

Mega Resources Limited

# Mega Resources Nursing & Care - Head Office - Northamptonshire

## Inspection report

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Date of inspection visit:  
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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

### About the service

Mega Resources Nursing & Care – Head Office - Northamptonshire is a domiciliary care service providing the regulated activity personal care, which is help with tasks related to personal hygiene and eating, in people's own homes. At the time of our inspection 50 people were receiving personal care on a long term basis. In addition, there were 19 people receiving personal care for a short term period of up to 6 weeks, referred to as the 'rapid response service'. The short term service supported people to regain skills, independence and confidence following discharge from hospital.

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

Systems and processes were in place to support people's safety. People's needs, including their safety were assessed and monitored. People were supported by staff who had undergone a robust recruitment process. There were sufficient staff to meet people's needs. People and family members spoke of the reliability of the service. People received the support they required with their medicines. Staff worked consistently within the providers policy and procedure for infection prevention and control.

The management team had effective systems for liaising with commissioners to facilitate people's safe and timely discharge from hospital. People's needs were assessed and kept under review, which involved commissioners for people in receipt of short term care. People and family members contributed to the assessment process.

People's health care needs were documented, and staff liaised with family members regarding people's health and wellbeing where required. Staff had the required experience, knowledge and training to meet people's needs, which included training by health care professionals to undertake some aspects of people's care. Staff were monitored through ongoing assessment of their knowledge and competence.

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 family members spoke of the kind and caring approach of staff and of their involvement in decisions about their care, stating their views were respected by staff.

People and their family members were involved in the development and reviewing of their care and support package, and the care packages were tailored to reflect people's preferences. People and family members were aware of how to raise a concern, and told us they had no complaints about the service.

The provider's systems and processes monitored the quality of the service being provided. People's views and that of family members and staff were sought through surveys, which were analysed and used to identify where improvements were needed. A range of audits were undertaken to monitor the quality of care provided. Staff were supported through ongoing monitoring and good communication, which included regular staff meetings to support the delivery of good quality care.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 11 August 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance. At this inspection we found improvement had been made and the provider was no longer in breach of regulations.

#### 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?**

The service was safe.

Details are in our safe findings below.

Good 

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

Good 

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

Good 

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

Good 

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

The service was well-led.

Details are in our well-led findings below.

Good 

# Mega Resources Nursing & Care - Head Office - Northamptonshire

## **Detailed findings**

### **Background to this inspection**

#### **The inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### **Inspection team**

The inspection was carried out by 1 inspector and an Expert 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 homes.

#### **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**

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 March 2023 and ended on 6 April 2023. We visited the location's office on 4 April 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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 5 family members or their representative, and 4 people who used the service about their experience of the care provided. We spoke with the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the Field Manager & Rapid Response Lead, the Chief Operations Officer, the Senior Recruitment Consultant - International Lead when we visited the office. We spoke with 2 senior care assistants and 1 care assistant by telephone.

We reviewed a range of records. This included 4 people's care records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality monitoring, minutes of meetings, policies and procedures, and the staff training and supervision matrix.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection we recommended the provider reviewed staff rotas to ensure there was adequate travel between calls to promote good time keeping. We found improvements had been made.

- The provider had implemented an electronic monitoring package, which enabled staff to scan a bar code which recorded their arrival and departure times. Office based staff monitored the system and were able to identify if staff were running late. People told us staff arrived on time, and if there were any delays they were kept informed. A family member said, "They're [staff] never really late, but if they are late, I have a text from the company. Communication is good."
- A majority of people told us they knew which staff would be providing their care, as each week they received a rota, which included a photograph of staff. A person said, "We get a printout every week which tell us what time they'll be coming and who it is, they include a picture of who our carers are." A second person said, "My spouse has the company App on their phone and gets an e-mail every week with the rota of people. I've been with them for 2 months, I see regular faces, there doesn't appear to be a high staff turnover."
- Staff were recruited safety and line with the provider's policy. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.
- Staff undertook a period of induction, where they worked alongside experienced staff. A family member told us how a new staff member had been introduced to them, working for 2 days alongside an experienced member of staff. This meant staff had the opportunity to meet people and understand how they wished for their care to be delivered.

