

AMG Consultancy Services Limited

AMG Nursing and Care Services - Crewe

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

AMG Nursing and Care Services - Crewe is a domiciliary care agency that was providing personal care to around 180 children and adults at the time of the inspection. The number of people using the service varied daily due to nature of the service provided.

People's experience of using this service:

We found a breaches in Regulation as the registered provider needed to better utilise the checks and audits that were in place to determine and manage the quality of the care. These checks had not highlighted or addressed some of the issues found during this inspection. People were supported with their medicines, but improvements were needed to record keeping to ensure that this was safe.

We made a recommendation that the registered provider review planning and delivery of care to ensure that it consistently meets people's preferences and needs. People reported that staff met their needs but that they did not always have a consistent and punctual staff group. Care plans varied greatly in their personalisation, content, accuracy and detail.

We made a recommendation the registered provider seek guidance to ensure that they meet the requirements of the MCA in the assessment and recording of mental capacity and best interest decisions. Records did not demonstrate how the mental capacity act was applied and followed.

People who used the service and their relatives were positive about the impact it had on their lives: enabling them to remain safe, healthy and as independent as possible within their own homes. They said that staff were kind, patient, knowledgeable, considerate and competent.

The registered manager worked in partnership with health and care professionals and the local community to ensure people received the support they needed and it was well support was coordinated. The management team were open and approachable in the way they managed the service.

People received safe care delivered by staff who understood their role in safeguarding the people in their care. Risks to people's safety were assessed and a management plan put in place to keep them safe.

People commented that they were treated with dignity and respect and their privacy was maintained. When staff supported people at the end of their life, they ensured their wishes were acted upon and supported their relatives during this time. People were aware of how to raise concerns and complaints.

Processes were in place to ensure that staff recruited was of suitable character and skill. Staff received robust induction, on-going training and support so that they could be effective in their roles.

Rating at last inspection:

The service was rated Good overall at the last inspection with a Requires Improvement judgment in Effective. The report was published on 26 November 2016.

Why we inspected:

This was a planned inspection to check whether the service remained Good.

Enforcement:

Please refer to the action we told provider to take towards the end of the full report.

Follow up:

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.

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

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 had dropped to Requires Improvement.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service remained Requires Improvement.

Details are in our Effective findings below

Requires Improvement ●

Is the service caring?

The service remained caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service had dropped to Requires Improvement.

Requires Improvement ●

Is the service well-led?

The service had dropped to Requires Improvement.

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. 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:

This inspection was carried out by an adult social care inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using this service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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:

The service was given two days' notice of the inspection site visits because some of the people using it required notice that we would be contacting them for their views. We also needed to be assured that someone was in the office to support the inspection.

Inspection site visit activity started on the 24 May 2019 and finished on the 31 May 2019.

We visited the office location on 29 and 31 May 2019 to see the registered manager, care staff and office staff;

and to review care records and policies and procedures.

What we did:

We did not request a Provider Information Return (PIR) prior to this inspection but we did ask for an up to date list of contact details for people who used the service, staff and professionals. This was not returned by the date required.

We gathered information by looking at records and speaking to people. This included reviewing the notifications we had received from the service and any information from third parties. We looked at records around the management of the service such as accidents and incidents, safeguarding, complaints, rotas and timesheets, audits and quality assurance reports. We also reviewed two staff files and all staff training records.

We reviewed the care plans and medication administration records of six people using the service. We contacted the local authority and other commissioners of the service who provided positive feedback. The views of 17 people using the service, five relatives and nine members of staff were also considered.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Using medicines safely

- Policy did not reflect and follow best practice. Best practice guidelines were not always followed to ensure that the risks associated with medicines management were minimised.
- Medication Administration Records (MARs) were not always in place to ensure staff could check and record what was being administered. Where staff administered medicines from a monitored dosage system, they did not check and sign for each medication as is best practice.
- Staff had received training and assessment in transcribing medicines to the MAR, but we found a sample not to be accurate. These MARs did not have the information required to ensure medicines were given in the correct way. For example: MARs did not outline for staff the time gap required between doses of pain relief on occasion adequate time had not elapsed.
- On occasion, people had 'as required' (or 'PRN') medicines but were not always able to tell staff when they required them. PRN protocols were not in place to assist staff in assessing when to offer such medicines. Where a variable dose was prescribed, there was no guidance as to how much medication should be given. This had been raised at the last inspection.

