

AMG Consultancy Services Limited

AMG Nursing and Care Services

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 23, 27 and 28 June 2016 and was announced. The provider was given 24 hour's notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office. AMG Nursing and Care Services provides a personal care service to people living in their own home. During the inspection 100 people were supported by AMG Nursing and Care Services with their personal care and support needs.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection, staff within the office were welcoming and friendly. All information we requested was supplied in a timely manner and records were comprehensive. People who use the service and staff all spoke very positively about the service. Comments included, "I rarely need to contact the office as I have regular staff and calls" and "[Name] is brilliant, they deserve an award. Completes all required tasks with a cheerful attitude".

Staff had built up positive relationships with people and this was confirmed through conversations when people were visited in their homes. People said they felt well cared for and that they really mattered. One person said, "The staff are well trained and do all we need" and "The carers [staff] are all well trained and I look forward to and enjoy their visits".

People told us they felt safe. All staff undertook annual training on safeguarding adults from abuse, and put their knowledge into practice. Where staff had raised alerts the service managed the concerns promptly and where required, conducted thorough investigations to protect people. The service had thorough recruitment practices which protected people. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

People were supported by staff teams that received training that reflected people's individual needs. Bespoke training was arranged for staff when working with any person that had specific care needs. Staff put their training into practice and delivered good care.

People were involved in the assessment process and were encouraged to say how they would like to be supported. People's preferences were sought and respected. People told us staff provided consistent care and support. Staff responded quickly to people's changing needs and these were communicated to those that needed to know.

People's risk assessments were person centred and specific to their individual needs. Staff managed risks effectively and actively supported people's decisions, so they had as much control and independence as

possible. Risks were regularly reviewed and updated promptly following any change.

People knew how to raise concerns and make complaints. People and their relatives who had raised concerns confirmed they had been dealt with promptly and satisfactorily. There had been one complaint received within the last twelve months and this had been appropriately investigated and responded to. People said they were confident any concerns or complaints would be listened to and addressed.

Staff described the management as approachable, always willing to listen and honest. Staff were motivated about their roles and talked positively about the service and people they supported. They said they were encouraged to undertake training to progress and strive for career development.

New quality assurance systems had recently been put in place following the introduction of the field supervisor. The field supervisor role is to support and monitor staff working in the community. They regularly visit people using the service to monitor the care and support they have received. Some evidence was seen that actions had been highlighted and addressed for areas requiring improvement and development. The new changes had been made to help ensure the service moved forward and continually improved.

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.

Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were supported by staff that had a good understanding of how to recognise and report any signs of abuse. Staff acted promptly to protect people.

Procedures and processes were in place to help ensure that people received their medicines safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had the knowledge and skills to meet their individual needs.

People were supported by staff that confidently made use of their knowledge of the Mental Capacity Act 2005. People were involved in decisions about their care and support.

Is the service caring?

Good ●

The service was caring.

People described the caring approach shown by staff as very good.

People felt they mattered and valued the strong positive relationships they had developed with staff.

Staff respected people's dignity and maintained their privacy.

Is the service responsive?

Good ●

The service was responsive.

Staff had a thorough understanding of how people wanted to be supported and responded promptly to people's changing needs.

People had been fully involved in the development and reviewing of their care plans and had agreed with the content.

People were provided with written information about how to make a complaint. People told us they thought any complaints would be properly investigated by the registered provider

Is the service well-led?

The service was well led.

Management were approachable and had clear values that were understood by staff and put into practice.

Staff demonstrated that they were motivated to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care.

Good ●

AMG Nursing and Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 23, 27 and 28 June 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office. The inspection team consisted of one adult social care inspector.

During the inspection we spoke with the registered manager, the field supervisor and five members of staff. We also visited six people in their own homes that used the service and observed staff while they were working. We observed positive interaction between staff and people using the service.

We looked at ten records that related to people's individual care and support needs. These included support plans, risk assessments and daily monitoring records. We also looked at seven staff recruitment files and records associated with the management of the service, including quality audits.

We reviewed the information we held about the service. This included any notifications received from the registered manager, safeguarding referrals, concerns about the service and other information from members of the public. We contacted the local authority safeguarding team and they told us they had no immediate concerns regarding the service.

