

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

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19 April 2018
01 May 2018
02 May 2018
03 May 2018

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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

This announced comprehensive inspection took place on 19 April 2018 when we carried out a visit to the office. We also carried out telephone calls to people who used the service and staff on 01, 02 and 03 May 2018.

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

Not everyone using Mega Resources Nursing & Care - Bedford receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 37 people were using the service.

There was a registered manager in post. 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.

There were processes in place to protect people from avoidable harm and staff were aware of their responsibilities to report them. Risks to people were assessed and managed appropriately.

Staff had been recruited using a robust recruitment process. There was enough trained staff to support people with their needs. Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

Systems were in place for the safe management of medicines and people were protected by the prevention and control of infection.

The provider had processes in place for when things went wrong and lessons were learnt in order to improve the service.

People could make choices about their food and drink and were provided with support when required.

Staff would access additional health care professionals to ensure people received effective care or treatment if and when required.

Staff gained consent to care before supporting people; this was sought in line with legislation. Staff treated people with kindness and compassion. People were treated with dignity and respect, and had the privacy they required.

People's needs had been assessed prior to them receiving care visits. Care and support plans were personalised and reflected people's individual requirements. People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints procedure in place and people knew how to complain.

The provider had a clear vision, and was open and transparent. Quality monitoring systems were in place and were effective and staff were involved in developing the service.

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

Staff were knowledgeable about protecting people from harm and abuse and processes were in place to report any concerns.

Staff had been recruited using a robust recruitment process. There were enough trained staff to support people with their needs.

Systems were in place for the safe management of medicines.

Risks to people were assessed and managed appropriately.

People were protected by the prevention and control of infection.

When things went wrong, lessons were learnt in order to improve the service.

Is the service effective?

Good ●

The service was effective.

People's needs had been assessed prior to them receiving visits.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals when required.

Consent to care was sought in line with legislation.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

People were able to make decisions about their daily activities.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good ●

The service was well led.

People and their relatives knew the manager and were able to contact them when required.

The provider had a clear vision, and was open and transparent.

Quality monitoring systems were in place and were effective.

Staff and people were involved in developing the service.

Mega Resources Nursing & Care - Bedford

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 took place on 19 April 2018 and was announced. It was carried out by one inspector.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available.

Inspection site visit activity started on 19 April 2018 and ended on 03 May 2018. It included reviewing documentation, speaking with people who used the service and their relatives. We also spoke with staff. We visited the office location on 19 April 2018 to see the registered manager and office staff; and to review care records and policies and procedures. This was the first inspection since the service was registered in January 2016.

Prior to the inspection we spoke with the local authority and we checked the information we held about this service and the service provider. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with three people who used the service and three relatives. We also spoke with the registered manager, the assistant manager, two care coordinators, and three care staff.

We reviewed six people's care records, three medication records, six staff files and records relating to the management of the service, such as quality audits and staff training.

Is the service safe?

Our findings

There were systems in place to protect people from abuse and avoidable harm. Staff had received training in safeguarding and were aware of their responsibilities to report any concerns.

Staff we spoke with knew what to report and how to do so. One staff member said, "I would report it to the manager or registered manager." There was information available in poster format in the office and in the service user guide which each person who used the service was given. This included what to do to report any concerns with addresses and telephone numbers.

A relative we spoke with told us, "I feel safe having the girls (care staff) come into our house."

Within people's care plans staff had developed risk assessments to enable people to be as independent as possible whilst keeping safe. These had been reviewed as and when required.

All accidents and incidents had been reported and recorded. These had all been reviewed by the registered manager and investigated if required. The registered manager told us this was to ensure actions could be taken if necessary to try to stop the same thing happening again. Records viewed showed this had been the case.

There were sufficient staff employed to support people with their assessed needs. Rotas' seen showed this to be the case. The registered manager told us they tried to keep the same staff to provide care to people if they could as this helped with continuity of care. They also told us they had never used agency staff as they had enough staff employed to cover for holidays and sickness.

Robust recruitment processes were in place. Staff files we looked at contained a variety of information including; a copy of the application form, proof of identity and address, references, Disclosure and Barring Services (DBS) check and copies of offer letters. The registered manager told us that they requested a new DBS check every three years to ensure staff were still suitable to work with vulnerable people. Staff we spoke with told us checks had been carried out before they could start to work. One staff member confirmed this and said, "I had to submit some things to be checked."

There were systems in place to enable people to receive their medicines in a safe way. Some people needed staff to administer their medicines, some people needed staff to remind them to take their medicines, this is called prompting. There was a list of people's up to date medicines within their records. All staff had received appropriate training to administer medicines and had their competency checked annually. Within people's care records we saw completed Medication Administration Records (MAR). These had been audited and where an error had been found, for example a missed signature, it had been clarified that the person had received their medicines and the staff member concerned had been spoken with.

Staff had received training for infection control. The provider supplied uniforms and Personal Protective Equipment (PPE). One staff member said, "Yes, we have gloves and aprons." We saw in staff meeting

minutes that there had been a session on the correct use of disposable gloves.

All care staff had received training in food hygiene and nutrition. This was because some people who used the service had support with cooking and serving their meals.

The registered manager was responsive when things had gone wrong and had taken action to ensure lessons were learnt and improvements were made when required. The registered manager went on to give us examples.

Is the service effective?

Our findings

Within people's care records we saw that assessments had been completed prior to a care package being developed. This was to ensure that the correct care could be provided. Care plans had then been developed to cover all areas where the person needed support. This followed legislation and best practice guidance.

