

AMG Consultancy Services Limited

AMG Nursing and Care Services - Chester

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 ●

Summary of findings

Overall summary

The inspection took place on 18 and 19 April 2018. It was unannounced on the first day and announced on the second day. This was the first inspection at the service.

AMG Nursing and care Services is a domiciliary care service offering personal care and support to 96 adults within their own homes across the Cheshire West and Chester area.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Safeguarding policies and procedures were in place and staff had all received training. Staff demonstrated understanding about the different types of abuse and were able to describe the process if they had to alert any concerns they had.

The recruitment procedures at the service were robust. Records showed that enough staff were employed to meet people's needs. All staff had undertaken a comprehensive induction and had completed shadow shifts with an experienced member of staff. Mandatory training was up to date and staff had undertaken additional training to meet people's individual needs. Staff received regular support and supervision and had their competency checked. This meant staff had the right knowledge and skills to support people.

The registered provider undertook an assessment prior to a person using the service. The information from this was used to prepare person centred risk assessments and care plans. People and their chosen relatives were fully involved in the assessment and development of their care plans. Regular reviews were completed to ensure information remained up to date. Daily records were consistently recorded to reflect the support people had received.

People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process.

Medication policies and procedures were in place. Staff had completed training and been assessed as competent to complete this task. The service worked in accordance with best practice guidelines.

People received support from regular staff that they had developed positive relationships with. Staff promoted people's independence and offered them choice.

People described staff as kind and caring and told us they treated them with dignity and respect.

The registered provider had a complaints policy that was readily available for people and their relatives.

People told us they felt confident to raise a concern or complaint and felt their concerns would be listened and responded to.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and to report on what we find. We saw that the registered provider had policies, staff had received training and guidance was available for staff in relation to the MCA. Staff demonstrated a basic understanding of this topic.

The registered provider had regular audits in place as part of their monitoring systems. These identified areas for development and improvement within the service.

Up to date policies and procedures were available to support the running of the service and these were regularly reviewed.

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.

The registered provider had robust recruitment procedures in place and sufficient staff were employed to meet the needs of the people supported.

People were supported to take their medicines by trained and competent staff.

Risk assessments were in place that identified and mitigated the risks to people's safety and well-being.

Is the service effective?

Good 

The service was Effective.

Staff had received up to date training to ensure they had the right skills and knowledge to meet people's individual needs.

People's rights were protected by staff who had received training and understood the requirements of the Mental Capacity Act 2005.

Staff supported people to have their nutrition and hydration needs met.

Is the service caring?

Good 

The service was Caring.

Staff had developed positive relationships with people and had a good understanding of their individual needs.

People's communication needs were considered and supported by staff that had clear guidance about how these needs were to be met.

People were supported by staff that were kind, caring and considerate.

Is the service responsive?

Good ●

The service was Responsive.

People received care that had been assessed, was personalised and was regularly reviewed.

Individual choice was promoted throughout the care plans.

People and their relatives were aware of the complaints process and any complaints received had been dealt with appropriately.

Is the service well-led?

Good ●

The service was Well-led.

The registered provider regularly sought feedback from people and their relatives.

Audits systems were in place to identify areas for development and improvement.

The registered provider had up to date policies and procedures in place to support and guide staff.

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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 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 over two days on the 18 and 19 of April 2018. The visit was unannounced on the first day and announced on the second day.

This inspection was carried out by two adult social care inspectors.

Prior to the inspection the provider had 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 any improvements they plan to make all stop we used this information as part of our inspection planning and throughout the inspection process.

The Care Quality Commission had sent questionnaires to people that used the service, staff, friends and relatives as well as community professionals as part of our inspection planning process. The information from these has been reviewed as part of the inspection process.

We checked the information that we held about the service and the service provider. This included statutory notification is sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We contacted the local authority quality monitoring in safeguarding teams who told us they did not have any immediate concerns about the service.

During the inspection we looked at five people's care plan files, six staff recruitment and training files as well

as other records relating to the management of the service. We visited six people and their relatives in their own homes and we contacted people and their relatives by telephone.

We spoke with six support staff, a care coordinator, the registered manager and quality officer.

Is the service safe?

Our findings

The registered provider had a robust recruitment process in place. Each staff file held a fully completed application form with gaps in employment explained, interview records and two references that included the applicants most recent employer. An up-to-date disclosure and barring check (DBS) was held each person employed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions. This meant people were supported by staff that were deemed of suitable character to work with children, young people and vulnerable adults.

We reviewed staff rosters and they confirmed sufficient numbers of staff were available to keep people safe and provide them with the correct level of support. The registered manager told us that they had an on going recruitment procedure to ensure sufficient staff were available to meet people's needs.

The registered provider had policies and procedures in place a safeguarding the people they supported. All staff had completed safeguarding training and had regular updates. Staff were able to describe the different types of abuse, signs and symptoms that they would need to be aware of and the process that was in place the reporting any concerns they had. All staff stated they felt confident that the registered manager would promptly address any safeguarding concerns they had.