Is the service safe?

Our findings

People we spoke with said they felt safe being supported by AMG Nursing and their staff team. One person said "Our carer is very attentive of [Names] safety. She walks him to the table and ensures he is sat safely for his breakfast, and afterwards supports him to his comfy chair to have his cup of tea". Another person said "All the staff are very patient with me particularly when I am having a bad day".

The service had medicine policies and procedures in place which were not in line with current and relevant guidance and regulation. The registered manager immediately contacted the registered provider to ensure these were reviewed and updated in line with current regulation and guidance. A copy of the up to date medicine policy and procedure has been received following the inspection and meets current guidance and regulation. The internal audit had not highlighted this as it did not include policies and procedures. This has since been included within audit documentation. The registered manager completed medication audits and reviewed all documentation including Medication administration records (MARs).

Staff understood the importance of safe administration and management of medicines and had completed the appropriate training. The training included up to date guidance and legislation. All staff administering medicines had attended medication training and undertaken competency assessment which was renewed annually. Staff competencies were undertaken by the registered nurse employed by the service. Staff also attended a clinical skills day which covered areas including catheter care, safe use of oxygen and management of a colostomy. Staff underwent competency assessment prior to undertaking any of these tasks. The competency assessment process included working with the assessor the first time, being closely observed by the assessor the second time and undertaking the task fully independently on the third occasion. Staff said they could request a longer period of time and additional support if it was required to gain competency. Records showed some staff did not undertake specific tasks or medication administration as they had not gained competency. This meant people were only supported by staff that were competent to undertake the tasks required.

A safeguarding policy was available and all staff were required to read this as part of their induction programme. All staff had undertaken safeguarding training and were knowledgeable in recognising signs of potential abuse. Staff were familiar with the relevant reporting procedures including local authority contacts. Staff understood how to appropriately protect people and keep people safe from harm. One staff member told us they had recently highlighted concerns regarding a person to the manager. They said "I would always raise concerns however minor they may seem at the time. People are paramount". The registered manager knew their responsibilities regarding safeguarding alerts and who they needed to report any concerns to. All safeguarding issues had been fully investigated and appropriate action taken to minimise future reoccurrence.

There were sufficient numbers of staff to keep people safe. All of the people spoken with told us that they were not rushed with their care and staff completed all tasks required. Staffing rota's showed that there were the correct amount of staff available to meet people's needs. Robust recruitment practices were in place and records showed checks were undertaken to help ensure the right staff were employed to keep

people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. Checks included the Disclosure and Barring Service (DBS). 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. DBS checks were repeated every three years in accordance with the services procedure. This ensured information held about staff was regularly updated.

People were protected by staff who understood the plans in place to respond to emergencies or unforeseen events. People and staff had access to on call telephone numbers for the service that were operational 7 days a week. This ensured a member of staff was always contactable if needed.

People were supported by staff that understood and managed risk effectively. Prior to providing support to people the registered provider completed a comprehensive risk assessment that considered personal care needs, medication, mobility assistance and general risks. A risk rating system was used which demonstrated measures to be put in place reduce risk. Environmental risk assessments indicated where risks could occur and measures were put in place to minimise the likelihood of incidents occurring. Plans were reviewed regularly with the full involvement of the person receiving the service.

The registered provider had a range of health and safety policies and procedures which were made available to staff. In addition to this staff were provided with on going training in health and safety, fire awareness, prevention and control of infection, first aid and also moving and handling. Staff were aware of their responsibilities for ensuring the safety of the people they supported as well as their own safety and for reporting any concerns they had.

The service had personal protective equipment (PPE) which was held at the office and made available to staff on request. Gloves and aprons were worn when undertaking personal care tasks to ensure infection control procedures were followed to keep people safe.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records were clearly written and they demonstrated that appropriate actions had been taken. This minimised future risk and reduced the likelihood of reoccurrence. The registered provider undertook regular audits of accidents and incidents to identify any trends or avoidable risks.

