

Mega Resources Limited

# Mega Resources Nursing & Care Services

## Inspection report

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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 

### Overall summary

This inspection took place on 14 & 22 April 2015 and was announced.

Mega Resources Nursing & Care Services provides personal care to people in their own homes. On the day of the inspection 60 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.

People felt safe using the the service. It was evident from talking with staff that they were aware of what they considered to be abuse and how to report this.

# Summary of findings

Staff knew how to use risk assessments to keep people safe alongside supporting them to be as independent as possible.

There were sufficient staff, with the correct skill mix, to support people with their needs.

Recruitment processes were robust. New staff had undertaken the providers' induction programme and training to allow them to support people confidently.

Medicines were stored, administered and handled safely.

Staff were knowledgeable about the needs of individual people they supported. People were supported to make choices around their care and daily lives.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when assisting people.

Staff always gained consent before supporting people.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff knew how to use them to protect people who were unable to make decisions for themselves.

People were able to make choices about the food and drink they had, and staff gave support when required.

People had access to a variety of health care professionals if required to make sure they received on-going treatment and care.

People were treated with kindness and compassion by the staff.

People and their relatives were involved in making decisions and planning their care, and their views were listened to and acted upon.

Staff treated people with dignity and respect.

There was a complaints procedure in place which had been used effectively.

People were complimentary about the registered manager and staff. It was obvious from our conversations that staff, people who used the service and the registered manager had good relationships.

We saw that effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvements.

# Summary of findings

## 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.

People felt safe.

People had up to date risk assessment in place.

Staff were recruited using an effective recruitment process.

Good



### Is the service effective?

The service was effective.

Staff kept their knowledge up to date with a variety of training.

Staff were supported by the registered manager and senior staff.

People's consent was gained before any support was given.

Good



### Is the service caring?

The service was caring.

Staff treated people with kindness and compassion.

People were able to be involved in making decisions regarding their care.

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

Good



### Is the service responsive?

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 an effective complaints system in place.

Good



### Is the service well-led?

The service was well led.

The manager was available for people to speak with.

Staff and management were all involved in the development of the service.

There were quality assurance systems in place.

Good



# Mega Resources Nursing & Care Services

## 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 14 & 22 April 2015 and was announced. 48 hours' notice of the inspection was given because the manager is often out of the office visiting people in their own homes and we needed to make sure they would be available.

The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about the service and the service provider and spoke with the local authority. The service met the regulations we inspected against at their last inspection which took place on 21 February 2014.

During our inspection we spoke with six people and the relatives of two people who used the service. We also spoke with the registered manager, a director and three staff.

We reviewed eight care records, six medication records, eight staff files and records relating to the management of the service, such as quality audits.

# Is the service safe?

## Our findings

People told us they felt safe with the staff that supported them. One person said, “Yes, I am very safe with the staff here.”

Staff had a good understanding of the different types of abuse and how they would report it. They told us about the safeguarding training they had received and how they put it into practice. They were able to tell us what they would report and how they would do so. They were aware of the company’s policies and procedures and felt that they would be supported to follow them.

Risks to people’s safety had been assessed and were in people’s care plans. These included risks associated with special diets, moving and handling and infection control. Staff told us that these had been developed with the person themselves. Evidence of up to date risk assessments were seen within peoples support plans.

Staff told us they had the on call number and the office number to contact a senior in case of emergency. One staff member said, “I would call an ambulance if I got to a call and found the person ill then contact the on call person.”

Staff told us that they reported any accidents and incidents, and completed the appropriate paperwork. The registered manager showed us the accident reporting records, these were all completed correctly. She explained that they were analysed for any trends, if any were obvious an action plan would be developed.

The registered manager explained that the rotas were now completed on a new system. The director showed us the new system which they had recently purchased which enabled the staffing rotas to be completed with ease. It automatically showed staff annual leave which helped with covering that staff members calls. The director told us they were able to email or print and send the most up to date rotas to staff. They were also sent to people who were using the service. This made sure they were aware of which member of staff would be visiting them. Rotas were seen for a period of three weeks.

Staff told us that when they had been recruited they had gone through a thorough recruitment process. This included supplying references, proof of identity and Disclosure and Barring Service (DBS) check, and an interview. The checks had been received before they had started to work. Records we saw confirmed these checks had taken place and copies were in staff files.

