

AMG Consultancy Services Limited

AMG Nursing and Care Services - Burton

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

We inspected this service on 13 February 2017. This inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. There were 136 people, both children and adults in receipt of personal care support at the time of this inspection visit. This was the first inspection since the provider's registration of this office location on the 14 March 2016.

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.

People received their calls as agreed and in general from a regular staff team. Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. The provider checked that staff were suitable to support people before they started work. Medicines were managed safely and people were supported to take their medicine when needed. Equipment was in place to meet people's diverse needs which enabled them to maintain choice and independence.

Staff were provided with training to develop their skills and enable them to support the people they worked with. The management team provided supervision to monitor the staff's conduct and support their professional development. Staff confirmed that the adults they supported were able to make their own decisions and we saw they had consented to their care. Where children were supported we saw their parents had consented to their care. The delivery of care was tailored to meet people's individual needs and preferences.

People's needs were assessed and care plans were developed with them to direct staff on how to support them in their preferred way. When needed people were supported to maintain their dietary requirements and preferences and to access healthcare services.

Quality monitoring checks were completed by the registered manager and provider and when needed action was taken to make improvements. The provider sought the opinions of people and their representatives to bring about changes. The provider understood their responsibilities around registration with us. Staff were supported in their job and had opportunities to give their views. People knew how to complain and we saw when complaints were made these were addressed.

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.

Risks to people's safety was minimised as the provider checked staff's suitability to work with people before they commenced employment. People were supported by staff that understood how to keep them safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were in place in people's care plans and implemented. People were supported to take their medicines and there were sufficient staff to support them.

Is the service effective?

Good ●

The service was effective.

People's consent was sought regarding the care they received and they were supported by staff that were skilled, confident and equipped to fulfil their role; because they received the right training and support. People were supported to eat and drink enough to maintain their health, and staff monitored people's health to ensure any changing health needs were met.

Is the service caring?

Good ●

The service was caring.

People were supported by staff in a caring way and encouraged to maintain their independence. People were treated with respect and their dignity and privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

The support people received was tailored to meet their individual needs and preferences. The provider's complaints policy and procedure was accessible to people and they were

supported to raise any concerns.

Is the service well-led?

Good ●

The service was well led

People were encouraged to share their opinion about the quality of the service to drive improvements. The staff were given guidance and support by the management team and understood their roles and responsibilities. Systems were in place to monitor the quality of the service provided.

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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.

This inspection visit took place on 13 February 2017 and was announced. The provider was given two days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. We also needed to arrange to speak to people and their relatives as part of this inspection. The inspection team consisted of one inspector 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. The expert-by-experience did not attend the office base of the service, but spoke by telephone with people who used the service and relatives.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public, the local authority and other relevant professionals.

We did not send the provider a Provider Information Return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we gave the management team the opportunity to provide us with information they wished to be considered during our inspection.

We spoke with 11 people who used the service and five relatives by telephone. We spoke with five care staff, the registered manager and the quality and safety lead for AMG. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for four people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

People felt safe with the staff that supported them. Comments included, "All are very good." "Brilliant." And "I feel very comfortable with them." Staff knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff knew the procedure to follow if they identified any concerns or if any information was disclosed to them. One member of staff told us, "I would report any concerns to the office and they would report to the local authority." Records showed that staff had undertaken training to support their knowledge and understanding of how to keep people safe. One member of staff told us, "The training we get is fantastic, the safeguarding covers whistle blowing as well." Whistle blowing is the process for staff to raise concerns about poor practices. The registered manager understood what incidents needed to be shared with the local authority safeguarding adult's team; where concerns had been identified, reports had been made to the local authority and we had been notified of these events.

People confirmed that the staff ensured their safety was maintained when they supported them. One person told us, "The staff always read my care plan if they're not sure." Another person said, "I get hoisted and feel confident with staff." We saw there were a variety of risk assessments in place to direct staff on how to minimise risks to people, such as on the equipment needed to support people to move safely. We saw that checks were carried out on equipment to ensure it was maintained and safe to use. This showed us staff had the information available to manage risks to people.

Support plans instructed staff to ensure that life lines were on and accessible for people so they could summon help in an emergency situation. People confirmed that this was done. One person told us, "I have a wrist pendant, I find it too big but I keep it by me and the staff check with me that I have it." This demonstrated that the staff ensured people's safety was maintained before they left them.

