

AMG Consultancy Services Limited

AMG Nursing and Care Services - Burton

Inspection report

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Website: www.amgnursing.com

Date of inspection visit:

14 August 2019

15 August 2019

16 August 2019

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21 October 2019

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 - Burton is a domiciliary care agency providing personal and nursing care to adults and children living in their own homes with complex health needs, people coming to the end of their life and a 'fast track,' and short term service supporting people to leave hospital or remain at home when unwell.

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. When we inspected the service there were 109 people receiving the regulated activity.

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

Staff were given training on good practice in end of life care to help them understand and support people in a sensitive way. Care plan records were not always consistently completed for supporting people with end of life care.

We have made a recommendation about advanced care planning records being consistently completed.

People and their relatives were aware of how to raise concerns or complaints. Many were very satisfied with the management of complaints. A small number felt their concerns were not always taken seriously.

People told us they mainly received support from a regular team of staff. They told us they felt they received care in a safe way, from staff who were "friendly" and "polite" and their privacy and dignity was respected

The management team understood the duty of candour and the requirement to notify us of any significant incidents at the service. The service had systems to assess quality and people were asked for their views about the support they received.

People's needs and choices were assessed and planned for. Individual risks to people and the environment had been identified and assessed and measures put in place to manage them and minimise the risk of avoidable harm occurring.

The provider had procedures in place to guide staff on safeguarding vulnerable adults and children. These were in line with local authority procedures.

Recruitment procedures were in place to help make sure that the care workers recruited were suitable. Staff had received appropriate training, induction and development to carry out their work and support people safely.

The provider had policies and procedures to guide staff to administer medicines safely. Staff also helped people be as independent as they were able with taking their medicines

People received support to maintain good nutrition and hydration and their healthcare needs were understood and met. The staff identified if people were unwell, supported them and contacted health professionals.

Staff were supplied with personal protective equipment for use to prevent the spread of infections and had received training in infection control and food hygiene.

The registered provider had procedures in place for assessing a person's mental capacity in line with the Mental Capacity Act 2005. 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.

Staff assessed and reviewed people's physical, mental health and social needs. People's social and emotional needs were considered as part of their support and social isolation was recognised as an issue for some people.

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 23 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for AMG Nursing and Care Services - Burton on our website at www.cqc.org.uk.

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.

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 - Burton

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 Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who has used this type of service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 24 hours' notice of the inspection. This was because we wanted to be sure there would be people available to speak with us.

The inspection activity started on 14 August 2019 and ended on 16 August 2019. We visited the office location on 14 August 2019.

What we did before the inspection

Our planning considered information we held about the service. This included information about incidents

the provider must notify us about, such as abuse allegations. We looked at records of complaints and how the service responded to them.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During this inspection we visited three people who used the service, with their permission, in their own homes and looked at the records they kept at home. We spoke on the telephone to 20 people, 16 relatives and six people who used the service to ask about their experience of the service and the care provided. We spoke with three care staff for their experiences of working for this service.

We also spoke with the registered manager, the quality manager and a care coordinator. We looked at eight care records and a selection of other records including quality monitoring records, training records and recruitment records for new staff.

After the inspection

We continued to seek clarification from the registered manager to corroborate what we found. This included confirmation of the training staff had completed and further information three about incidents raised by people we spoke with who used the service. This was received and the information was used as part of our inspection.

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

- The registered manager had procedures in place to guide staff on safeguarding vulnerable adults and children. These were in line with local authority procedures. However, we noted one safeguarding incident was not reported to the local authority straight away. We discussed this with the registered and quality managers and what lessons they had learned to take forward.
- People told us they felt safe using the service. We were told, "They let themselves in the morning and they lock me up at night. This makes me feel safe" and "They [staff] are trustworthy."
- People and relatives told us that the carers operated hoists and equipment correctly and said, "They know what they are doing." They also told us the care staff rarely missed a call.