The registered provider had a robust policy and procedure in place for the management of people's finances. Records clearly showed all financial transactions and included receipts. The person and staff member had both signed to agree accuracy of the documentation. One person said "I give the staff the money and a list of shopping required. They bring back the shopping along with the receipt and any change. We check it together and both sign our agreement". This meant transactions were open and transparent.

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff that had the right competencies to meet their needs. People spoken with told us, "All the staff are well trained and know what they are doing", "All the staff are excellent. All the care has been to a high standard" and "The staff go the extra mile, above and beyond".

All staff had completed a four day induction programme and attended on-going training sessions to develop their knowledge and skills. The training included topics which the provider considered mandatory and it was delivered in a number of different ways, including; internally held courses, and those delivered by external training providers. Staff told us that the training was good and always interesting. One staff member said "My induction was really good and very informative". Newly appointed staff completed the new care certificate. The care certificate is a set of minimum standards that social care and health workers follow within their daily working life. The standards gave staff a good basis from which they could further develop their knowledge and skills. Newly appointed staff shadowed experienced staff until they were competent in their role. People were supported by staff who had the knowledge and skills required to meet their needs.

Staff records showed specialist training relevant to people's individual needs that included dementia, diabetes, epilepsy and palliative care had been undertaken. Staff were required to undertake a knowledge test to assess their competency in relation to all training they had completed. Staff told us there was ample training available to fulfil their roles. Staff were supported to achieve nationally recognised vocational qualifications. Staff said that undertaking these qualifications helped them to develop a clear understanding of their specific roles and responsibilities and have their achievements acknowledged. Staff confirmed they had been supported by the registered provider to increase their skills and obtain qualifications.

Staff received the support they needed to carry out their roles effectively. Staff told us they were well supported and they felt able to talk at any time about their work with the registered manager and their supervisors. One member of staff said "I will come into the office if I need support. They are all very good at solving any problems I have", another said "The manager and office staff team are all very approachable and supportive". Records showed staff had received one to one supervision and an end of year appraisal. The field co-ordinator carried out spot checks on staff whilst they were working in the community and the views of people who used the service were also obtained. This enabled the registered provider to assess and obtain feedback about staff performance. Discussions with staff took place following spot checks to highlight what went well, areas for improvement and future training and development needs.

People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. Staff were confident about what to do if they had immediate concerns about a person's health. Staff told us they would carry out the necessary first aid and call for emergency assistance. We saw office records of care concerns raised promptly by staff including reports of falls, changes in health needs, medication queries and people not being at home at the time of the call. The records showed the actions taken by the carers and the office staff.

Staff were available to support people to access healthcare appointments if required. They liaised with

health and social care professionals involved with a person's care if their health or support needs changed. People's care records showed that the service had supported them to access district nurses, occupational therapists and healthcare professionals specific to individual needs.

People were supported at mealtimes to access food and drink of their choice. The support people received varied dependant on their assessed needs and circumstances. Some meals required reheating as they were prepared in advance. Other people required more support which included staff preparing and serving meals, snacks and drinks. Staff had completed training in food hygiene and nutrition and they knew how to respond to any concerns they had about a person's diet. For example if a person's appetite significantly changed or if a person showed obvious signs of weight gain or loss. Staff said they would seek professional advice and support to ensure the person was supported appropriately. Nutritional intake records showed food and drinks that had been given to a person as well as how much had been eaten and drank. Records showed concerns were logged and promptly reported to the registered manager. People confirmed that staff always ensured they were comfortable and had access to food and drink.

We checked how the service followed the principles of the Mental Capacity Act and its associated code of practice (MCA). 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.

Staff were aware of their roles and responsibilities in relation to the MCA, and put this into practice on a daily basis to help ensure people's human and legal rights were respected. Staff considered people's capacity to make particular decisions and where appropriate knew what to do and who to involve, in order to make decisions in people's best interests. The registered provider demonstrated that assessments of people's mental capacity to make specific decisions had taken place. Following these assessments, best interest decisions had taken place. The MCA and Deprivation of Liberty Safeguards (DoLS) were included in the training programme that all staff were participating in.

These safeguards protect the rights of people by ensuring that any restrictions to their freedom and liberty have been authorised by the Court of Protection and are necessary to protect the person from harm. There was no-one subject to a DoLS at the time of our inspection.

