

AMG Consultancy Services Limited

AMG Nursing and Care Services - Wolverhampton

Inspection report

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13 December 2016

14 December 2016

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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 12 13 and 14 December 2016. This service provides care in people's homes to both adults and children. At the time of the inspection 38 people were being supported by the service.

The service did not have a registered manager in place but the acting manager was in the process of applying for the registration. 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 were safe and supported by staff who knew how to recognise and report potential abuse. There were enough staff available for people and they had received relevant training and an induction which helped them to offer support to people. Individual and environmental risks had been identified and managed. When needed, people were supported to receive their medicines safely. Staff understood the importance of gaining consent from people.

We found care was reviewed and people were involved with this. When people needed to access health professionals they were supported to do so. People were treated in a kind and caring way and were encouraged to be independent. Privacy and dignity was also upheld. When needed people were supported to eat and drink it was in line with recommendations that had been made. People knew how to complain and when complaints had been made the provider had responded to these in line with their policy. People had the opportunity to participate in leisure activities that they enjoyed.

Quality monitoring was completed by the provider to drive improvements within the home. Feedback was sought from relatives and people who used the service and this was used to make changes. Staff and people felt the service was managed and were given the opportunity to raise concerns. The provider understood their responsibilities around registration with us.

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.

People felt safe and staff understood how to recognise and report potential abuse. Individual risks to people were managed in a safe way. There were enough staff available to meet people's needs. There were procedures in place to ensure people received their medicines as prescribed. The provider completed checks on staff to ensure their suitability to work in people's homes.

Is the service effective?

Good ●

The service was effective.

Staff understood the importance of gaining consent from people. Staff received an induction and training that helped them to support people. People were offered support at mealtimes and were supported to eat and drink enough to maintain good health. People received support from health professionals when needed.

Is the service caring?

Good ●

The service was caring

People were happy with the staff and supported in a caring way. People were encouraged to be independent and their privacy and dignity was upheld.

Is the service responsive?

Good ●

The service was responsive

Care was reviewed and people were involved with this. Staff knew people's needs and preferences. People were offered support with leisure activities. People knew how to complain and were happy to do so.

Is the service well-led?

Good ●

The service was well led.

There was a manager in post who had applied to be registered with us. Staff felt supported by the management team and knew about whistle blowing. People and staff felt that the service was well managed. Quality checks were used to bring about improvements and the provider sought the opinions of people and relatives to make changes. The provider understood their

responsibilities around registration with us.

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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 the 12 13 and 14 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. The inspection was carried out by one inspector.

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. We used this to formulate our inspection plan.

The provider had completed a Provider Information Return (PIR). 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.

We used a range of different methods to help us understand people's experiences. We made telephone calls to three people who used the service. We also sent out questionnaires to people who used the service and used this information to make a judgement about the service.

We spoke with four members of care staff, the acting branch manager and the Quality and Safety lead. We looked at care records for four people to see if their records were accurate and up to date. 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 were safe. One person said, "Yes I'm safe with the carers". Staff gave examples of how they kept people safe. One said, "One of the people I support needs to be hoisted. We check the slings first to make sure there not frayed and suitable to use. We have to make sure there are two staff when we are using the equipment as that's what the care plan says". They went on to say, "The person has to get the equipment checked every six months to make sure it's still in working order, once they have completed it they give me a copy of the certificate and I bring it up to the office so they can keep it on their file". This demonstrated staff knew how to support people in a safe way and equipment was maintained to ensure it was safe to use.

Staff knew how to recognise and report any concerns they had that people may be at risk of abuse. One member of staff told us, "It's protecting vulnerable adults and children from anything that is abuse or may cause them harm or upset". Another member of staff said, "If we are concerned about people we would ring the office and report it. The office would then report it to the external people. I know they would do this". We saw there were procedures in place to report any concerns and when needed these procedures had been followed by the provider.