People told us staff had the right skills and training to deliver effective care and support. One person said, "I think the staff are well trained." Staff we spoke with told us they completed a variety of training as part of their induction and other training was on going. One staff member said, "The training is good." We saw the training matrix and copies of certificates within staff files. Training was appropriate to people's job roles. Staff told us they had received regular probationary or supervision meetings. We saw records of these in the office.

Some people who used the service needed staff assistance with their meals. One person we spoke with told us staff assisted with their meals and said, "They always ask me what I want and get it for me." Care records showed what assistance was required and if people had dietary requirements.

Records showed staff worked together to ensure people who used the service received consistent care and support. Where additional support had been required, we saw that it had been in a coordinated way and in a timely manner.

Most people who used the service had family who would arrange additional healthcare if required. The registered manager told us that staff knew how to act in an emergency and have in the past called for the doctor or ambulance if they had concerns when they arrived at someone's home. Staff we spoke with confirmed this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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.

We checked whether the service was working within the principles of the MCA. Staff told us that not all of the people who were using the service had capacity. Those we spoke with had a good understanding of MCA and DoLS. One staff member said, "I would report it if I thought someone's capacity had changed."

Within people's care records we saw that people had signed consent for the care they required. People we spoke with told us staff always asked for consent. A relative said, "Oh yes, the girls (care staff) always ask her, but I also speak on her behalf."

Is the service caring?

Our findings

People who used the service told us they were treated with kindness. One person said, "They (the care staff) are all so lovely." A relative said, "They are all very caring." One person went on to name some staff that they had a special relationship with.

People told us that staff responded to their needs in a timely way. A staff member told us they would stay to assist someone after their call time if it was needed and the office would be informed to enable another care staff member to carry on with any planned visits.

Rotas we looked at showed they had been organised to allow staff the time to carry out people's assessed needs. People we spoke with told us they did not feel rushed when staff visited and they stayed for the full time.

People were encouraged to express their views. People we spoke with told us they had been involved in the writing of their care plan. One relative said, "We were involved in the care plan and I know what is in it."

People told us that their privacy and dignity had been respected at all times. One person said, "They are always respectful. They close bathroom door."

Staff understood that people's personal details and information needed to be kept confidential. Records were stored securely in the office although records in people's own homes were kept where they wanted them to be kept. Staff we spoke with were aware of their responsibilities regarding confidentiality.

People told us staff encouraged them to be as independent as possible. They said they were let to do what they could for themselves but staff would assist when required.

Is the service responsive?

Our findings

Care plans we looked at were person centred and showed that people and their families had been involved in their development. They fully reflected people's needs and included; a personal profile, risk assessments including for falls, mobility and the environment, medical profile, step by step guide for support required at visits and preferred call times. There was also additional information including, preventing pressure ulcers, safeguarding policy, the name of person's key worker and the provider's statement of purpose.

Staff told us that they had no one with specific communication needs at the time of our inspection. The registered manager told us that they would access additional support if any one did need assistance aids for communication.

The registered manager told us they had a computer programme in place to assist with call times and staff logging in and out of calls, but they were waiting for the go ahead from the local authority. However, they had their own system which did the same thing and this could be accessed from both the local office and head office.

The provider had a complaints system in place. People we spoke with told us they were aware of how to complain. One relative said, "I did complain about one staff member and it was dealt with immediately and they never came again." We looked at the records regarding complaints and found they had been responded to and actioned as their policy stated. All complainants had been satisfied. Copies of the complaints process was in each person's file in their own home and was also available in the office.

The registered manager told us that people would be supported at the end of their life if their wishes were to remain in their own homes. They would work alongside GP's and district nurses to keep the person comfortable and with the person and their family to carry out their wishes.

They explained that new care plans would need to be developed at that stage and reviewed more regularly.

Is the service well-led?

Our findings

There was a registered manager in post who was aware of their registration requirements. 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.

The provider and management team had a clear vision of where and how they wanted to progress the service. The registered manager (who was also the provider) was registered to manage two services; they had a manager who ran the service on a daily basis. They visited regularly and were supportive of the manager. There was an open door policy where people and staff could speak with any of the management team at any time. We observed this to happen on the day of the inspection.

Staff we spoke with told us that management were supportive and any of them could be contacted at any time. One staff member said, "[Name of registered manager] and [name of manager] are approachable and I could speak to them about anything." We observed there to be a relaxed and friendly atmosphere in the office during our visit.

Staff were supported, respected and valued. A care coordinator we spoke with had progressed within the service. They said they had been supported during their promotions and had done additional training to help with the roles.

The provider told us staff were recognised for their work. Each month they had a staff member of the month and a shining star. The registered manager explained what they were and how they were recognised.

The provider used an annual survey to gather the views of people who used the service. The 2018 surveys had recently been returned and the results were available. Most results were very positive. Where there had been a negative comment a care coordinator had contacted the person for further information. Action had then been taken to rectify the issue and they reported their findings and actions back to the person who raised it. Telephone monitoring and quality visits to people who used the service were also carried out.

The provider also used an employee annual survey. Some comments from staff included, 'This is the most organised company I have worked for.' And, 'The agency is concerned and caring for both clients and employees.'

Effective quality audits had been completed in various aspects of the service. These included; care plans and medication. The provider also carried out visits. If any issues had been found, actions plans had been put in place and signed off when complete.

We saw records of staff meetings. The registered manager told us they tried to include a training session to keep staff interested and up to date along with any updates. The minutes from the last meeting included; an

overview of some policies, tips for communicating with people living with dementia and consent and MCA. Staff we spoke with told us the meetings were informative and useful.