

AMG Consultancy Services Limited

AMG Nursing & Care Services

Inspection report

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18 November 2019

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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

AMG Nursing and Care Services is a domiciliary care service which provides personal care to adults and children with a range of support needs in their own homes. At the time of this inspection the service was supporting 76 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The registered provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background. There were enough staff available to ensure people's care and support needs were met in a timely way. Where people needed support with managing their medicines there were systems in place to ensure people received their medicines as prescribed.

Staff were provided with an effective induction and relevant training to make sure they had the right skills and knowledge for their role. Staff were supported in their jobs through ongoing training, regular supervisions and an annual appraisal.

Staff understood the requirements of the Mental Capacity Act 2005. 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.

Positive and supportive relationships had been developed between people, their relatives and staff. People told us they were treated with dignity and respect, and their independence was promoted.

People, their relatives and staff were asked for their views of the service. They told us the registered manager and staff were approachable and responsive to any issues raised.

There were effective systems in place to monitor and improve the quality of the service provided. The service had policies and procedures which reflected current legislation and good practice guidance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 3 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

AMG Nursing & Care Services

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and one assistant inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults and children with a range of support needs, including people needing support at the end of their life.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

Inspection activity started on 14 November 2019 and ended on 15 November 2019. We visited the office location on 14 November 2019.

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, commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with five people who used the service and three of their relatives. We met with the registered manager and operations director. We spoke with eight members of care staff. We spent time looking at written records, which included eight people's care record, four staff personnel files and other records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relative told us they felt safe. Comments from people using the service included, "I do feel safe" and "I have no worries at all with the staff."
- Staff we spoke with understood how to recognise the potential abuse of a vulnerable adult or a child. They knew to report any concerns to their manager they were confident they would be taken seriously.
- The registered manager kept a record of all safeguarding concerns they had reported to the local authority. This included action taken in response to the concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed and guidance was available to staff on how best to manage these risks. Every person's care record contained general risk assessments regarding their home environment, their mobility, and safe moving and handling. Where additional risks had been identified there were associated risk assessments. For example, we saw a risk assessment in relation to a person who needed to be fed through a tube.
- There were systems in place to help keep people safe. Incidents and accidents were recorded at the time and action was taken to reduce the risk of repeat events, where appropriate.

Staffing and recruitment

- The process of recruiting staff was safe. We checked four staff personnel files and we saw each file contained references to confirm the applicant's suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. This helped to ensure people employed were of good character.
- There were enough staff deployed to meet people's needs in a timely way. People and their relatives told us staff usually arrived on time and stayed the full amount of time allocated to each call. Comments from people included, "Yes, they [staff] are on time. I don't feel rushed" and "Yes, staff are punctual and stay for length of the call." Staff confirmed to us there were enough staff deployed to meet people's needs in a timely way. One member of staff told us, "I have never known a call to not be covered."

Using medicines safely

- Medicines were managed safely. Care staff we spoke with confirmed they had received training in medicines administration. We saw yearly checks were undertaken by the registered manager and senior staff of care worker's ongoing competency in this area.
- We looked at the Medication Administration Records (MARs) for some of the people who had been assessed as requiring support with their medicines. All the MARs we looked at had been properly completed in line with the provider's own policies and procedures. We saw completed MARs were audited each month

and any issues were followed up with the member of staff concerned.

Preventing and controlling infection

- The provider had systems in place to reduce the risk of the spread of infections. Staff told us they had access to personal protective equipment (PPE), such as plastic aprons and gloves.
- People and their relatives told us care workers wore PPE when supporting them with personal care.

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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

- Care plans demonstrated staff assessed people's needs and expected outcomes. Staff recorded people's likes and dislikes and respected their choices.
- We saw staff had supported people in line with each person's preferences. For example, people had been asked whether they would prefer care staff to wear their own clothes or a uniform.

Staff support: induction, training, skills and experience

- People were supported by staff who had relevant training, skills and experience to care for them.
- Staff felt their training equipped them to be able to carry out their role. A staff member told us that their training was, "Very in depth".
- All staff had a comprehensive induction at the start of their employment and did not work unsupervised until confident to do so. A care worker told us that they received additional support during their induction at their request.
- Staff had ongoing support through supervision and appraisals. A staff member told us, "They [management] have been brilliant."

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

- Some people needed support with meal preparation, eating and drinking. We saw their likes and dislikes were documented on their care records and guidance was available to staff on how to encourage people to eat and drink, if required

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

- People received good outcomes for their health and wellbeing. A relative told us how the care received from staff had improved their relative's wellbeing.
- Full assessments were completed before people began using the service, including those on fast track referrals from hospital.
- Care records included information from external health professionals.

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 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. 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.

- The service was working within the principles of the MCA.
- Staff demonstrated a good understanding of the principles of the MCA and we saw people were supported to make their own decisions. One staff member told us, "You have to respect their decisions."
- When people did not have the capacity to consent to significant decisions, we saw clear and appropriate assessments had taken place. Care records clearly guided staff on how the person's needs should be met in their best interests.