Staff told us that they administered medication to some people, but others just needed to be reminded to take them. The service did not have the responsibility of medication ordering. One person told us, “They help me with my tablets; I always get them on time.” We looked at medication recording charts for six people. These had all been completed correctly.

# Is the service effective?

## Our findings

People told us that they felt the care they received was good and from well trained staff. One person said, “They know what they are doing.” A relative said, “They are well trained.”

Staff told us they received training on a variety of subjects including health and safety, infection control and safeguarding, and also more specific training for the people they provided support for, for example; understanding challenging behaviour in dementia, and medication in domiciliary care, parts one, two and three. They said the training helped them to carry out their roles with better knowledge. One staff member said, “Training here is really good, I am doing my NVQ (National Vocational Qualification) and there is always a senior person to ask if I am not sure.” One senior member of staff was responsible for the training. They told us that all staff were offered QCF (Qualification Credit Framework) in Health & Social Care at Levels 2 & 3, and four staff were doing their QCF level 5. We saw the training matrix which listed all of the staff and training delivered, it included date of last training received and date when next needed.

There were systems in place to try to match staff to people they supported. People told us the staff understood their needs and they had the same care staff most of the time. One person said, “I get the same group of girls all the time.” A Relative told us that the continuity of regular staff was very helpful as she knew the care would be carried out as it should be all the time.

The registered manager told us that they tried to make sure the same staff visited their clients. This was especially important if they were receiving palliative care, as they built up a rapport.

Staff told us they received support from the manager and senior staff including regular supervision and spot checks, which they said they found useful. One person said, “I get supervision from one of the seniors, this helps me to identify if I need extra training or help.” Another said, “we get regular supervisions, but we can always talk to the registered manager at any time.” The registered manager

told us that supervisions were used to review work performance, provide training where required and to support staff development. We saw documentation within staff files of planned dates for supervisions and spot checks for the year, and completed supervision and spot check notes. This meant that staff were given an opportunity to have one to one time with the senior staff on a regular basis throughout the year.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. Staff we spoke with told us they had attended training and showed a good understanding of MCA and DoLS.

People told us staff always asked for consent before assisting them. One person said, “They are very polite and always ask if it ok to do anything.” Staff were aware of the importance of gaining consent and that they should not do anything if the person has not agreed to it. The registered manager told us that consent to care and support was included in the service user’s agreement which was signed by each individual who used the service.

Staff told us that when they gave support at meal times it was usually to prepare frozen meals which had been purchased by the person or their families. They said they made sure they were cooked correctly and served nicely. One staff member said, “I try to make the food look appetising as some people do not eat much. In that case I make sure there are biscuits or bits that they can nibble on through the day.” Another told us if they thought someone was not eating properly, they would report it to the office in case they needed to get the doctor or family involved.

People accessed their own healthcare, but staff told us they would call the doctor, if they found someone was not too well when they visited. The registered manager told us they would get involved liaising with other healthcare professionals to ensure people were getting the correct care and support they needed.

# Is the service caring?

## Our findings

People told us that staff were very kind. Many people and relatives made comments regarding the kind and caring approach of the staff. One person said, “They are all lovely.” Another said, “They are all very nice.” A relative said, “They are very good.”

Staff were able to tell us about the people they supported. They were able to discuss how individuals were cared for and their differences. Staff were knowledgeable about individuals. One staff member told us, “It is particularly important to really know about people we support if we are providing palliative care.” This showed that care and support was offered in a person centred way.

People told us they had been involved in the planning of their care. One person said, “If I want something different doing I only have to ask.” Another told us, “I like things done in a certain way, and the girls are happy to do it that way.” Staff told us that they would always try to take the person’s views into consideration, but this sometimes meant they had to have a care plan review. We found evidence of this within care records we looked at. People’s care plans recorded their views and preferences.

The registered manager told us that people were supported to express their views, along with their family or

representatives, and they can call the office and speak to staff or the registered manager at any time. A relative we spoke with told us, “I can speak to the staff about changes in my relatives care.”

The registered manager and a senior care staff told us that if anyone called to speak about their care, one of them would arrange to visit them as soon as possible to update their care plan.

The registered manager told us that if they thought anyone receiving care and support from them required an advocate, they would contact them on the person’s behalf to get them one. She told us that some people had social workers, so would also involve them.