We saw that the support provided was dependent on the level of support each person required. People and their relatives confirmed staff were available to support them as agreed and told us that staff usually arrived within the agreed time frame for their visit. One person told us, "They come on time and they stay the agreed time." Another person said, "They stay the half hour and they come on time." We saw that where concerns had been raised to the manager these were addressed. For example one person told us, "Last year there were two carers that didn't stay for the agreed time, so I rang the office. The manager addressed this; it was nipped in the bud straightaway."

Staff had access to support. A member of staff told us "The office staff are really supportive when I have rang them and we have an on call number for evenings and at weekends if we need any support or advice." One member of staff who covered the on call told us, "We are there for advice and support, if someone rings in sick and I can't get cover for the call I will go out and support the person." People who used the service told us they knew how to contact the office and confirmed that the contact number was in the documentation they had been given. One person told us, "If I have any problems, I just ring the office; they're fantastic, like one big family really. I wouldn't have them if they weren't good."

Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for three staff and saw that all the required documentation was in place. We saw the staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. As the staff supported adults and children, checks were undertaken on both the children and adults barred list. This demonstrated the provider checked staff's suitability to deliver personal care before they started work.

Some people told us they received support to take their medicines as prescribed, and in the way they preferred. One person told us, "The staff give my relative their medicines using the MAR sheet; I am happy with this and check things every day." A medication administration record (MAR) listed people's prescribed medicines and when they should be given. Staff recorded when they had supported a person to take their medicine.

We saw a system was in place to support people to take their medicines and this was monitored by the management team. Information in people's care plans included their preference on how they took their medicine. We saw that assessments were completed regarding the level of support the person needed to take their medicine, so that staff could support the person according to their needs.

Staff confirmed they had undertaken medicine training and this included observations of medicines administration. For those people who required support a MAR was kept in their home. These records were then sent to the office for the management team to audit. We looked at these records and saw that staff signed when people had taken their medicine or recorded if not and the reason why. This showed us a clear audit trail was maintained to monitor people's medicine administration.

Is the service effective?

Our findings

Staff had the necessary skills and training to meet people's needs. People we spoke with confirmed that they were happy with the support they received from staff. One person told us, "They are skilled and knowledgeable; they've got what's needed." Another person said, "They know what they're doing."

Staff received the training they needed to support people. One member of staff told us, "We have all the mandatory training and updates when needed." Some people had complex needs and the staff that worked with them told us they received the training they needed to support them. One member of staff said, "We get specific training to support people and refresher training on all the different equipment that's used. The training is very good and only staff that have had this training can work with them." Another member of staff said, "I have done additional training like palliative care and I have asked to do learning disability training as well. We have our own trainers for different areas." We saw the provider employed several lead nurses with a variety of specialisms to support with staff training and formulating care packages. Training records in staff files showed that their competency was assessed to ensure they were able to undertake their job effectively.

People were cared for by staff that were supported. Staff told us the support they received from the management team was good. One said, "I feel very supported not just through supervision but anytime I need it." The staff files we saw had evidence that staff received supervision on a regular basis to ensure they were supported and identify their future training and development needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. Staff understood the principles of the MCA and understood their responsibilities for supporting people to make their own decisions. Staff knew about people's individual capacity to make decisions and told us they obtained people's consent before they supported them. The training records showed that staff had undertaken this training. The care plans we looked at had been signed by people to demonstrate their consent to the support they received. Where children were supported we saw that their parents had signed their consent to the support provided.

People confirmed that staff explained what that were doing and sought their consent before they provided them with personal care. One person said, "When the staff support my relative they say, "We're doing your hair now, is that ok?"

Some people we spoke with were supported with meals and told us they were happy with how this was done. One person told us, "If my relatives go out the staff do my food, but it's not very often. They will write down in my notes what I've had."

Relatives were happy with the support carers provided with meal preparation, and of the choice offered to their family member. One relative told us, "Everything is here that my relative likes, the staff just prepare it for them."

Is the service caring?

Our findings

People felt the staff were kind and caring. One person said, "They are all approachable. I can say anything to them and we have a chat." Another person said, "They are very kind and respectful. They always say thank you and please and we have a laugh and a joke." A relative told us, "I can talk to all of them. They treat my relative very well."