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

- The registered manager was aware of the duty to report any safeguarding concerns to the local authority safeguarding team and to the Care Quality Commission.
- People and their family members told us they felt safe when staff provided their care. A family member told us, "100 per cent. All staff are professional, well trained and well selected."
- Staff had been trained in safeguarding procedures and knew what action to take to protect people from harm and abuse. Staff were aware of who to report concerns to, both internally and to external organisations and were aware of the whistleblowing policy.

### Assessing risk, safety monitoring and management

- People were protected from risks associated with their care, and care records now included greater detail as how potential risks could be reduced to promote people's safety.
- Potential risks were considered as part of the assessment process. The person or their representative were involved in any decisions to minimise potential risk. For example, by identifying any equipment, and how it was to be used safely to support people with their mobility. People told us they felt safe when staff used equipment. A family member said, "My [relative] has a hoist, staff know how to use it." They went onto say how staff had received training from the both the provider and an occupational therapist on the use of the hoist.
- Risks associated with people's health were assessed, which included guidance for staff on how to respond. A staff member spoke of the comprehensive guidance detailing the actions they should take if a person they supported had an epileptic seizure. The guidance included the administration of medication and the action to take in seeking emergency health care support should the medication not have the desired effect.
- Staff undertook training in key areas to promote people's safety, health and well-being and was regularly updated to ensure they had the appropriate knowledge. For example, in the use of equipment to move people safely, health and safety and basic life support.
- Environmental risks linked to people's homes were considered as part of the assessment process. For example, potential trip hazards. People we spoke with told us any action required to reduce risk were discussed with them. A person said, "Yes, I was involved."

#### Using medicines safely

- Systems and processes were in place to support people safely, where required, with their medicines.
- People's needs around medicine were considered as part of the assessment process. People were encouraged to maintain independence in managing their own medicine. Where staff were required to provide support with medicine this was documented within their care records. A family member told us, "There's a tablet my [relative] has to have in the morning with food. I asked staff to remind them and they've been doing that."
- Staff who administered medicine undertook medicines training and their competency was regularly assessed. Staff received training from a health care professional where they were required to administer medicine in response to specific medical condition. For example, the administration of medicine when a person had an epileptic seizure.

#### Preventing and controlling infection

- Systems and processes were in place to protect people from the risk of cross infection.
- Staff had received training about infection prevention measures, which included the use of personal protective equipment (PPE), such as gloves, masks and aprons. A member of staff said, "When I arrive at a person's home, I sanitise my hands and put on my PPE."
- People told us staff wore PPE. A person said, "Staff wear all their PPE. I have an auto immune condition as well, staff are very conscious not to come in or near me without masks, they're very conscious of safety."

#### Learning lessons when things go wrong

- Processes were in place for the reporting and following up of accidents or incidents. The registered manager had oversight of all incidents, and recorded the action taken so as lessons could be learnt, to reduce further reoccurrence of similar incidents.

# 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 a previous 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's needs were assessed before they commenced using the service to ensure their needs could be met. Assessments included consideration of protected characteristics as defined under the Equality Act, to ensure there was no discrimination and the service was able to meet a person's assessed needs.
- Family members told us a member of staff had visited them and their relative at their home, or in hospital and had undertaken a full assessment of their needs. They told us the assessment included their views as to the expectations of the service and care to be provided.
- People's care needs were kept under review by the registered manager with the involvement of the person and their family member. A person told said, "I have regular 3 monthly reviews."

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate training and skills, which meant people's health, care and welfare needs were met. This included training from health care professionals for specific areas related to people's care. For example, where people's dietary intake was administered via a PEG feed, (this is where nutrition is given directly into the stomach via tube a tube.).
- Staff were supported to attain The Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff and family members told us as part of staff induction, new staff worked alongside experienced staff and were introduced to people. A family member said, "If there's a new member of staff they have to shadow experienced staff until they know what they're doing and they know us."
- The service had effective systems in place to support and supervise staff. This included one to one supervisions and observations of staff competencies. This ensured staff worked consistently with the provider's policies and procedures and provided people's care consistent with their training.

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

- People's dietary needs were considered as part of the assessment process and specific dietary information recorded. For example, people's records detailed if they required a soft diet due to being at risk of choking. A staff member told us how they prepared a person's food who was at risk of choking, which included adding prescribed 'thickeners' to drinks.
- Where people required support in the preparation and consumption of drinks and food this was detailed within their care records. A family member told us, "I buy the meals, the carers get the meal out of the freezer the night before and then cook it for them. They also do their breakfast."
- People's care records contained personalised information as to people's likes for food and drink and

included key information to ensure people had sufficient amounts to drink and eat. For example, by stating staff needed to ensure drinks were placed within reach of people, who could not independently make drinks for themselves.