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 the last inspection this key question was rated good. At this inspection this key question has now remained the same. 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 told us the staff were caring. Comments from people included, "They [staff] are very caring", "I am very happy [with the care staff]" and "They [staff] are very good. Some are better than other but that's life."
- Staff told us they enjoyed their jobs and they would be happy for a loved one to receive support from the service, if they needed this type of care. A member of told us "I would recommend the service. The care is great. It is one big family."
- All the staff we spoke with, including the registered manager talked knowledgeably about the people they supported with compassion. They clearly knew people well. One member of staff told us how they would squat down to be at eye level with people sitting in a chair, so they could easily see their face to communicate better.
- The provider complied with the Equality Act 2010. This meant people were not treated unfairly because of any characteristics that are protected under the legislation, such as age and gender. Our discussions with the registered manager and staff showed us people's rights were central to the care and support they provided. For example, people we spoke with confirmed they were asked if they would prefer a male or female care worker. A relative told us, "I requested no male staff and this was respected."

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

- People and their relatives told us they were involved in planning their care. A relative told us, "They have responded well to [relative's] changing needs. They [staff] are exceptionally good."
- The registered manager told us people's needs were reviewed regularly, sooner if their needs changed. We saw evidence of reviews on people's care records as these were updated following a review taking place.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and their privacy was respected. They told us staff had a good attitude to meeting their care and support needs.
- Staff were able to tell us how they treated people with dignity and respect. Comments from staff included, "Keep them [people] well covered", "Always talk them [people] through what you are going to do, "I always close curtains before providing personal care and keep people covered up as much as possible" and "Treat them [people] how I would like to be treated."
- People told us staff supported them to be as independent as possible. Comments from staff included, "If they are able, then you encourage them [people] to do [as much as they can] themselves" and "I encourage them [people] to do as much for themselves as possible. For example, I encourage a client to do his own buttons up for a few minutes before helping, if needed."

- Staff we spoke with understood the need to respect people's confidentiality and we saw confidential records were locked away in the office. Electronic devices were password protected.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records held detailed information about their current health and support needs in all areas of daily living. This included clear guidance for staff on how best to support the person to meet their needs. Staff told us they had time to read people's care records. One member of staff said, "You can find out everything from the care plans, it makes going into a call for the first time much easier."
- People and their relative told us they usually saw the same group of staff. Staff rotas we looked at confirmed this. Staff told us they got their rotas in advance. People could also get their rota in advance if they wanted this. One person did tell us, "Sometimes care staff don't match what my rota says, but it is the same group of care staff."

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 appropriate people who used the service were supported by care staff to undertake activities and maintain their social relationships to promote their wellbeing.
- The registered manager told us they have a Christmas party every year for staff and their families. People who use the service are also invited. We saw photos of people and staff enjoying last year's party.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint and they would inform the registered manager and staff if they were unhappy with their care. No one we spoke with had formally complained about the service. They told us they were confident the registered manager would respond if they ever needed to complain in the future. A relative told us, "All we have to do is make a phone call and everything is in place."
- The provider had an up to date complaints policy in place.
- The registered manager had a system in place to record any complaints, their response and the outcome. We saw two had been recorded so far this year. Both had been investigated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records contained guidance for staff on how best to communicate with people.
- The operations director showed us how information would be made available to people in a format they

could understand, if required. For example, by increasing the font size on written documents.

End of life care and support

- AMG provided care and support to people at the end of their lives. People's care records held information on how they wished to be cared for. Staff received training in this area.
- The registered manager told us they had developed good links with their local hospice.
- Some staff told us they felt they would benefit from additional support in this area, such as grief counselling. The registered manager and operations director agreed this could be useful and told us they would look into providing this resource for staff.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was well-managed. Staff told us, "[Name of registered manager] is very approachable", "[Name of registered manager] has an open door policy at all times" and "I have worked for other companies and this is a very well run service."
- The service had an open culture. Staff were committed to providing person-centred care and developing their skills.
- The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. Evidence gathered prior to the inspection confirmed that a number of notifications had been received.
- The provider continued to ensure the ratings from their last inspection were clearly displayed in the office and on their website.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had effective quality assurance and governance systems in place. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. For example, we saw medicines and daily log audits were undertaken monthly when completed records were returned to the office. Any issues identified were addressed with the member of staff concerned.
- The provider also undertook their own internal audits. The provider's quality officer was auditing staff files and people's care records while we were inspecting.
- The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. We saw these were up to date and therefore reflected current legislation and good practice guidance. These were available to staff on line and paper copies were held in the office.

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

- There were opportunities for people and staff to give feedback on the service. One person told us "They [staff] are available 24/7 and always happy to receive feedback."
- People were regularly sent out service satisfaction questionnaires to complete. We saw 23 questionnaires

had been returned for November 2019. Of these the majority had rated the service they received as very good or excellent (two rated it as good). Where people had made queries and comments we saw they had been responded to.

- The registered manager told us people were also asked for their views when they undertook spot checks of staff performance at people's homes.
- The registered manager told us they had staff meetings, but these were not always recorded. We were told information was shared with staff via group emails and a staff newsletter.

Working in partnership with others

- The registered manager worked in partnership with the local authority and commissioners.
- Staff told us they had developed good working relationships with visiting health professionals.
- The registered manager was part of a local registered manager network where they attended meetings to share learning and gain peer support.