and preferences. This information was also in people's care plans. One person told us, "[Staff] are very pleasant and always listen to what I want them to do."

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

- Staff had a good understanding about how to support people to make day to day choices. One relative said, "Staff know how [family member] wants things to be done but always make sure to ask them anyway so they have the choice."
- We received mixed feedback about whether people and relatives were involved in discussions about their longer-term support or asked for their opinions on care plans. Relative's comments included, "I have not seen the care plan and not been told I am able to." and, "I do not have access to the care plan [since it all moved online] but I would like it."
- We fed this back to the management team, and they started to address this during the inspection process. The management team ensured people had access to their support plans and signed to say they agreed to their support.

Respecting and promoting people's privacy, dignity and independence

- People using the 'rapid response service' had been supported to regain their independence and, in many cases, no longer needed direct support from care staff anymore. One professional said, "The management and staff team should be commended for the support they give to people. It is great that people are able to get back to how they want to live their life and do the things they want to do."
- Staff knew how to promote independence and did not do things for people if they chose to do them themselves. One relative said, "[Family member] is fiercely independent but the staff respect this." One

person told us, "If I can do something for myself, I will. The carers step in if I need them to. They always ask what I need help with."

- Staff respected people's privacy and dignity. One person said, "[Staff] make sure they pull the blinds down then they help me. They treat me with respect."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People's care plans contained information about how to support them with their different support needs such as living with dementia or personal care. However, some care plans were not as detailed as they could be to explain to staff how living with these support needs personally affected people.

We have made a recommendation that the management team review care plans to make sure they have sufficient detail about how to support people with their specific care needs.

- The management team shared evidence with us during the inspection process that they had started to add this detail to people's support plans.
- Staff had built good relationships with people and knew how to support them in line with their personal preferences. One person said, "I would say [staff] have got to know me well and they always ask me if I am happy."
- People's preferences in areas such as the gender of staff supporting them were respected in line with their preferences. One person said, "I asked for [specific staff] and this is what I have always been given. No worries."
- Some people and relatives felt their preferences in relation to call times were not always adhered to. One person said, "We agreed visit times at the beginning, but they vary a lot." A relative told us, "There is not much consistency between staff visit times." Feedback from people about visit times and durations were from people using the 'rapid response service'. We discuss this issue further in the 'well-led' section of this report.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff supported people in line with the AIS and people's care plans contained guidance to show staff how to do this. One relative explained how staff spoke with their family member in a kind and understanding way after their communication needs changed. They said, "[Staff] reacted quickly and understood they now needed to be slower and clearer with their words when speaking with [family member]."
- The management team produced documents such as policies and procedures or aspects of people's care plans in accessible formats if people wanted these.

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

- Staff supported people to follow their interests if this support was part of their care package. One person told us, "[Staff] do whatever I want really. We tend to nip out to the shops, or I like to go for a walk in the park."
- Staff supported people to stay in contact with family and friends. One relative said, "[Staff] will always let me know if something has happened that I need to know about."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place at the service and people knew how to raise concerns. One family member said, "I have raised a few issues with the [registered manager] and this was resolved quickly so they must have sorted it out."
- The management team kept a log of concerns and complaints and the actions they had taken to resolve the complaint. Actions were also shared with staff to help them improve their practice.

End of life care and support

- The management and staff team sought support from other professionals if people needed support at the end of their life. They put care plans in place which detailed the support people wanted at this time and spoke with staff to help ensure they knew how to support people in line with these.
- Relatives felt staff supported their family members well at the end of their life. One relative said, "[Staff] are very gentle, kind, and respectful. I know this means a lot to [family member]."

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 our last inspection we rated this key question good. At this inspection the rating has changed 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team completed audits to monitor the quality of the service. However, these were not always effective in identifying where improvements could be made. For example, we found areas for improvement in relation to care visit time monitoring, staff files, the assessment process for people using the 'rapid response service' and people's care plans needing to be more detailed. Whilst we were assured actions were taken, this was based on our feedback, not on the effectiveness of the management team's quality assurance processes.
- We received mixed feedback about some aspects of the service. This was primarily from people using the 'rapid response service.' Through discussions with the management team and professionals it was identified people did not fully understand the level of support the service gave them, thinking the service were taking over as their primary care givers. This was not the case. The service was asked by professionals to support people at different times of day to assess their support needs. However, as this had not been fully explained to people and relatives, this was not fully understood.
- The management team made some immediate changes to the way people using the 'rapid response service' were supported. This included making it clearer to people and relatives, what support they would be receiving from the service and a follow up call two days after the service started to make sure people were happy and understood what was happening.
- We also received mixed feedback about how people and relatives were engaged with and asked for feedback about the service. Relative's comments included, "I do not feel like we get asked how things are going. It is always us making contact to raise issues." and, "Honestly, I do not think much about giving feedback as I do not think things will change." However, the management team already asked people for feedback informally over the phone and in person.
- The management team took this feedback seriously and started to approach relatives to ensure they were happy with how the service was communicating with them. They were also going to ask people how, and the frequency they would like to be asked for feedback.
- Other audits completed by the management team in areas such as staff training and supervisions and risk assessments were effective in monitoring the quality of the service.
- Staff felt engaged with at the service and had opportunities to feed back about how the service was being managed in team meetings and supervisions.
- We also received some positive feedback about how people were engaged with by the service. People's comments included, "I raise things when I need to and have never had a problem." and, "[Staff] ask me how

things are going when they visit me."

Continuous learning and improving care

- The registered manager and management team were passionate and committed to continually improving the service. However, we were not fully assured all the quality assurance systems in place easily identified where improvements could be made. Improvements put in place during the inspection, were as a direct result of our feedback.
- Despite this, the management team assured us throughout the inspection process, they would be able to make and sustain improvements at the service. One relative said, "One thing I will say is that the [registered manager] wants to keep getting better. They do resolve things quickly."
- The registered manager had a detailed service improvement plan in place which they updated regularly as actions were completed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes 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

- The majority of people we spoke with were happy with the support staff gave them. One person said, "All in all I am happy with the staff. They have become my friends." A relative told us, "I am more than happy. No complaints at all and it is very reassuring having the staff there to help my family member."
- Staff supported people to achieve good outcomes such as having increased independence or in some case, being able to live without care and support.
- Staff enjoyed working at the service and took pride in the support they gave people.
- The management team had a good understanding about duty of candour and were open and honest with people. They reported notifiable incidents to CQC in line with current guidelines.

Working in partnership with others

- The management and staff team worked well with health professionals and social workers to help promote good health outcomes for people.
- Professionals who worked with the management and staff team in relation to the 'rapid response service', were positive about their working relationship. They told us most people went on to remain independent after using the service thanks to the support of the staff team.