The registered provider had not ensured the safe and proper management of medicines and policies and procedures were not followed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us that they had confidence in the staff and that they provided safe care.
- There were safeguarding processes in place for both Children and Adults and these were followed. Staff had received safeguarding training and completed refresher updates.
- An on-call system was in place and people were provided with the name and telephone number of staff whom they could contact in the event of an emergency.

Assessing risk, safety monitoring and management

- Risk assessments were in place to direct staff in how to keep people safe. Information was available for staff to minimise risks to a person's physical health.
- Environmental risk assessments had been undertaken. This did not include checking the equipment staff used had been serviced by the relevant person and was fit for purpose. The registered manager informed us they would take immediate steps to ensure this oversight was in place.
- Contingency planning was included in care plans to assess the response required should care not be available e.g. due to adverse weather conditions.

Staffing and recruitment

- Staffing numbers were adequate to meet the needs of the people using the service but staff were not always deployed effectively. Several people stated that on occasions staff did not come at the right time: being too early or too late. People described a variable experience whereby some time periods were better than others. Staff were sometimes utilised from other branches where there was a short-term deficiency in numbers.
- Staff with specific skills were recruited to meet the needs of people with complex medical conditions. The registered manager informed us that they were taking steps to involve service users and their families more in this process.
- The service continued to carry out checks to ensure that staff employed were of suitable character and skill.

Preventing and controlling infection

- Care plans and risk assessments highlighted any specific infection control risks so that staff could take preventive measures.
- Staff had access to personal protective equipment and used this appropriately.

Learning lessons when things go wrong

- The registered manager had taken appropriate action following lessons learnt identified from complaints, concerns, accident and incidents. These included missed calls, medication errors or failure to follow a care plan.
- Learning was shared between the AMG branches as part of the clinical governance review.
- The registered manager had undertaken a review of the service with staff as concerns had been highlighted regarding communication to and from the office. We saw the outcome of this review in a "You said we did" report. Staff reported that things were now improving on a day to day basis.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible". Applications to deprive people of their liberty within community services must be made through the Court of Protection (CoP). At the time of our inspection no one was in receipt of support was subject to any restriction under the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered provider could not always evidence they were working in accordance with the MCA. Where people may lack capacity to make certain decisions, records did not reflect arrangements in place for people's care or treatment. There was no evidence of best interest decision-making in line with the MCA, based on decision-specific capacity assessments. This had also been raised at the last inspection.
- Several people had their medication kept in a locked safe storage box which they did not have access to. The reasons behind this restriction was not clear in the care plans although staff informed us that these people were at risk of misusing their medication due to memory loss. There was no MCA or best interest decision evident to support this practice.
- The registered provider had not always kept a record of all decisions taken in relation to the care and treatment of people who use the service. People's care records indicated whether the person themselves, or a representative had signed and consented. However, where consent had been signed by someone than the person themselves, it was not clear whether the person had given permission for someone else to sign on their behalf or indeed whether they had the legal authority to do so.
- Care plans were contradictory, and it was not always clear what decisions a person could make for themselves. For example: a social worker had provided an assessment that indicated that due to significant cognitive impairment a person had significant issues with understanding and communication and daily notes from care staff supported this. However, the AMG assessment indicated that they could fully participate in all decisions and communicate fully.

We recommend that the registered provider ensure that they meet the requirements of the MCA in the assessment and recording of mental capacity and best interest decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff always offered choices and sought permission with regards to a person's support. Staff encouraged people to make their own decisions on a day to day basis.
- An assessment of people's needs was undertaken prior to commencing the service. The depth and detail were dependant on the level and type of care to be commissioned.
- People and relevant others including family members and other health and social care professionals were involved in the assessment and planning of people's care.