Individual risk assessments were in place where areas of risk had been identified. People were involved in the development of their risk assessments wherever possible and their independence was promoted. People's care plan files held comprehensive risk assessments that included moving and handling, falls risk, environment, skin integrity, medication and continence. For example, risks to staff and people through moving and handling requirements were mitigated by the use of appropriate equipment and staff training.

Care plan files held contact details for relatives, GP and other health and social care professionals to be contacted in the event of emergency. Staff told us that they knew where to find this information and confirmed that it was regularly reviewed and updated to ensure that the most up to date information was available all times. Staff told us that the registered provider operated an on call system that was available at all times when they were working. The on-call process was described as helpful and responsive. This meant that in the event of an emergency or when staff required support or information, an appropriate person was available to contact without delay.

Policies and procedures were in place for the safe management of medicines. These were administered in accordance with best practice guidelines. Staff that administered medicines had all received training and had their competency regularly checked. Medication administration records (MARs) were fully completed and regular audits were undertaken. The audits reviewed had identified areas for development and actions were clearly documented and were signed/dated. PRN protocols were in place for 'as required' medicines. This meant people received their medicines safely and as prescribed.

A clear process was in place for the recording of accidents and incidents. These were clearly documented

and detailed events that had occurred. The registered manager undertook an audit and analysis of all accidents and incidents at the service. This was used to identify trends, patterns or development opportunities. For example, following a medication error staff had undertaken additional training and have their competency reassessed.

Staff had access to personal protective equipment (PPE) and this was available at the office. All staff had undertaken infection control training and were able to describe the importance of using PPE to prevent the spread of infection. They also told us how important it was to wash their hands between tasks as well as between every visit they undertook.

Is the service effective?

Our findings

People and their relatives spoke positively about the staff team. Their comments included "Staff are competent, skilled and trained to meet [Names] individual needs", "The staff definitely have the right skills to do the job" and "Staff have the skills and knowledge to do the job well."

All staff had undertaken a thorough induction when they started their employment. Staff had received a staff handbook that outlined organisational policies and procedures and other key information relevant to their employment. Induction included moving and handling, first aid, health and safety, fire safety, administration of medicines, safeguarding, accident and incident reporting and lone working. All staff had undertaken a period of shadowing with experienced members of the staff team. Staff told us they had felt fully prepared and competent to undertake their role following the induction they received.

All staff had undertaken mandatory training essential to their role that included regular updates. Some staff had undertaken specialist training relevant to the people they supported. This had included catheter care, use of nebulisers, colostomy care, palliative care, epilepsy, oxygen therapy and pressure area care. This training had been undertaken by nurses that had signed staff off as competent prior to them undertaking any specialist care with people. Their competency was regularly reviewed. Staff told us the registered provider was very responsive to ensuring they had the required skills to meet people's individual needs. They said they always received up to date training before working with people that had needs they had not cared for before. This meant staff had the right skills and knowledge to meet people's individual needs.

Staff received regular supervision as well as an annual appraisal. Staff skills were observed when out working in people's homes by members of the management team. Staff told us they had named supervisors and their supervision was an opportunity for their practice to be reviewed and for them to discuss any concerns they had either personally or professionally.

People had access to health and social care professionals if required and the details of important contacts that included GP, speech and language therapist, physiotherapist, district nurse, , chiropodist, Social Worker, occupational therapist and dentist were held within their care plan files. Records stated staff had contacted professionals at people's request.

People that needed support to have their nutrition and hydration needs met had documentation in place for staff to follow. People told us that staff always offered them a choice of food and drink. They said staff prompted them in warmer weather to have additional drinks.

People told us that the communication between them and the staff, as well as the office and management team was very good. They told us that there regular staff knew them very well and they had comfortable conversation. Comments included "[Staff name] knows me really well, they know my likes and dislikes and how I like things to be done. This means such a lot to me." Relatives comments included "Staff communicate really well with [Name], even though they are unable to speak they fully understand their needs", "Staff read [Names] body language and always seek their consent" and "Staff know [Name] so well

even though they cannot speak. They still always seek consent and offer choice. They even know when [Names] favourite football team are playing and put their football socks on."

We checked whether the service was working within the principles of the MCA and found that it was. The registered manager and staff had a good basic understanding of the Mental Capacity Act and had completed training on this topic. The process of assessment used by the registered provider in gathering information on the needs of people, included reference to their capacity to make decisions. The registered manager told us they included all key people including chosen relatives and health and social care professionals when a person did not have the mental capacity to make their own decisions. Records confirmed this and we also saw evidence that staff sought consent with people during interactions.

Is the service caring?

