

AMG Consultancy Services Limited

AMG Nursing and Care Services - Stafford and Stoke-on-Trent

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

AMG Nursing and Care Services (Stafford and Stoke-on-Trent) is a domiciliary care agency providing personal care and support to people in their own homes. 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. At the time of inspection, 45 people were receiving a regulated service, the majority of people were receiving longer care calls, with some receiving 24-hour support.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

People were supported to be involved in their care and to manage their own risks. However, we have made a recommendation to the provider to review the documentation and recording of people's pain management.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by trained staff. People told us staff arrived on time and stayed for the designated duration of time.

Staff supported people with their medicines safely. Robust quality audits ensured people's medicines were monitored and reviewed in a timely manner.

Right Care:

Staff understood how to protect people from abuse. The provider worked well with other agencies to do so. Staff received safeguarding training and they told us how they would report any concerns to their manager.

The provider had enough appropriately skilled staff to meet people's needs and keep them safe. Staff had been recruited safely and all relevant pre-employment checks had been undertaken.

People's care plans reflected their range of support requirements. Staff knew people well and could tell us about people's preferences and how these could be met safely.

Right Culture:

People's quality of life was enhanced by the provider's culture of improvement and inclusivity. People could choose to be involved in the recruitment process, ensuring they could express their opinions and choices regarding the staff who would be supporting them.

Each person was supported by a team of staff who regularly engaged in person specific team meetings to discuss the care and support required. People and relatives were invited to attend the meetings.

The provider evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. People, relatives and staff received questionnaires in order to provide feedback on the care and support provided.

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

Rating at last inspection

The last rating for this service was good (published 09 January 2020)

Why we inspected

We received concerns relating to training of staff, care planning and incident recording. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed. The service remains good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

AMG Nursing and Care Services - Stafford and Stoke-on-Trent

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. 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 homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 6 months and had applied to register. We are currently assessing this application.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We visited the office location on 15 February 2023. The Expert by Experience made phone calls to people and relatives on 16 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 3 people who received a service, and 6 relatives. We spoke to 15 staff members, including the registered manager, the deputy manager, the quality manager, nursing staff and care workers.

We reviewed a range of records. This included 5 people's care and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. In addition, we reviewed a variety of records relating to the management of the service, including audits and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- This inspection was prompted by a safeguarding review. The provider responded to all the recommendations from this review. However, further action was required regarding pain management for people who could not verbally communicate they were in pain.

We have made a recommendation to the provider to explore pain management and review how pain recognition is clearly documented in people's care plans.

- Risks to people were managed safely and appropriately assessed. The provider had a proactive approach to managing risks, ensuring assessments were reviewed regularly and involved people, relatives and staff.
- People's behavioural support plans were robust, these identified potential triggers and suggested actions staff could take to reduce people's distress and positively support the person.

Using medicines safely

- Medicines were managed safely by suitably trained staff. People received pain relief medication. However, the provider needed to improve the system for recording signs and symptoms of pain for people who were unable to verbally communicate this to staff.
- People received their medicines at the right time and medicines were reviewed regularly.
- Safeguards were in place to ensure people received their medicine safely. The electronic care system contained a photograph of each person's medication, including the label. This meant staff could easily identify the correct medicine.
- Medication quality audits were robust and carried out regularly by a member of the management team. Spot checks took place to ensure staff administered medicines safely and in line with the care plan.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the care provided and relatives told us staff supported people safely. One person told us, "I feel safe with the care and support". One relative told us, "[My family member] trusts staff and feels very safe in their care."
- Systems were in place to keep people safe from harm. Person specific team meetings took place where staff, relatives and people were able to discuss the care provided. These were used to update information, review care and pass on concerns.
- Staff received safeguarding training and they told us they were confident to report concerns. One staff member said, "We are the companies' eyes and ears. We need to feedback any issues to the office."

Staffing and recruitment

- People were supported by sufficient numbers of skilled staff to meet their needs. One relative said, "Staff provide very good care and [my family member] is very happy with their care. Staff arrive on time and they have never missed a shift."
- Staff told us rotas were flexible, enabling them to balance work and family life in order to continue within their role. The manager told us they had trialled a new flexible approach to employment, which had been successful.
- Staff were recruited safely. Recruitment files showed references and pre-employment checks had been completed to ensure safe recruitment.

Preventing and controlling infection

- Infection prevention control was managed safely. The provider's infection control policy was in accordance with government guidance.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely. One staff member told us, "I have completed infection prevention training. I use PPE and I use hand sanitizer. I know about cross contamination and food safety. This all keeps people safe."

Learning lessons when things go wrong

- There was a culture from learning lessons when things went wrong. A recent safeguarding concern had been reviewed and action taken to mitigate similar risks in the future.
- Accident and incident forms were completed by staff and investigated by the management team. Trends were examined and reviewed in management meetings.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The culture valued and promoted people's individuality. For example, people and those important to them were invited to take part within the recruitment process. This was important because people could have insight and raise their opinions on prospective staff members who would be supporting them.
- Staff felt respected, supported and valued by senior staff. One staff member said, "I can share any concerns openly with [the manager]. They are really approachable, and they will listen and act on what we [staff] say."
- The provider held yearly award ceremonies to celebrate and recognise the person-centred work and dedication from the staff team.
- Relatives told us staff worked hard to achieve good outcomes for people receiving care. One relative said, "The staff are well trained, kind and lovely. They [staff] provide care whilst observing [my relative's] privacy and dignity."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was clear about their duty of candour. They told us, "It is important to be open and honest. To hold your hands up and apologise when things go wrong."
- Staff told us how incidents and mistakes were shared and discussed within regular team meetings in order to learn from them.

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

- Managers and staff understood their roles and were clear about quality performance. Audits were in place to monitor quality and safety; these were effective and identified actions which needed improvement and set a time scale for when the improvements needed completing.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. One staff member told us, "The training was one of the best training packages I ever received. It was really detailed; it was very good."
- Staff told us they were clear about their roles and responsibilities. One staff member said, "The manager has improved day to day running and organisation. Everybody knows what they are doing and where they are going."
- The manager notified us of all significant events which had occurred in the home in accordance with their

legal responsibilities.

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

- People, relatives and staff were involved in the service. One person told us their care plan had recently been reviewed with them. One relative said, "I think the company is well organised. The office is always helpful and responsive. I have received questionnaires and I would recommend the service to others."
- Regular person specific and generic team meetings took place. Staff told us they could bring suggestions and raise concerns in these meetings.
- People, their relatives and staff were supported to provide feedback through questionnaires. We saw how the responses were collated and actioned. A newsletter was produced highlighting 'you said, we did,' to share these results.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated a desire for people to achieve the best outcomes possible. We saw minutes of meetings asking people to suggest ways of improving the care provided.
- Staff felt able to suggest improvements to the care practices. One staff member told us about a recommendation they had made to the rota. They told us this was taken forward by the manager.

Working in partnership with others

- The provider collaborated with several health and social care professionals, such as dieticians, physiotherapists, pharmacists and GP's. Records showed the manager welcomed their views and advice.
- The provider utilised best practice initiatives such as dementia friends and dignity champions to influence inclusive care approaches.