Staff support: induction, training, skills and experience

- People and their families had confidence in the staff and felt they were competent in their roles.
- Staff had an induction programme that gave them the skills and confidence to work on their own following a period of shadowing an experience member of the team. The induction programme followed the principles of the care certificate but, at present, this was not assessed formally.
- Where clinical interventions were required training and competency assessment for staff was delivered by a nurse employed at the service. Staff told us that the nurse responded quickly if they needed support with any equipment they were unfamiliar with.
- Health professionals told us that they had confidence in the staff to support people with complex care needs and to respond quickly to concerns.
- Staff were supported with supervisions, appraisals and spot checks.

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

- Staff were aware of the importance of ensuring people had sufficient food and drink and this was addressed in training and care planning.
- Where there were concerns, staff kept food and fluid records to monitor consumption. This allowed themselves, family members or other professionals to take appropriate action to avoid or manage unintentional changes to weight or dehydration.

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

- The service provided short term support for people when they came out of hospital on an 'enablement programme'. People confirmed that they had been supported to gain more independence.
- Where staff supported people with complex needs, they worked with members of a multi-disciplinary team to provide coordinated support.
- Staff were aware of signs and symptoms relevant to a person's health and sought timely and appropriate support to keep people well.

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.

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 that they were treated with kindness and compassion. Staff were caring and treated each person an individual. Comments included "The carers are respectful and helpful", "There is a high standard of care and an empathetic manner", "Not only are they professional but good at what you do" and "Staff were gentle and kind"
- The service, we were told, went "That extra mile". Examples were shared of staff arranging and joining in birthday celebrations which boosted a person's self-esteem and mood, or providing meals at Christmas so that, as one person said "We could enjoy a Christmas dinner like we used to but hadn't done for years".
- Where people had equality and diversity needs, these were identified and set out in their care plans. The service complied with the Equality Act 2010 and ensured people were protected from discrimination. Staff understood the importance of equality and what this meant when meeting people's individual needs.

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

- People and relatives told us they were involved in day to day decisions about their care.
- People said that the staff listened to them and this was important. Comments made included "When other professionals were ignoring me, it was the AMG carers that listened and helped me" and "They talk to me, they listen, and we have a laugh which makes my day".
- Regular reviews of people's care were undertaken by staff and the person being supported.
- The provider had an awareness of the Accessible Information Standard (AIS). From August 2016 all organisations that provide adult social care are legally required to follow the AIS. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services.
- The service identified people's information and communication need. Staff understood people's communication needs and used a variety of methods to facilitate this. Staff had learnt key phrases in another language such as Italian to help them better support people for whom English was not a first language.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect by staff. Their privacy and dignity were upheld during the provision of their personal care.
- Staff underwent privacy and dignity training and had access to relevant guidance.
- A staff member had won a Staffordshire Local Authority Dignity in Care Award for their work within the organisation.
- People and their relatives said the staff encouraged their family members to be independent.

- Service records were kept secure and electronic records were password protected. Paper records were stored securely in line with the relevant data protection law.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- For some people their calls times were not always consistent with their wishes and this impacted on their wellbeing. For example: One person told us they required a time specific call due to requirements around food and medication. We saw that on occasion, their planned and actual call time was over one hour late.
- Others had issue with the different number of care staff that came over the course of a month. We looked at rotas and saw there were occasions where different staff attended each day or where there was little consistence. Comments from these people included "My care is quite random, and I don't know whose coming" and "My relative has dementia and all the different staff can be quite unsettling for them".
- Each person had a care plan based on assessments completed. These contained a varying level of detail. Some were 'task' orientated focusing on enablement plans and did not focus on a person's individuality. Others, for those requiring complex care, contained more personalised information.
- The registered provider had produced some standard care plans which covered key areas and provided prompts for staff. However, staff were not personalising these and some information was in them that was not accurate or relevant to the person receiving the care.
- Not all care plans outlined the impact of a mental health diagnosis on a person, how this affected them day to day or how it influenced the support they required. For example: one person had a history of self-neglect, refusal of care and challenging behaviour towards others. There was no reference to this in their care plan.