People confirmed that they had consented to receiving care and support within their homes. They told us support staff and members of the management team regularly checked they were happy with the service. People with capacity had signed to say they had participated in the completion of their care plans.

Is the service caring?

Our findings

People said they were treated with compassion and kindness by the support staff. They said positive relationships had been developed with their regular members of staff. One person said "[Name] is very good; all the staff are very good to me".

Positive, caring relationships had been developed with people. Staff demonstrated enthusiasm for their role and to promote people's independence wherever possible. A member of staff said "I always promote independence and let people do as much as possible for themselves". Another said "I genuinely love my job and I feel passionate about making a positive difference to people's lives".

Staff spoken with had a genuine concern for people's well-being. Staff demonstrated that they understood people well and were able to observe changes in their health and well-being. A staff member commented that they were working with a person with deteriorating health whereby they required additional care and support. They described what had been put in place to keep this person safe but also ensure they retained as much independence as possible.

Staff were respectful of people's privacy and dignity. One person said "Staff are very respectful of my home and wait to be invited in even though I have a key safe". Another person said "Staff keep me covered up as much as possible when they are undertaking personal care. I feel they understand my embarrassment and preserve my dignity". Staff told us they gave people as much privacy as possible to maintain the person's dignity. However, they stayed nearby to ensure people remained safe particularly if people were at risk of falls.

Records showed people were offered a choice regarding whether they had a preference for male or female staff. They were also offered a choice regarding if they would prefer staff to wear a uniform or not. People said this made them feel in control of their care and support needs and they felt listened too. One person said "I prefer female staff as I need assistance with personal care". This meant the service demonstrated a person centred approach and kept people at the heart of all decisions.

People were supported to give feedback about the service they received and were fully involved in the development of their care plans. One person said "I have always felt fully informed and involved and most importantly to me I have always felt accepted and never felt judged".

All people commencing with the service received a service user guide. This booklet included information about the services offered including its limitations. It included the aims and objectives of the service, the nature of the service provided as well as who is the service provided for. Key policies and procedures were included and terms and conditions of the service. It also explained the role of advocacy for people and how the service can support people to access an advocate.

AMG Nursing and Care Services supported people with end of life care and had policies and procedures in place to support this process. Staff that had the appropriate skills and attributes chose to work in this area

and had undertaken palliative care training and expressed a huge satisfaction of this. One staff member said "It is the ultimate privilege to be able to support someone at the end of their life when they have chosen to be in their own home". This meant people could choose to be supported to stay in their own homes up to the end of their life.

Compliments received by the service included "I am very pleased with all the staff, they are very good and always pleasant", "We have brilliant night support. I am confident my mother is well looked after" and "We love the banter with the staff and they genuinely lift our mood". These compliments had been received through thank you cards as well as the review and audit process.

Is the service responsive?

Our findings

People told us that the staff knew how to carry out their role fully and were competent at the tasks they undertook. They said staff had mostly arrived and left their homes on time. People understood that staff were delayed on occasions. People told us they had some regular staff that visited them and they spent the right amount of time with them. One staff member told us; "I always complete all the tasks on the care plan but also ask the person if they need anything else".

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. Care plans we looked at showed that each person's plan reflected their individual needs, choices and preferences, and gave guidance to staff on how to make sure personalised care was provided. Care plans included an outcome agreed with the person and detailed how this would be achieved. One person said "The care plan includes all the information I wanted to be in it and I am happy for this to be shared with staff".

People told us they were supported to have choice and control over who provided their personal care. Records reviewed showed people were supported to be involved as much as possible in deciding whether or not staff members selected to support them, met their needs. One person described a member of staff that they had not been able to get on with and the service had changed them. They said "[Name] did not do anything wrong but I just was not happy with them".

Review meetings were held regularly and had highlighted required changes to people's care and support needs. Any changes were discussed with the person and chosen relatives as required. All changes were clearly documented and the information cascaded to all staff. This meant continuity of support continued and that all staff remained aware of people's individual needs. People told us they were involved in their reviews and their feedback was requested. People's comments were acknowledged and used to further develop the service.

