

Mega Resources Limited

Mega Resources Nursing & Care - Head Office - Northamptonshire

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This announced inspection took place on 10 July 2018. Mega Resources Nursing & Care – Head Office – Northamptonshire had recently moved offices and this was the first comprehensive inspection from their new location.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It is registered to support older people, people with dementia, younger adults and people with physical disabilities.

Not everyone using Mega Resources Nursing & Care – Head Office - Northamptonshire receives the regulated activity 'personal care'; 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.

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.

Improvements were required to ensure that people's care plans were sufficient in all areas, particularly with specific care needs, or regarding end of life care. The times of people's care visits were not clear and required improving to ensure transparency and consistency.

People received safe care and staffing arrangements were flexible to meet the needs of the people that were using the service at any one time. People received support with their medicines if they wished and safeguarding incidents were given appropriate attention.

People's needs were fully considered before they began to use the service to make sure their needs could be met. People's consent was gained before their care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with dignity and respect and staff were able to get to know people by seeing the same people on a regular basis. People were encouraged to be independent and to make their own choices.

People had care plans in place which reflected their needs and these were regularly updated. Complaint procedures were in place for people to make a complaint, and these were fully investigated.

The provider had quality assurance systems in place to review the quality of the service and took action to make improvements where required. People and staff had opportunities to provide their feedback and this

was fully considered and acted.

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.

People received care when they expected it from a regular team of carers. People were supported with their medicines if required and staff were recruited effectively.

Is the service effective?

Good 

The service was effective.

People's needs were assessed before they began to use the service and people's consent was sought appropriately to the care they received. Staff were trained and supervised by management and this was regularly reviewed.

Is the service caring?

Good 

The service was caring.

Staff were caring and kind and treated people well. People were treated with dignity and respect and staff encouraged people to make their own choices.

Is the service responsive?

Requires Improvement 

The service was not responsive in all areas.

Improvements were required to ensure that all aspects of care had been fully considered and planned for, particularly with specific care needs and end of life care. Complaints were fully investigated and resolved.

Is the service well-led?

Good 

The service was well led.

The service had a registered manager in post and there were quality assurance systems in place to review and improve the care people received. Systems were in place for people and staff to provide their feedback and this was acted on.

Mega Resources Nursing & Care - Head Office - Northamptonshire

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.

The inspection took place on 10 July and was announced. We gave the registered manager short notice that the inspection would take place so they could make arrangements to ensure they would be available during the inspection and to ask people if they would be happy to receive a telephone call from us.

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. The provider returned the PIR however the inspection did not take place until sometime after this and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home, and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

This inspection was completed by one inspector, one assistant inspector and one expert by experience. The expert by experience had previous knowledge and experience of supporting younger adults and older people with dementia. One inspector completed a site visit to the office on 10 July to see the registered

manager and review care records. The assistant inspector and expert by experience completed telephone calls to people who used the service, their relatives and members of care staff.

During our inspection, we spoke with ten people who used the service, two relatives and five members of care staff. We also spoke with the three members of the management team and the registered manager.

We reviewed three staff files and the care plan documentation for six people. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information, and arrangements for managing complaints.

Is the service safe?

Our findings

People and their relatives were satisfied they received safe care. One person said, "I feel safe and the staff use the key safe correctly." Another person said, "I have used the company for five years and never had a bad person care for me."

Staffing requirements were adjusted to meet the needs of people they were supporting. People generally had regular carers which they appreciated. One person said, "There are three or four staff that come it depends on their area." Another person said, "It is the same people who care for me, I get lovely care." We reviewed the rotas and saw that staff usually saw the same people which enabled them to build trusting relationships with people. The rotas did not accommodate travel time however people told us that staff stayed the full length of time and they were usually on time. One person said, "There is always a good reason if the staff are late."

The service had good recruitment practices in place. Records confirmed that Disclosure and Barring Service checks were completed and references were obtained from previous employers before new staff were able to provide care for people. These are checks to make sure that potential employees are suitable to be working in care.

People received their medicines safely from staff, and retained control of their medicines if they were able to. One person told us that they looked after their own medicines and another person told us that staff gave them support if they needed it. Staff told us they received training about how to administer and handle medicines safely. We saw that staff supported people to have their medicines in blister packs and recorded the medicines that they supported people to receive.

People had risk assessments in place which identified potential risks to each person. This included the risk of falls and potential infection control risks. The risk assessments contained guidance to staff about how to minimise those risks. We found that risk assessments were reviewed regularly.