People told us they were treated with privacy and respect by the staff. One person said, “The girls always knock and shout it is them when they are coming in.” Another said, “When I get washed they keep me covered.” Staff told us they always treat people respectfully, especially as they were going into people’s own homes. They also told us they received training in equality and dignity, and had spot checks carried out.

People told us staff encouraged them to be as independent as possible. One person said, “I do what I can and the staff help with what I can’t.”

# Is the service responsive?

## Our findings

People told us they were involved in their care plan if they wanted to be. One person said, "I know I have a care plan, but I do not bother about it as I know the staff know how to look after me." Another person said, "The girls write in it every time they are here."

Relatives confirmed they had been involved in the development and reviews of their relatives care plan. One relative said, "I know what is in my granddad's care plan, and if anything changes it is updated."

There were systems in place for people to have their individual needs regularly assessed and reviewed. A senior told us, "We visit every person at least three times a year for a review and once for a spot check. This is to ensure everyone is receiving the correct care and support." We saw a matrix which listed every person and dates for their reviews were planned throughout the year. The registered manager told us that due to an issue which arose at the end of the previous year, every person had a full review in January. This was to check that everyone was happy with their care and it was appropriate.

The registered manager told us that staff were very good at reporting back if a person's care needs had changed. This would then trigger a review and a senior or herself would visit the person immediately to carry out a re-assessment of their needs.

The registered manager told us that before anyone was offered a place, she or a senior staff member would always visit the person and their family or representatives to carry out an assessment. This was to ensure that the service was

able to meet the person's needs at that time and in anticipation of expected future needs. This information would be used to start to write a care plan for the person. We saw documentation which confirmed this. We were also told that when anyone was assessed for palliative care and support, one senior staff member would be responsible for meeting the person and family, carrying out the assessment and setting up the package. That person would also liaise with doctors, nurses and any specialist assistance such as physiotherapists or occupation therapist. They would visit the person receiving the support and family at least once a week. This ensured continuity of care.

People we spoke with knew how to make a complaint. One person said, "I know how to complain if I needed to, but there have never been any issues." A relative said, "Yes, I know how to raise any concerns if needed to." There was a complaints policy and procedure in place. We saw documentation which showed complaints had been dealt with in the correct way and had been concluded in a way which was satisfactory to both parties. The registered manager told us that as she had an open door policy and was available, if there were any niggles they were dealt with before they became a complaint.

The registered manager told us that an annual survey was sent out to people and their relative's. The results were available for the 2014 survey. All of the returned surveys gave an overall rating of 3 or 4 on a scale of 1-4 for satisfaction. There were positive comments including, 'they are lovely people at Mega Care' and 'I would recommend them.'



# Is the service well-led?

## Our findings

People and staff told us that they had been included in many decisions regarding the service. Staff said that there was an open culture, they could speak with the registered manager about anything and they would be listened to. They could contact her and ask for a meeting if they wanted and she would meet with them as soon as possible.

It was obvious at our inspection that there was an open and transparent culture at the service. Everyone was comfortable speaking with us and forthcoming with information.

Staff told us that they had regular staff meetings. The registered manager told us that separate meetings were held for the senior staff and care staff. This was to enable decisions to be made at a senior level then cascaded to the care staff with all the relevant information. Minutes seen supported this. We were also told that the dates for meetings were emailed or texted to staff as well as being put up on the notice board in the office. This was to make sure everyone was aware of the dates and times of all meetings.

Staff and the manager told us that accidents and incidents were reported and recorded and would be analysed to identify any trends. Accident/incident report records were seen.

There was a registered manager in post, who was supported by other directors, office administrators, senior care staff and a team of care staff. The registered manager told us that they use a specialist company for their Human Resources support.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The manager was able to tell us which events needed to be notified, and copies of these records had been kept.

The manager told us there were processes in place to monitor the quality of the service. This included; audits of care plans, medication records and call monitoring. The new computerised system constantly audited staffing, late or missed calls and rotas. The registered manager told us that the office building was maintained by the contracting service, and she would report any issues to the landlord.

We saw evidence of information regarding staff disciplinary procedures. These had been carried out with the assistance of a specialist human resources company. The registered manager explained that this was very useful to ensure that correct procedures had been followed.

A new computerised data management system had recently been purchased. A director explained they were in the process of gradually adding to the system which would eventually keep all data up to date, show reminders when necessary and would store it all.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.