Staff we spoke with knew about people's individual risks and actions they would take to keep people safe. For example, one member of staff told us how they supported a person with a health condition that put them at risk. They said, "It's important to know what to do in an emergency and how to keep the person safe". The staff member went on to explain the procedure they would follow when the situation occurred. We looked at records for this person. We saw that a risk assessment and care plan was in place identifying the actions the staff member had told us they would take to keep this person safe. This demonstrated staff had the information they needed to keep people safe from avoidable harm. We saw risk assessments were in place for people's home environments to ensure staff had guidance on any potential hazards. This included environmental risks, fire risks or inadequate lighting. When risks had been identified assessments had been completed to identify these and actions taken to reduce them.

There were enough staff available to meet people's needs. People told us staff came at the set times and had enough time to deliver the care they needed. One person said, "They are very reliable I am happy with that". Another person told us, "I'm happy with the times they come and how long they stay". They went on to say, "I have my rota sent and it doesn't usually change that much". Staff told us that a rota was sent out to people for the following month identifying which care staff would be offering support. One staff said, "If it changes for any reason we get a call from the office and we update it while we are at the person's home, that way they know who to expect". Staff confirmed that there were enough of them to meet people's needs.

There were procedures in place to ensure people had their medicines as prescribed. Staff told us they had medicines training and their competency checked to ensure they supported people in a safe way. One staff member said, "We have training and then a test. The nurse then comes out with us and helps us. After a few times or when we feel confident we can then do medicines alone. We have to have an update every year". The acting manager told us that checks were completed by a registered nurse to ensure the medicines were

updated and correct. The medicines administration records were returned to the office every month and checked to ensure they were correct and no errors had occurred.

We spoke with staff about the recruitment process. One member of staff who had recently started working at the service said, "I waited for my references and my police clearance before I could start working here; it was about two weeks, but I still had to wait". We looked at five recruitment files and saw pre-employment checks were completed before staff could start working in people's homes. This demonstrated the provider completed checks to ensure the staff were suitable to work with people in their homes.

Is the service effective?

Our findings

Staff received an induction and training that helped them to support people. One member of staff told us about their induction. They said, "I had a day in the office going through paperwork. I then went on training for four days, I did all my mandatory training like moving and handling. After that I worked alongside other staff so I could learn how to do the job". Staff told us about their training. One staff member said, "It's very good quality. We have all had different training depending on who you are supporting and what the person's needs are. I have had training to use a specialist medical device. After the training the nurse worked alongside me to make sure I was doing everything right. It was really helpful and it gave me confidence". This demonstrated staff received training that was relevant to meeting people's 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 or 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.

We checked to see if the provider was working within the principles of MCA. Staff we spoke with told us they had received training in this area and demonstrated an awareness of mental capacity. One staff member said, "It's about people's understanding and ability to make decisions". There was no one using the service currently that lacked capacity. Staff told us how it was important to gain consent from people. One said, "We shouldn't do anything without gaining consent from people, it's important for the person".

People who were supported with eating and drinking told us staff offered them choices. One person said, "I have a specialist diet and they help me with that. They support me to shop as well so I can buy foods which are suitable". Staff demonstrated an understanding of the specialist diets and ensured people had their meals as required. One staff member said, "I encourage the person to eat a diet in line with the recommendations, it important they are healthy". We saw that the people's dietary requirements had been assessed and when needed care plans were in place with recommendations for staff to follow. This showed people were supported to eat and drink enough to maintain good health.

People were responsible for managing their own healthcare needs however staff told us they would offer support to people if they requested it. For example, a staff member told us if a person asked them to make an appointment for them or take them to a health appointment then they would be happy to support with this. They told us this was in agreement with the person's relation.

Is the service caring?

Our findings

People and their relatives were complimentary about the staff. One person said, "[Staff] is like my friend, we have a wonderful relationship". Another person told us, "They are a lovely bunch. Very friendly and some go above and beyond, they can't do enough for me". The acting manager told us how staff had a meet and greet with people and their families before offering support. They told us this was important to develop relationships with people. This showed us people were supported in a kind and caring way.

People's privacy and dignity was promoted. One person said, "Oh yes they are very good with that, very private". Staff told us how they upheld it. One staff member said, "I always ask people if they would like to be left alone to use the bathroom". Another staff member told us, "If I am supporting someone in the shower then I use the curtain so they can have some time to themselves".