People were protected from the risk of infection. Staff had a good understanding of how they could help to prevent the risk and spread of infection. One member of staff said, "We use PPE (personal protective equipment) and always have a supply of gloves etc. at people's houses, or we can pick them up from the office." Care plans provided guidance to staff about managing waste effectively, particularly waste items such as continence pads.

The service had safeguarding procedures in place. Staff were knowledgeable about safeguarding matters and how to report them. One member of staff said, "We protect the service user and if we suspect abuse we know what to do to report it." We saw that the provider had identified safeguarding concerns and reported these to the local authority. Staff received training in safeguarding procedures, and the registered manager had a good understanding of their responsibilities. Safeguarding investigations were completed when required and these were reviewed to identify if any learning could be established and shared with the staffing team.

Is the service effective?

Our findings

People's needs were assessed before they began to use the service. The service was upfront about the availability and timings of staff before they came to use the service. This helped to enable people to make informed decisions about whether the service would be suitable to meet their needs. Pre-admission assessments were completed by the management team which gave full consideration to people's diverse needs and preferences. Staff were respectful of people's diverse needs and took steps to reflect this. For example, people were able to choose if they preferred to have male or female staff support them with their personal care.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA, and found that they were. People's mental capacity had been assessed and people were empowered to be as independent as possible. When necessary, restrictions had been applied for to the Court of Protection and people's relatives had been fully involved in how the staff would support people with their care. We found that an application to restrict someone's liberty had been submitted to the relevant body but it was not clear of all elements of restriction had been included in the application. The registered manager confirmed they would review this and seek an amendment if necessary.

People were supported with their healthcare needs if they required support. One person said, "The staff have called an ambulance when I fainted and the staff stayed with me until it arrived." Another person said, "Staff take me to the hospital clinic and if I have appointments to attend they will sort out extra time for me." Other people confirmed that their family members helped to support them with making healthcare appointments. We saw that each person had information and guidance in their care plans about their healthcare needs which enabled staff to have knowledge about people's conditions and any additional support they may require.

People were supported to eat regularly. People told us they or their family members brought their food and staff helped to prepare and serve it. One person said, "The staff get my breakfast and lunch and then my family cook me a main meal." People had nutritional care plans in place setting out their likes and dislikes and whether any cultural or other factors affected what they ate. There was specific advice for staff to follow to ensure people's cultural preferences were respected.

Staff had the appropriate skills to support people with their needs. Each new member of staff was required to complete an induction and have a competency assessment before they could support people with their

care. They also had to shadow experienced staff to get to understand people's needs. Staff felt the training they received helped to prepare them for the role they were completing. One member of staff told us, "They have worked with me to help me do my nursing training." Staff were required to complete a full training program which reflected the needs of the people that used the service. For example, staff that supported with specific needs such as percutaneous endoscopic gastrostomy (PEG) feeding had training about how to do this safely. Training was monitored and staff were required to refresh their skills and knowledge on a regular basis.

Staff felt supported in their role and had regular supervision and competency assessments. All staff received supervision from their manager and the management team also completed unannounced observations of the care they provided to people. One member of staff said, "The office is always there for me. They are at the end of the phone." Another member of staff confirmed, "We can go into the office and talk to someone if we need help through the day. But during night time it can be a bit slow to get a response."

Is the service caring?

Our findings

People and their relatives were positive about the caring nature of the staff. One person said, "The staff are very friendly and kind." Another person said, "I am very happy with the way the staff care for me; I have no complaints." And another person said, "The staff are excellent and I would recommend them." People had also provided positive feedback directly to the service about the high quality of care that the service provided.

People were able to build relationships with staff as they usually saw the same team of staff on a regular basis. Staff were knowledgeable about people's needs, and the office staff prioritised staff consistency for people, to further develop these relationships.

People were encouraged to make their own choices about their care and to be as independent as possible. One person said, "Most of the time the staff encourage me to make a choice, I do all I can do." Another person said, "The staff are open to change [if I change my mind]."

People and their relatives were involved in making decisions about people's care. People's relatives were able to be involved in the care of their loved ones, and when the care staff worked together with the family, people's care plans documented who would retain responsibility for each area. We saw that people's care plans showed that people had been involved in making decisions about their care and preferences.

