

AMG Consultancy Services Limited

AMG Nursing and Care Services - Crewe

Inspection report

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Tel: 01270617148

Date of inspection visit:

01 October 2020

02 October 2020

05 October 2020

07 October 2020

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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●



Summary of findings

Overall summary

About the service

AMG Nursing and Care Services is a domiciliary care service. The service provides personal care to children and adults living in their own homes. At the time of the inspection there were 178 people using the service.

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

Quality assurance systems had not always resulted in timely improvements to the service. While systems had been introduced to improve the oversight of the service, the provider was aware that further improvements were required.

Procedures to ensure staff were recruited safely had not been robustly followed.

Improvements were required to the timing of people's care visits and to ensure people had support from regular staff. Rotas had been impacted by the COVID-19 pandemic and action was being taken to address this.

People and family members told us overall, they felt safe with the support provided. There were mixed views about the support provided to people. Some people were positive about the care they received whilst others told us improvements were needed.

The provider had introduced systems to improve the way medicines were managed, however there were further improvements to be made. Staff understood infection control requirements and worked in a safe way to limit the spread of infection.

Individual risks to people had been assessed and action taken to reduce the risks, however, records did not always reflect the support in place to keep people safe. We made a recommendation in relation to the use of emollient creams within fire risk assessments.

Some staff felt well supported working for the service. Others felt morale was low and were unhappy with the way schedules were managed. There was no clear approach to seeking feedback from people or their family members. People gave mixed responses as to whether their views had been sought.

The management team was responsive during the inspection and took immediate action to address the areas for improvement.

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

Rating at last inspection

This service was registered with us on 24 October 2019 and this is the first inspection

The last rating for the service at the previous premises was requires improvement, published on 4 July 2019.

Why we inspected

The inspection was also prompted in part due to concerns received about the safe management medicines and staffing. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so We have identified breaches in relation to management of risk to ensure people's safety and the governance of the service at this inspection.

We have identified two breaches of regulation at this inspection. These are in relation to the monitoring of quality and care and the safe recruitment of staff.

We will review the action plan we have requested from the registered provider. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 now always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

AMG Nursing and Care Services - Crewe

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and two Experts by Experience. One inspector attended the service and a medicines inspector worked offsite. 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 houses and flats.

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 the registered manager would be available to support the inspection. This also enabled us to check if there were any Covid-19 related matters we needed to take into account before our site visit. Inspection activity started on 1 October 2020 and ended on 7 October 2020. We visited the office location on 5 October 2020.

What we did before inspection

We reviewed information we had received about the service since the last inspection. This included details

about incidents the provider must let us know about, such as safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury. We also sought feedback about the service from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We requested the provider send information to us prior to our site visit. This included information on staff training, staff meetings, information to support the monitoring of quality and assurance, and key policies and procedures.

Due to the risks of Covid-19, we did not make home visits to people who used the service, instead, we sought feedback from people and their relatives over the phone. We spoke with twenty people who used the service or family members about the care provided. We also spoke with twelve members of staff, the registered manager and the operations director. We reviewed a range of records. This included multiple medication records, care plans, risk assessments, three staff recruitment files and training and quality records. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found during this inspection.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Recruitment checks were not robust enough to ensure staff were suitable to work with vulnerable adults. Disclosure and barring service checks were carried out, however in one case processes to assess information contained within the DBS had not been followed. Safeguards to minimise any potential risk had therefore not been put in place. We raised this with the registered manager, who took action to address this.
- References were sought, however these were not always from the current, or most recent employer. Processes needed to be more robust to demonstrate steps taken to obtain these references and the suitability of alternative references.

We found no evidence that people had been harmed however, there was a failure to recruit staff safely. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People gave mixed feedback about the timings of care calls and consistency of staff. Some were positive however, others felt the service had deteriorated in recent months and repeatedly had to explain their routines. They told us; "The staff seem to be late, it is a different member of staff every day"; "I am very happy with the agency apart from the time keeping" and "They are lovely, and they are on time."
- Staff views varied about the organisation of the service. Some had a regular rota and felt they had sufficient time. However, a significant number expressed concern about the number of calls they were asked to attend over a wide spread area. They commented, "Continuity is quite poor. I don't do the same run in a month" and "The time we have to care for people is okay, but we are getting a lot of calls slotted in."
- Records confirmed calls were often scheduled at variable times, sufficient travel time was not always given between calls and people received support from numerous staff. Although, there had been no recent missed calls.
- The provider told us that COVID-19, as well as a delay in opening a new office location had impacted on the timings of calls and continuity of staff. They were recruiting new staff to support a specific geographical area and were in the process of reviewing rotas. The provider told us changes to the way the service was commissioned meant they could provide greater stability for people using the service moving forward.
- Staff received an induction, shadowing and training to enable them to carry out their role safely.