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

- People's records provided information as to people's health care needs and known health conditions. This enabled staff to better understand people's needs and the impact this had on the person's day to day life so staff could provide the appropriate support and care.
- Information identifying health care professionals involved in people's care, and their contact details were contained within people's records. For example, their doctor or district nurse.
- Staff we spoke with had a comprehensive understanding of the needs of people, which was consistent with information held within people's care records.

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.

- People's capacity to make informed decisions were considered consistent with the provider's policy. People or their representative had signed an agreement consenting to their care and support. Where people did not have capacity to make an informed decision a Court of Protection authorisation was in place.
- The assessment process identified and recorded where a person's family member had an LPA (lasting power of attorney) for decisions relating to health and welfare to ensure the appropriate people were involved in any decisions relating to the care and support staff provided.

# 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 a previous 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

- People were treated with kindness and compassion by staff. A family member told us, "Staff are really kind and patient with [relative]." A second family member said. "My [relative] is really happy to see them [staff], they're brilliant."
- Staff were respectful of people they cared for. A family member told us, "Staff treat [relative] as a person, my [relative] is non-verbal, but staff talk with [relative]."
- Family members commented upon the kindness of staff towards both them and their relative, which included asking after the welfare of people when they attended health care appointments. A family member said, "If my [relative] visits the hospital, staff phone me to check on [relative]. We're extremely grateful for the care and concern showed."
- People's care records provided information as to what was important to them, which included family members and their role in supporting with care. This supported partnership working with family members. A family member told us, "I do the medication, but staff usually double check that I've done so." This collaborative approach supported good outcomes for people.

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

- People and family member were involved in decisions about their day to day care. A person said, "I tell staff what I want, staff are very respectful and professional." A family member said, "Staff do inform [relative], but [relative] has dementia so doesn't always understand, but staff try."
- People told us staff had sufficient time to provide the support they needed. A family member said. "We've had the care for about 8 weeks. They [staff] are absolutely brilliant, very patient. I didn't feel rushed and if they had time when they'd finished what they had to do, they had time for a chat."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. A person told us how staff's approach put them at ease during the delivery of personal care. They said, "Staff were very matter of fact, just chatted and made sure that I had privacy, such as closing the door."
- Staff encouraged people to be as independent as possible. People's care records contained clear information as to what people could do independently without the support of staff. Where support was required clear instructions guiding staff as to the support people needed.
- Staff focused on maintaining and encouraging people's independence, and was central to the role of staff in supporting people who had been discharged from hospital. People spoke positively of staffs approach. A person said, "Staff help [relative] with walking, they're using a walking frame, I walk behind my [relative] and

staff walk in front. We work as a good team." A person spoke of the importance of staff's approach. They said, "I'd just really like to thank the staff for their help, for helping me to stay independent as long as I can."

# Is the service responsive?

## Our findings

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

At a previous inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 packages of care were personalised and tailored to meet their needs. Care records included all the necessary information to enable staff to provide people with the support and care they needed, which included information as to how to support people when they became anxious and distressed, or staff's response to health related conditions and how it impacted on their care and support.
- People and their family members were involved in the development and reviewing of their care plan. A family member told us, "I had an initial assessment, if anything changes, they're completely approachable and would change things."
- The support and care of people in receipt of the rapid response service, which facilitated people's discharge from hospital, was kept under review. The number of call visits were reduced, and the level of support required was updated as people's confidence and independence improved.

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.

- People's communication needs were considered as part of the assessment process and documented within their care records. For example, the importance of staff ensuring people were wearing their spectacles or hearing aids.

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

- Where people were supported to take part in activities, these were recorded within their care records. A staff member told us they supported a person to attend a day care facility, and at weekends, sometimes accompanied by the person's family member as the person enjoyed visiting local parks.

Improving care quality in response to complaints or concerns

- Systems and processes were in place to respond to people's concerns and complaints. The registered manager informed us they had not received any complaints.
- The registered manager kept a record of issues of concern raised by people, family members and staff, which included the action taken in response. This showed a responsive approach to the delivery of care.

- People and their family members told us they had not had to make a complaint. Those who had raised a concern told us it had been dealt with to their satisfaction. People told us they knew how to raise a concern or complaint and were confident to do so. A person said, "I would know who to call. I have a book with everything in it, names, and telephone numbers."