People were treated with dignity and respect. One person said, "I feel the staff are very good [with maintaining my dignity]. They always knock the door and keep the door closed when appropriate." Another person told us, "I don't like the door closed it gets hot, so the staff leave it open but my dignity is maintained. There's no complaints about that." Staff were respectful of people's personal preferences which reflected their backgrounds and beliefs. People appreciated the respect staff had for them and were happy with the way they were treated. We saw that care plan documentation was also worded in a way which promoted dignity and respect. For example, people were asked during the assessment procedure 'How can we support you in a way that keeps you safe and maintains your independence and dignity?'

The provider had a good understanding of advocacy services and how this could be used for significant decisions, or if people required independent support to make decisions about their care. An advocate is a trained professional who supports, enables and empowers people to speak up. At the time of inspection, nobody required the use of an independent advocate.

Is the service responsive?

Our findings

Improvements were required to people's care plans to ensure they detailed people's care needs. We found that people's care plans did not record the time when people required their care and therefore there was a risk that these times could be changed without a consistent person-centred approach. The registered manager told us this was something that could be added to the care plans but the times could not easily be changed on the system.

Improvements were also required to ensure that following an incident, or change of circumstance, that people's care plans were reviewed. We found that care plans were reviewed on a regular basis, but reviews were not completed promptly after an incident such as a fall.

Further consideration was required to ensure care plans covered all aspects of people's care in sufficient depth. For example, one person required support to manage complex behaviours and the care plan in place was basic and did not provide detailed guidance to staff. The provider needed to review the guidance and support that was available for staff to make sure they had adequate experience and skills to support this person.

Improvements were required to support people with their end of life care plans. We saw that people were asked if they wished to be resuscitated however no further end of life wishes had been recorded in their care plans. One member of staff told us, "We have supported people in the past with their end of life wishes, and we have had support if we have not dealt with this before." However further improvements were required to ensure people were given the opportunity to discuss their wishes and ensure appropriate support was in place prior to people's end of life.

Care plans provided detailed guidance for staff about people's care preferences. People told us they had a copy of their care plan in their homes. One person said, "Yes the file is here and staff write in it at every visit. The information they write is correct." Staff wrote clear records about the care they provided to people and this was regularly reviewed by the management team.

People felt they received personalised care and staff were responsive to their needs. One person said, "The staff do what I ask." We reviewed the daily records and saw that people received care in accordance with their care plans.

Staff had a good understanding of people's communication needs and made efforts to make this as easy as possible for people. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The service advertised that they could provide documentation to people in braille, large text, a different language or in audio or visual format if required.

People and their relatives understood how they could complain and there was information available about how they could do this. We saw that complaints were fully investigated and people were provided with a detailed response. The service considered complaints and if there were any lessons that could be learned from the complaint to prevent a reoccurrence.

Is the service well-led?

Our findings

The service had 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.

Not everyone using the service was sure who the registered manager was however they were confident that they could contact the management team at the office. Each person's care plan had clear information about how to contact a member of the management team, in normal office hours and out of office hours and at the weekend.

The provider had quality assurance procedures in place which reviewed the quality of the service. People's daily records were reviewed on a monthly basis to ensure people received the care they required and where there were concerns the management team had acted on this. In addition, people's care plans were reviewed and checked on a monthly basis.

The provider completed audits on people's medication administration records (MAR) and identified where improvements were required. If it was identified that staff required further support, training or guidance this was arranged. The provider may wish to consider further in-depth medication audits to ensure people's medicines were managed correctly.

People were supported to provide feedback about the care they received. The provider had recently asked people to complete a survey about the quality of care they received. Most feedback was very positive, and the provider had fully analysed and acted on the results. Staff had been praised for their good work, and when negative comments had been received, the provider had been to visit the person to resolve their concerns.

Staff felt the provider was approachable and they enjoyed working for the company. One member of staff said, "I have recommended the service to people looking for care and for staff looking for a new job. It has a few issues but it is a good place to work and we provide good care for people."

Staff had regular staff meetings and staff were encouraged to share their views and make suggestions. The registered manager welcomed and supported staff to make contributions and followed these up wherever possible.

The service worked positively with outside agencies. This included liaising with other care providers and safeguarding teams. The registered manager raised concerns and sought advice where necessary to ensure people received co-ordinated care which helped to improve their lives.

The registered manager had a good understanding of the statutory requirements of the service, and to submit statutory notifications to the CQC. We found that the registered manager had not always ensured

that notifications were submitted to the CQC in a timely manner and they recognised that this would be improved.