

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 effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

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 that provides 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 39 people were receiving a regulated service. Whilst there were some people receiving a traditional domiciliary care service of calls of an hour or less per day, the majority of people were receiving care over longer periods of time, with some receiving 24 hour support.

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

People and their relatives told us they felt safe and staff knew how to identify and report concerns relating to people's safety. Risks were assessed and managed to reduce the risk of avoidable harm. Systems used for the management of medicines were safe and people received their medicines as prescribed.

People's needs were assessed prior to receiving support and reviewed to ensure their care needs were met. Staff sought consent before providing care and decisions about people's care and treatment were made in line with law. Staff received training and felt supported by the management team. People received sufficient amounts to eat and drink to maintain their health. People were supported to access healthcare agencies when needed.

People were supported by a caring staff team and supported to maintain their dignity and independence.

People, and those close to them, were involved in the assessment and planning of their care. People knew how to raise a concern if they were unhappy about the service they received.

People were supported to have 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.

People, relatives and staff felt the service was well managed. People, relatives and staff were given opportunities to share their views about the service. The registered manager carried out various audits to ensure the quality of the care provided.

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

Rating at the last inspection

The last rating for this service was good (published 4 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive 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. 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

The inspection was carried out by one inspector and an Expert by Experience (ExE). 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.

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 get people's contact details and plan calls to them, with their consent.

Inspection activity took place on 4 November when we visited the office location to see the registered manager, office staff and carers visiting the office. We also reviewed care records, policies and procedures and quality assurance records. Inspection activity concluded on 5 November when the ExE made telephone

calls to people and relatives to gain feedback about the service.

What we did before the inspection

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.

We used the information we held about the service to plan the inspection. This included checking for any statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. This information helps support our inspections.

During the inspection

During the inspection we spoke with eight people who received a service, and seven relatives. We also spoke with three staff members, the registered manager and the quality and safety manager. We reviewed a range of records. This included four people's care records and medicine administration records. We also looked at records of accidents and incidents, complaints and compliments and quality assurance records, as well as three staff recruitment records and staff training records.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when receiving support from their carers. One person told us, "My carers are essential if I want to continue having a shower regularly. Before they started coming, I was very easily losing my balance, but with them here, I feel safe. The carer just helps me out of the shower so I can't overbalance myself."
- Staff had received training in protecting people from harm and knew how to recognise potential signs of abuse and how to raise any concerns for people's safety.
- The provider followed the local authority reporting procedure for allegations of abuse or harm where there were concerns for people's safety and had submitted notifications to CQC which they are required to do by law.

Assessing risk, safety monitoring and management

- People had risks to their health and well-being assessed and planned for. Relatives told us they felt staff knew people's risks and supported them safely. One relative said, "The carers always take the time to ensure when they use the hoist that [person's name] feels well supported before they start the lift, either off the bed or from the chair back into bed. I hear them constantly explaining what they are doing and there's never been any problems at all."
- Care records reflected people's risks had been assessed and guidance was available to staff to ensure they acted safely and consistently.
- Risk assessments were in place which had been reviewed when people's needs changed and included information provided by other healthcare professionals about how to keep people safe.

Staffing and recruitment

- We received mixed feedback regarding staff availability, however relatives told us staff were generally available to support people at the times they needed. One relative told us, "The carers are very good and it's only on a rare occasion in an emergency where they can be held up, and because they are our regular carers, they will usually call and let us know what is happening." We raised staff availability issues with the registered manager who told us they would look into the matter and monitor it to ensure people received a good service.
- The registered manager told us they tried to ensure people received support from a small, consistent group of staff, and relatives confirmed this, one relative told us, "When we first looked at the agency, it was the main question we had for them, would we be able to have a small number of regular carers. It's really important that [person's name] knows and trusts the carers who are coming in order to keep anxiety levels manageable."
- Staff had been recruited safely. The registered manager had carried out appropriate checks on staff

members to ensure they were safe to work with vulnerable people.

Using medicines safely

- People received their medicines as prescribed.
- People and relatives, we spoke with told us they had no concerns about people receiving their medicines. One person said, "My carer gets me my tablets with a drink and then once I've taken them it gets written down in the notes. I always have my doses at the times I'm supposed to and there's never been any problems with them."
- We saw systems used to manage medicines were safe.

Preventing and controlling infection

- Relatives and staff told us gloves and aprons were available for use when needed and infection control procedures were always followed. One relative said, "I don't think we've ever once had to pull staff up over their hygiene. They always have disposable gloves and aprons to hand and they certainly wash their hands more times during the day than I ever would."
- Staff had received training in safe practices to control the risk of infection.

Learning lessons when things go wrong

- Staff understood their responsibility to report incidents and accidents involving people they supported. Staff shared examples of occasions when they had contacted senior staff or a care co-ordinator to report concerns. We saw action had then been taken by the registered manager to ensure the person was safe and on-going risk was reduced.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and preferences were assessed before they started to receive support to ensure their needs could be met. This included information about people's life choices and religious preferences. One relative told us, "The manager went through everything with us at the start and we got a care plan, and this is reviewed at least once a year."

Staff support: induction, training, skills and experience

- People were supported by suitably trained staff. New staff received an induction and worked alongside experienced staff to enable them to receive training and support.
- Relatives told us they felt staff had the required skills to support people effectively. One relative told us, "The carers actually underwent some extra training to be able to deal with the [name of specialist equipment] and the whole issue of keeping it clean and clear of infection. They have regular re-fresher courses as well from time to time."
- The staff team were supported by senior workers, care co-ordinators and the registered manager and told us they received feedback through spot checks and supervision.