Assessing risk, safety monitoring and management

- Individual risks to people had been assessed and action taken to reduce the risks, however, records did not always reflect the support in place to keep people safe.
- For example, where there was an increased fire risk, the person's care plan and risk assessment did not

fully evidence the actions staff had taken to help reduce the risk. The unsafe use of certain skin creams can result in increased risk of injury from fire. This had not been considered within the risk assessment. The registered manager acted to address this straight away.

We recommend the provider refers to the latest guidance on the safe use of emollient creams and incorporates this into all relevant risk assessments and management plans.

- Staff used a mobile app which scheduled and monitored care calls. This meant office staff were alerted straight away to any missed calls. Important information was available through the app and staff could highlight any concerns immediately to the office.
- Some staff told us the app was informative whilst others felt information was not fully available. Whilst initial information was available, in some cases care plans were implemented several days after the service had commenced. The service provided a "rapid response" service for hospital discharges and were in the process of introducing a new system which meant relevant information about the person's needs would be immediately available through the mobile app.

Systems and processes to safeguard people from the risk of abuse

- People and family members told us overall, they felt safe with the support provided. Comments included, "Oh yes, I feel (name) is safe with the staff" and "The staff are lovely and very warm towards (name)."
- Staff received safeguarding training and knew how to recognise potential signs of abuse and how to raise any concerns about people's safety.
- Overall, safeguarding concerns had been reported as required to the local authority. However, one person told us about an incident which had caused them upset. This had been dealt with internally, however, had not been referred to the local authority under local procedures for further consideration.

Using medicines safely

- Medicines prescribed to be taken at specific times, were not always managed appropriately. Some medicines need to be given at a certain time to make sure they are safe or work effectively.
- Staff were trained and assessed as competent to administer medication.
- The service had introduced an electronic system for recording the administration of medicines. The medicines policy reflected current practice. Records accurately reflected what medications had been given.
- Care plans explained to staff when to administer medicines prescribed to be taken 'when required.'

Preventing and controlling infection

- Staff completed training about infection prevention and control.
- Staff wore the correct personal protective equipment (PPE). They had access to stock of PPE when needed.
- Staff told us they had been supported with information and updates in relation to the COVID-19 pandemic.

Learning lessons when things go wrong

- Lessons were learned when things had gone wrong. Staff were required to report any incidents and accidents. The registered manager and provider reviewed these to ensure relevant action was taken to prevent any occurrences.
- The provider discussed and shared any learning across the organisation

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The provider and registered manager were focused on improving the oversight of the service. New systems and audits had been implemented. However, the monitoring systems had failed to identify improvement needed to staff recruitment processes.
- Quality assurance systems had not always resulted in timely improvements to the service. The electronic call monitoring system gave the management team the ability to monitor people's calls and act where needed. Some action had been taken but not enough overall to drive the improvements required.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate the oversight and governance of the service was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- The provider had introduced systems to improve the way medicines were managed, however there were further improvements to be made.
- The provider and registered manager were open and transparent about where they had made improvements and where further improvements were still needed. The COVID -19 pandemic had impacted on the service. The provider acted quickly following the inspection to make some immediate changes and improvements.
- Staff feedback was mixed about the management of the service. Whilst some felt supported and "loved" working for the service. Others felt morale was low and were unhappy with the way schedules were managed. They described ineffective communication, although told us back up was usually available through the on-call system.
- The registered manager was supported by a team who had specific roles and responsibilities. Heads of department and administrative roles had been introduced. However, the provider planned to review this arrangement to ensure staff were appropriately supported.
- The registered manager had notified us about any events or incidents which they were required to by law.

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

- People's views were mixed about the service, some were positive about the care and support they

received. Others said support felt rushed at times and needed regular staff.

- People and their families told us they were usually able to contact the office for support. Although some said this was more difficult at weekends.
- Where people had raised concerns with the office staff, there were examples where issues had not been effectively addressed until they were escalated to the registered manager. Whilst formal complaints were addressed, there was limited oversight and analysis of people's lower level concerns to identify patterns or trends.
- The management team visited people to assess their individual needs and care plans reflected a person-centred approach.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- There was no clear approach to seeking feedback from people or their family members. People gave mixed responses as to whether their views had been sought.
- Questionnaires had been used in the past but there was no current evidence that feedback gathered was analysed and used to improve the service. People's review meetings provided some information, however the provider told us they were considering more effective ways to gather feedback in future.
- Staff meetings had been paused due to the COVID- 19 pandemic. The management team had communicated through emails, newsletters and telephone supervision sessions. Some staff felt their ability to feedback and contribute to the development of the service was limited.
- The management team had introduced staff well-being calls to support staff during the COVID-19 pandemic. Overall staff told us they had felt supported during this period.
- The provider and registered manager were responsive to feedback given throughout the inspection and immediately acted on the findings. They were committed to continuous improvement.
- The service worked in partnership with others, such as commissioners, health professionals and other social care professionals. We saw a compliment from a health care professional praising the way the service had communicated to bring about good outcomes for a person.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to assess, monitor and improve the quality and safety of the service were not effective. Regulation 17(1)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Robust recruitment procedures had not been operated. Regulation 19(2).