People considered that the staff supported and encouraged them to maintain their independence. One person said, "They don't do things I can already do, I've told them what I can do and they respect that." Another person said, "They do let me help myself, but know if I've had an injury they do a bit more for me."

People were supported to maintain their dignity and privacy. One person said, "I feel dignified with the shower, I can't fault them." People confirmed they were asked for their preference in staff gender for providing personal care and confirmed this was respected. One person told us, "I only have females to do my care; it would be embarrassing for me otherwise."

Is the service responsive?

Our findings

Staff supported people with a variety of tasks, from personal care support, preparing meals, taking their medicine and domestic chores. Most people had a group of regular staff who they knew well. One person said, "I get regular care staff now." A relative said, "[Name] gets the same carers 99% of the time." Some people had complex health needs and were supported by a regular team of trained staff to enable their needs to be met. However some people told us there were regular occasions when staff they didn't know supported them. One person said, "I would like regular staff, I seem to get a mixture." The manager confirmed and we saw that there had been some staff changes and that new staff had been recruited. The manager told us, "There are still some rounds being advertised once these are filled everyone should get regular staff. We aim to provide consistent care."

People felt the staff that supported them understood their needs and were capable of delivering the service that they required in their preferred way. One person said, "They are like friends to me, they chat and are very supportive as I suffer from depression." A relative told us, "[Name] is a private person but the staff do make [Name] laugh, they engage well with [Name.]"

People confirmed they had care plans which were kept in their home and that staff updated the records every time they visited. Care records contained specific details about the person to provide the staff with an overall picture of the person, to support them to get to know the person better and understand their needs, preferences and communication methods.

Discussions with people and their care records showed they had been involved in their care and their views had been gained about what was working and any changes they felt were needed. For example, one person needed additional support and a review was arranged. The funding authority then increased the hours of support for this person to ensure their needs were met.

Staff worked well as a team to ensure people were supported according to their needs and preferences. One member of staff said, "The communication is very good with the office staff, if there any changes in support we are informed." People and their relatives confirmed there was good communication from the agency and appreciated the contact from the office to ensure that all was well. One person said, "The manager rings me every so often and says she likes to talk to me." Another person said, "Every so often we talk about changes to call times for example and the manager is prompt and gets things sorted within 24 hours."

People and their relatives were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. One person said, "I just ring them and they're on it like a ton of bricks and sort it out straightaway." A complaints procedure was in place and this was included in the information given to people when they started using the service. We saw complaints received were recorded including the actions taken and outcome.

Is the service well-led?

Our findings

People and their relatives felt the service was managed well. One person said, "I am listened to by the office staff and the care staff, it is well led." Another person said, "I can contact them anytime, the manager has got the right attitude, she's brilliant."

The staff spoke highly of the support they received from the manager and members of the management team. One member of staff told us, "AMG is lovely, a great company to work for, I can contact the office or on call and they are always very supportive and I get supervisions both one to one and spot checks."

The provider had measures in place to monitor the quality of the service and drive improvement. These included audits of care plans and risk assessments to ensure any changes in the support people required were identified. Monthly audits covered any incidents and accidents, health and safety and medicines management. We saw that where improvements were identified actions had been taken to address these. For example an analysis of medicines administration identified a trend in errors regarding the recording and administration of medicines. All staff received refresher training and were issued with a card that provided a reminder on the correct checks regarding medicine administration and recording. We saw that medicine errors had reduced following these actions.

We saw that people were encouraged to express their views through satisfaction questionnaires, person centred reviews and meetings. We saw from the results of the last questionnaires that actions were taken on areas where improvements were identified. For example, we saw one person had commented that they would like regular care staff and we saw that this had been addressed. One person had commented that they had not received their visit schedule to confirm which staff would be supporting them; this was because it had been emailed to their relative. We saw that this had been addressed by adding them to the mailing list to ensure they received their schedule by post. Following our discussions with people that used the service we identified that some people were not receiving their visit schedule or not receiving it consistently. We fed this back to the manager who took immediate action by posting out visit schedules to those people who had not received them by email. The manager confirmed they would ask care staff to check with people at call visits that they had received their visit schedule and report back to the office as needed, if they had not. This showed us that prompt action was taken to address any areas for improvement.

We saw the data management systems at the office base ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team. The provider and manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.