People were encouraged to be independent. A member of staff gave an example of how they encouraged people to be independent. They said, "At meal times [person] chooses what they would like to eat and get everything out for me to cook. I get on with the cooking and [person] puts everything away. I encourage them to do all the bits they can themselves".

Is the service responsive?

Our findings

People were involved with reviewing their care. One person said, "There is a folder and the staff write in it. I don't really read it but I know it's there if I want to". Another person said, "We have meetings and they keep checking if I am happy with everything which is good. If they start doing new things or something changes they write it down and I am asked to read and sign it if I agree". We looked at records and we saw care review meetings took place and people had been involved with this and signed where possible.

Staff knew about people's needs and preferences. One staff member said, "As we are in teams we only really support two or three people. That way we get to know those people really well. That's important". Another staff member told us, "We share information with each other really well. We have a log book in the person's home where we record things, but if something really important has happened we make sure we tell the person receiving care this verbally". Staff told us they also told us they would find out information about people from their care plans and risk assessments as well as other staff. The records we looked at showed us that people's likes and dislikes were taken into account to ensure people received personalised care and support.

People were supported with leisure activities if needed. One person said, "We are out every day. They help me to do my shopping and we go for a coffee in town. The days we are at home its housework". A staff member said, "We have a timetable as it helps [person] that way we know what we have planned and we can both do it together". Another staff member gave examples how they supported people with their hobbies. They said, "We make sure people are doing what they choose when we leave, it may be the television on or reading the newspaper". This showed us, when needed, people were supported to pursue their hobbies and interests.

People told us they knew how to complain. One person said, "I don't have any complaints but I would telephone the office if I did". Another person told us, "I would have a quiet word and ring the office if I needed to. They are very good at the office so I know someone would come and speak with me and resolve it". We saw the provider had a complaints policy in place. When needed, the provider had responded to complaints in line with their policy.

Is the service well-led?

Our findings

There was not a registered manager in post. There was an acting branch manager in post who had applied to be the registered manager. The provider understood the responsibility of their registration with us and they had reported significant information about events in accordance with the requirements.

People and staff told us they were happy with the management of the service. One person said, "It's organised, I have used other services where it's much worse". A member of staff told us, "I can ring up or pop in anytime; someone will always offer support. They will call me to check if I need anything and everything is well. I think that's brilliant". The quality and safety lead told us how the service had recently won the 'branch of the year' award. A member of staff told us, "We are very proud, its recognition for the hard work we have done. I think it shows what a great team we all are. We are all one big team; the manager, the people in the office and us care staff. I think it great". Staff confirmed they had the opportunity to raise their concerns through meetings such as annual appraisals.

Staff were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "If something wasn't right I would have to report it, I would be supported by the office". We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be supported and appropriate action would be taken.

The provider sought the opinions of people who use the service to make improvements. We saw that feedback surveys had been completed in December 2016. There was an action plan from on the surveys for the provider to complete and we saw these had been completed. When a relative had raised a concern we saw action had been taken. For example, a concern had been identified about a carer being late and the provider had discussed this with the family, spoken to the member of staff and offered an apology to the family. They were happy that this resolved their concern..

Quality checks were completed by the acting manager and the provider. These included checks of medicines, care files and accidents and incidents. The quality and safety lead told us they used this information to identify trends that were occurring in the organisation; we saw this information was available. Spot checks were completed by senior members of staff. Checks were completed on the paperwork and equipment within the person's home. And also how well the staff member knew the person and the care that was being delivered. Where concerns had been identified through a quality audit we saw an action plan and been put into place and action taken to improve this. For example, we saw that an incident had occurred with equipment in the person's home. An assessment of this risk had been completed and actions put in place to stop this reoccurring. We saw no further incidents had occurred. This demonstrated when concerns were identified action was taken to bring about improvements.

People's rights to confidentiality were protected. All personal records were stored securely in the office. Each person had a copy of their records in their homes which they maintained responsibility for.