Daily records that had been completed fully reflected on each area of the care plan. However, completion of these documents was variable. They were always completed and signed but not consistent in standard. This was discussed with the registered manager who commenced a review of their process. All staff were immediately contacted to reiterate the importance of the full completion of these documents along with a signature. Records completed by staff included references to medication, activities undertaken and other information specific to the individual person. This information was used at each person's review for discussion and future planning as well as care plan development.

People were protected from the risk of social isolation and staff spoken with recognised the importance of companionship and maintaining relationships with those who matter to them. People were enabled to take part in personalised activities and encouraged to maintain hobbies and interests. One person said "Staff take me out and I am always encouraged to be in control of where we go and what we do. I welcome suggestions from staff though".

The service worked alongside health and social care professionals, including district nurses and therapists to ensure people's needs were met. Records showed contact by the service with GP's, district nurses and other health and social care professionals to ensure any changing needs of a person were met. The field supervisor described contacting an occupational therapist to request an assessment of a person's hoist and sling. This was due to the person experiencing discomfort. Following the re-assessment a new sling was successfully introduced.

The registered provider had a complaints policy and a procedure which was provided to people when they first started to use the service within the service user guide. We saw the record of complaints that people had made. Records showed that they were dealt with in a timely way in line with the registered provider's complaints policy. People told us if they had any concerns they would contact the office. Staff spoken with were knowledgeable about the complaints procedure and were confident about dealing with any concerns, complaints or comments made by people. People told us "I have never had cause to complain about anything", "I've never had a problem in the three years I've been receiving care from AMG" and "I would contact the manager if I had a complaint". Records were reviewed of one formal complaint that had been received in the last 12 months. The complaint had been fully investigated and appropriately responded to in a timely manner. The registered manager explained the lessons learnt from this as well as actions that had been put in place.

Is the service well-led?

Our findings

The registered manager overviewed the running of the service and had good knowledge of the staff and the people who were supported by the registered provider. There were clear lines of responsibility and accountability within the management structure. The registered manager had been in post since January 2014.

The registered manager actively sought and acted on the views of people using the service and placed a strong emphasis on continually striving to improve. People said they knew how to contact the office and they would respond to any concerns or queries. People said that the office staff also undertook calls when support staff were unable to work. They said they felt confident the office staff would address any issue they had.

People and staff all described the manager of the service as approachable, open and supportive. Comments included, "The manager is fantastic", "The manager is easy to talk to and very understanding. I can talk to her about anything" and "I am very impressed with AMG".

The service used an electronic monitoring system for staff to log in and out of every call to people in their own homes. This system recorded the times in which staff were scheduled to visit a person and also recorded the actual times staff had arrived and left. This system was monitored throughout the time staff were working. The system reduced the possibility of missed calls to people.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. Registered providers are required to inform the Care Quality Commission of certain incidents and events that happen within the service. Providers are required, by law, to notify us about and report incidents to other agencies when deemed necessary so they can decide if any action is required to keep people safe and well.

The registered manager described the aims of the service and said she hoped they were able to provide a consistent professional quality service. They told us that AMG Nursing and Care Services strived to meet people's needs and aspirations. The registered manager described her passion for making a positive difference to people's lives. This was also reflected through discussions with all staff members spoken with.

The registered provider had undertaken a quality audit during November 2015 to seek feedback on the services provided to people. The feedback overall was positive however 50% of people said they were not always informed of changes. The registered manager was working with the office staff to ensure this area was developed and improved. Comments from the feedback included "All carers are very good" and "I appreciate all the carers do for me".

Records showed quality assurance visits had been undertaken and also telephone calls to seek feedback from people using the service. Many compliments were noted regarding individual staff members and the service in general. Any issues that arose were documented and actions taken for these to be addressed.

Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Staff reflected very positively about the service. Comments included "The service keeps getting better and better", "It is great having a nurse available to support the whole team" and "The staff team are great and we all get on well".

The registered provider undertook regular audits which included medication, accidents and incidents, care plans in line with the organisations policies and procedures. All audits clearly identified actions required and were fully updated following the completion of any actions. All audit information was collated and a full analysis undertaken to identify trends as well as areas for development.