We recommend that the registered provider review its planning, delivery and recording of care to ensure that it consistently meets people's preferences and needs.

- For those people with more complex needs, a smaller group of staff provided their support and core times were adhered to. People were very satisfied that the care was personalised and met their needs. They commented "I have a core group of care staff who have been nothing short of fantastic" and "Staff have been here a while now and can anticipate my relatives needs well".
- Clinical care plans contained good and high level detail on the steps to be taken to provide safe care such as the care of a catheter, use of suction equipment or breathing support,
- Staff were able to complete an electronic update to any change in need or significant event so that the next care staff due had this information immediately.

Improving care quality in response to complaints or concerns

- There was a record kept of complaints made to the service. These were investigated, and a response provided along with an apology where applicable.
- The service responded in writing to complaints received via a third party such as the local authority or the

Clinical Commissioning Group.

- People and families were aware of how to complain should they have a need to do so. Some people commented that their concerns were not always resolved, and improvements following complaint resolution needed to be sustained.

End of life care and support

- The staff cared for people in the last few days of their lives. The service provided a 'rapid response' which enabled people to come home from hospital within 24 hours so that they could receive 'end of life' support in their own surroundings.
- Several people supported had life threatening or life limiting conditions. Staff supported people and their families both physically and emotionally throughout the care package. One person had provided feedback that said "[name] was only given 3 months to live in October and now we are in April, thanks to the excellent care."

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The registered manager did not have oversight of late visits or the continuity of care staff. Internal systems clearly highlighted when visits took place, the duration and by whom but this was not analysed.
- People who used the service and staff indicated that travel time was not always built into the 'runs'. Some rotas we looked at confirmed this. This had not been picked up and addressed as part of any quality audit.
- The concerns regarding medicines management and failure to follow best practice had not been highlighted as part of the quality reviews.
- The short falls in care planning or mental capacity assessments had not been highlighted or addressed.
- The Care Quality Commission (CQC) had requested information from the registered manager and this had not been submitted by the required date. This resulted in the start of the inspection having to be delayed.
- A review of policies was required to ensure that they all remained up to date and reflective of current legislation and best practice.

This failure to identify where quality and safety could be compromised and take action to improve was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The registered manager was open about areas that had improved since the last inspection and areas that still needed to be addressed.
- The registered provider had a system in place to log any safeguarding concerns and statutory notifications. Providers are required to submit statutory notifications to inform the CQC of certain events affecting people and the running of the service.
- There was a display of the last rating on the website and within the office.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Rotas were not always planned to ensure that people received care from staff who knew them well. One person told us " I have to explain myself over and over.
- People and their relatives told us they had developed positive and supportive relationships with the staff.
- The registered manager and registered provider acted in an open and transparent way where there had been concerns in regards to the care and treatment provided.

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

characteristics: Working in partnership with others

- There were processes in place to obtain views and opinions of people, their relatives and staff about the service. Feedback was reviewed and acted upon.
- Processes were in place such as newsletters and mail merge to share key information immediately with staff.
- Staff told us they felt supported by the management team. Staff comments included, "Everyone is approachable" and "I get treated really well and feel very valued".
- Positive relationships had been developed with external health and social care professionals. The provider worked with commissioners, social workers and health care professionals to ensure the best possible outcome for people.

Continuous learning and improving care

- A review had been undertaken of the on-call system following concern about how quickly calls were answered and responded to. The registered manager has now divided the service so there was a carer and staff on call number. Staff and people who used the service told us this was starting to have a positive impact.
- A review is ongoing regarding improving relationships between office and field staff.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered provider had not ensured the safe and proper management of medicines and policies and procedures were not followed.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There was a failure to identify where quality and safety could be compromised and take action to improve.