#### End of life care and support

- At the time of the inspection no one using the service was in receipt of end of life care. The registered manager was aware of the need to respect people's end-of-life preferences, including religious and cultural wishes and to document these within people's care records. People's care records detailed where they wished for family members to be involved in care decisions.
- The assessment of people's needs included reviewing whether people had DNACPR (do not attempt cardiopulmonary resuscitation) decisions in place, and where these had been agreed a copy was kept within people's care records.

# 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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to have sufficient or robust systems in place to demonstrate the safety and quality of the service was effectively managed.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17 (Good governance)

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes were in place to monitor the quality of the care provided to ensure people received the care and support they required, and ensure the provider met their legal and regulatory requirements.
- The management team monitored the electronic monitoring system. This ensured people received their care in a timely manner. Staff monitored the electronic records completed by staff to ensure care was provided as agreed with the person and was consistent with their care records.
- People and family members spoke positively about the management of the service, which included effective communication systems between themselves, care staff and office based staff. A person told us, "An extremely positive experience, fantastic, brilliant. They're always on top of everything." A family member said, "Communication is very good with this particular care manager, they've built up both rapport and trust."

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

- The registered manager promoted a positive culture that was inclusive and empowering to achieve good outcomes for people. This was achieved through regular team meetings and supervision with staff. This provided a forum to monitor the quality of care and identify if there were any concerns or actions required related to people's care and support. A staff member told us "Support is good, there are opportunities to develop and there is a focus on going forward."
- A majority of people spoke positively about the support and care they received, and of the positive impact the service had on them. A family member said. "They've gone above and beyond what I could possibly expect. I'm blessed to have this company look after my [relative] in the way I want them to be. It was more than I ever expected."
- People and family members told us they would recommend the service. A person we asked about the service told us, "Of course I would recommend them. I'd give them 5 gold stars."

- Staff worked in teams and spoke positively of good teamwork. A staff member told us, "We always have staff who are helpful and friendly, with good communication amongst the team." The effective and collaborative approach of staff enabled them to provide good quality care and support for people.
- The provider committed resources to invest in staff. This included providing additional training to support staff's development along with employee benefits which included financial assistance to enable staff to purchase a car or support with vehicle leasing. This assisted staff to have the tools they needed to provide people's care.

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

- The registered manager was aware of the duty of candour. If mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager understood information sharing requirements and has sent notifications to the Care Quality Commission as required by law.

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

- Systems and processes were in place to seek and receive feedback about the quality of care people received as part of the provider's commitment to continuous develop and improve of the service.
- People's views, and that of family members and staff were sought through regular completion of surveys. The analysis of surveys showed people were satisfied with the service they received. In addition, monitoring of the quality of the care people received was also carried out in person and by telephone. A family member told us, "I've just filled in a survey form. I've given them top marks all round."
- Staff spoke positively of the management and leadership of the service, and said support and advice was always available, including evenings and weekends. A staff member told us, "The support from the management team is good, the out of hours support is good, the phone is always answered straight away." This supported staff to delivery safe and good quality care by receiving timely support and guidance from a member of the management team.

Continuous learning and improving care

- The registered manager and care manager accessed resources to support them in providing good quality care. For example, they attended webinars and forums with local authority commissions, which included sharing good practice presented by other providers and health care professionals.
- The registered manager and care manager attended conferences and learning events to keep themselves appraised of good practice and enable them to meet their regulatory requirements. For example, they had attended a forum organised by the Care Quality Commission and the Health Care Plus conference.
- Management meetings were held and were used an opportunity to reflect upon the service being provided, including areas for improvement which included changes to retain staff. For example, the mileage paid to staff had increased to meeting rising costs in fuel.

Working in partnership with others

- The management team worked with local hospitals and commissioners to facilitate people's timely discharge from hospital to their home. Meetings were regularly held to discuss patients ready for discharge, to ensure equipment required by the person to support their care at home was in place, supported by an appropriate package of care.
- Meetings with the commissioning team were held regularly to review people's progress having returned home from hospital. Where continued support was required, people were referred to alternative long term care providers.

- Collaborative working with health care professionals meant staff undertook training in key areas to support people's health and welfare.
- The provider was involved in fundraising, which included supporting others supporting events undertaken by people who used the service. A person told us, "They've really helped me with my fundraising, they did their own for me as well, the whole companies been involved."