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

- Where people received support from staff to eat and drink they received sufficient amounts to maintain their health. One person told us, "If I don't fancy having a main meal at lunchtime, then the carer will just make me a sandwich or a snack and then they'll do me a proper cooked meal at teatime. I vary from day to day when I fancy eating and it's just so nice knowing that I'm not stuck to a rigid time for my three meals a day."
- Where people had specific dietary needs, staff were aware of these and care plans contained detailed guidance about how people's meals should be prepared and the support people required to eat safely.

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

- Relatives told us staff would help their relative access healthcare services when needed, but this was usually done by them.
- The registered manager described how they worked with other partner agencies to ensure people received care that met their changing health needs. For example, working with local authority commissioners and other health care professionals to ensure one person's mobility needs were 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- People and their relatives told us staff asked people for their consent before providing care and support, with one person telling us, "It's lovely being able to make decisions about my life." And a relative said, "The carers always ask [person's name] how they want things doing and give choices."
- Records we viewed showed appropriate assessments of people's capacity to make decisions about their care had been carried out and recorded. Where people were unable to consent to their care this had been documented in accordance with guidance and staff were aware.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Relatives told us they felt people were treated well by the staff who supported them. One relative said, "The two regular carers have been coming for quite a few years now and we've been very fortunate because they are really like members of the family. We're always chatting away about one thing or another and it's just nice to hear some other voices in the home rather than just ours."
- Staff were aware of people's cultural and religious needs and these were reflected in care plans.
- Staff shared examples with us of how they supported each person individually according to the person's specific needs. For example, one staff member told us, "You support people in the way they want, some people like a bit of banter while you're assisting them & others just like you to tell them what you're doing next."

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

- Relatives told us they felt their family members were supported to be involved in decisions about their care. One relative said, "The staff help [person's name] make decisions for themselves where they can."
- Staff described how they offered people choices and supported people with their personal preferences and routines in mind. For example, one staff member described how, "Some people like things doing in a certain order or prefer to take their medication with a specific drink and we always do this as it's what they want."

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff respected people's privacy and dignity. One relative said, "[Person's name] has always taken great pride in her appearance, and the carers who come now will often help her to wash her hair and style it. They take their time and really try and make sure that she is happy with her appearance. Although the carers aren't hairdressers, they all make an effort and do their best so that she feels confident in how she looks."
- Staff spoke to us about how they support people in a dignified way, one staff member told us, "If you're helping someone wash you'd keep them covered up as much as possible, encourage them to do bits for themselves if they can and just make sure they're as comfortable as they can be."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was planned in accordance with people's needs and preferences. Records contained details about people's preferences.
- People and their relatives were involved in the planning of their care. This meant the care they received was based on how they wished to be supported.
- Where people's needs changed, these were promptly reassessed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the accessible information standard. Documents were available in various formats for people. Staff told us they read things out to people if they need them to, or to explain instructions to them if they were unsure.

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to raise a concern if they were unhappy with the service, and stated issues were sorted promptly. One relative said, "There is a leaflet in the folder that tells you all about how to make a complaint. I've never had to make a proper written complaint, but I recently had to speak to the office and somebody came out to see me."
- The provider had a system in place to manage complaints and the registered manager and quality and safety manager oversaw any concerns escalated to them by staff. We reviewed complaint records and found they had apologised to people where there were failings and put measures in place to limit reoccurrence.

End of life care and support

- At the time of this inspection no one was receiving end of life care. However, some people's care plans reflected how they would like to be cared for at the end of their life via advanced decision care plans. Other people hadn't discussed this.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led.

Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff were clear about their roles and responsibilities. The registered manager regularly reviewed the quality of care people received. Various audits were conducted which included care files, medicines records and staff files. We saw action had been taken where inconsistencies were identified.

- The registered manager regularly made telephone calls or home visits to people to monitor the quality of the service they received. This enabled them to maintain a good oversight of the needs of both people and staff.

- The registered manager had sent us notifications in relation to significant events that they are required to do by law.

- The previous rating given by CQC was displayed in the registered office and the providers website. This is important as it allows people, relatives and the public to know how the service is performing.

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

- Relatives told us they felt on the whole the service was well led; with just occasionally staffing issues were a problem.

- When things went wrong the registered manager understood their duty of candour. We saw they had apologised to people and their family members and took action to reduce the risk of any repeated incidents.

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

- People and their family members told us they had been asked to give feedback about the support they received. One relative told us, "I have to say I've been pleasantly surprised, because of all the agencies we've used previously, this is the only one where we've seen the manager come out occasionally, unannounced to see what the carers were up to and see if everything is going ok."

- Staff were able to share concerns with the registered manager and told us they found them to be approachable. One staff member said, "Management is brilliant, really good. They don't pressure you, they are always polite, nothing is too much trouble, they are approachable and accommodating."

- Staff received supervision and feedback about their role.

Continuous learning and improving care; Working in partnership with others

- The quality and safety manager had quality assurance systems in place that were used effectively to monitor the quality of the service, to identify any trends in incidents and to aid continuous improvement.
- The registered manager and staff worked in partnership with healthcare professionals to ensure people received the support they required.