Our findings

People spoke positively about the staff that supported them. Their comments included "[Staff name] is absolutely wonderful, always smiling. Just a joy", "My carers [staff] are all great" and "My staff are the best I have ever had, they know me so well." Relatives told us "Staff are always kind and compassionate. I cannot fault them" and "All of the staff are caring, don't rush [Name] and always ask if anything else is needed before they leave." The feedback from CQC questionnaires included 100% of people were happy with the care they received, 100% of people said they were treated with dignity and respect and all staff were caring and kind.

People and their relatives told us they had been offered a preference of male or female support staff prior to the commencement of the service. They also told us that they had been asked if they had a preference regarding staff wearing uniform when visiting their home. People confirmed their choices had been consistently respected and if any changes had been made due to staff sickness they were contacted regarding this.

People and their relatives told us they received support from a regular staff team that knew them well. We saw and staff confirmed that the majority of their visits were to the same people wherever possible. Staff reflected positively on this as it had meant they could develop positive relationships with people and had the opportunity to fully understand people's individual needs. Staff spoke warmly and knowledgeably about the people they supported.

People's independence and choice was promoted through their care plans. People's comments included "I wash my top half and the staff wash the areas I cannot reach" and "I always choose the clothes I want to wear and staff respect this."

Privacy and dignity was promoted and respected by staff. During our visits to people's homes we saw staff asked permission before commencing tasks. Staff knocked on people's doors and called out to alert them of their arrival even when entered using a key safe and key. Staff described the importance of maintain people's privacy and dignity particular when undertaking personal care tasks and intimate care needs.

People's records were stored securely to maintain their confidentiality. Records were stored within the main office in locked cabinets.

Is the service responsive?

Our findings

People's needs were assessed before they started using the service. People and their chosen relatives told us they had been included in this process. The information gained from the assessment was used to produce people's individual care plans. Information within care plans reflected people's personal preferences, communication needs, nutrition, mobility and continence.

People's needs in relation to equality and diversity were considered during the assessment process and included within people's care plans. These needs included age, disability, religion and other protected characteristics.

Care plans were person centred and included sufficient guidance for staff to fully understand and meet people's needs and preferences. Clear guidance was available for staff to support people with their daily routines. People's independence was promoted throughout each routine to ensure staff supported them to undertake tasks if they were able to. For example, [Name] will sit on the perching stool in the bathroom, fill the sink with water themselves. Staff to ensure flannels, soap and towels are to hand. We saw that the care plans had been reviewed regularly and updated as required. Staff told us they were told promptly if any changes had been made to the care plans.

Where people had expressed a preference with their choices regarding end-of-life wishes and DNAR (Do not attempt resuscitation) these were included within the care plan files with clear guidance for staff to follow.

Staff completed daily records at the end of each visit. These included the date, arrival and departure time of the visit, tasks undertaken, any concerns raised with the office and to whom/when and a signature of the staff member. A skin integrity form was completed daily if required along with other essential documents that included fluid balance charts. All records were reviewed regularly through the registered providers audit systems to ensure full completion. Gaps were identified and promptly addressed with individual staff members.

The registered provider had a complaints policy and procedure in place. People and their relatives told us they felt confident to raise any concerns through the office and stated they would be acted upon. Relatives comments included "I am confident that any concerns or complaints I had would be promptly addressed" and "I have not had cause to formally complain, however when I have had little niggles they have been promptly acted upon." We reviewed the complaints file and found that complaints were acknowledged, investigated and formally responded to within the registered provider's guidelines.

Is the service well-led?

Our findings

The service had a registered manager that had been in post since January 2018. 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 a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

People told us that they knew who the registered manager was and felt confident to contact them. People, relatives and staff all spoke positively about the management team and described them as approachable, knowledgeable and supportive. Comments from people included "I would recommend AMG to people that needed support", "I'm happy with the service and feel the office staff are easy to contact and helpful" and "AMG have been a lifeline and without them I couldn't keep [Name] at home."

Staff spoke positively about their role and described the importance of making a positive difference to people's lives. Staff told us that the management team were approachable and they felt their concerns were listened to and acted upon. Staff described individual examples of support they had received both professionally and personally.

People were regularly invited to share feedback about the service they received. This was through feedback forms, during telephone contact, at care plan reviews and during staff monitoring visits. Some recent quotes had included '[Name] is happy with the care he receives from staff. They are courteous and they also have a laugh and joke with him' and 'Staff are caring, kind and approachable'. Comments from the CQC questionnaires included 'Please give my congratulations to the people that chose this special staff that support me' and 'The service is improving all the time and the office staff are quick to respond'.

The registered provider and registered manager undertook regular weekly, monthly and quarterly audits at the service. These included care plans, medicines management, complaints, accidents/incidents and daily records. Records showed that areas for development and improvement had been highlighted and action plans had been created and completed within specified timescales.

The registered provider had up-to-date policies and procedures available that were regularly reviewed. Staff told us that they had access to these as and when they needed guidance in all areas of their work role and employment.