Assessing risk, safety monitoring and management

- People's needs were assessed before starting to use the service so the staff could make sure they could meet their care needs safely.
- Each person had assessments of risk and their individual needs and preferences recorded. The assessment included people's medication risks, falls, mobility, equipment in use and the environment people lived in that might affect their safety and that of the staff who visited. This was to help make sure that all were kept safe from foreseeable risks.
- During the inspection we noted that some risks had not been clearly identified and recorded. The registered manager addressed this during the inspection.

Staffing and recruitment

- Staff had been safely recruited. Policies and procedures were in place to help make sure that the staff recruited were suitable. We examined a sample of six records of care workers and noted that these records had all the necessary checks.
- There were sufficient numbers of suitably trained staff available to flexibly cover the needs of the service.

Using medicines safely

- People received their medicines safely and as prescribed. Staff had received training in the management of medicines in line with their roles. Senior staff did spot checks in people's homes to make sure they received medicine as prescribed and staff followed the service's procedures.
- The service promoted people to be independent with taking their own medicines. Staff only prompted the person or administered the medicines when the person needed assistance.

Preventing and controlling infection

- The service had a policy in place on the control and spread of infections and staff told us they were given training on infection control.
- Staff were provided with personal protective equipment [gloves and aprons] for use during personal care. People who used the service told us that staff wore these when providing personal care.

Learning lessons when things go wrong

- The registered manager was able to demonstrate they investigated and reviewed safety incidents and events when things went wrong and acted to help prevent any reoccurrence. For example, providing additional training to raise staff awareness and assess competence.
- Quality governance meetings were held by management to share information about lessons learned and promote best practice.

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 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

- The provider planned and delivered care in line with people's assessed needs and according to their preferences and lifestyles.
- Staff regularly reviewed people's care plans and where changes had occurred in their needs or wishes this was shared and care plans updated. This helped to make sure information about people's needs remained current.
- The registered manager ensured care staff were spot-checked in people's homes to help make sure they were applying their training correctly and in line with best practice.

Staff support: induction, training, skills and experience

- People were supported by care staff who had received training appropriate to their roles and the care and support required. Care staff had on-going training, checks on their skills and competence and received regular supervision.
- Registered nurses carried out assessments of the care required and delegated tasks to care staff. Additional skills or training needs to support a person was identified at the point of referral. This meant that appropriately skilled staff could be provided or additional training given to provide the right care.
- People spoke positively about the skills of the staff supporting them and told us care staff were "competent" and "appeared to be well trained."

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

- Care staff were aware of the processes they should follow if a person required support from any health care professionals. One person said, "They [staff] notice if things are not right and they are right on to it. They would ring someone for me." Another person told us the carers had called an ambulance for them that morning because they had been unwell and they had stayed until the paramedics came.

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

- Staff supported people to have a balanced diet. Everyone who used the service had an initial assessment regarding nutritional and hydration needs. Care records documented when people required support with meals and preparing food and drinks.
- People were happy with the support given and told us staff made them simple meals of their choosing using the microwave or made them a sandwich. We were told, "I can choose my own meals and what I want to eat." A relative told us, "I asked them [staff] about feeding and they got in touch with the speech and language nurse to assess [relative]."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent had been sought before care and support was provided. Where people were unable to consent, relevant other's provided consent on their behalf, such as those who held lasting power of attorney.
- Care records did not always make it clear for staff about who held a power of attorney and drew this to the registered manager's attention to address.
- Staff documented where relevant relatives had been involved, consulted with and had agreed with, the level of care and support provided.

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

- People we spoke with expressed a range of views about staff approaches, some were very positive about their experiences some less so. One person told us, "There can't be a better set of carers. They have good manners and are polite." Another person commented, "They [care staff] are wonderful. They will do anything for me and you can tell that they enjoy their job." However, another person commented, "They could be better. There are lots of girls with less experience. The more mature ones are better." A relative told us, "The three regular ones [care staff] are good but the odd ones are not so good."
- We observed when we visited people in their own homes that staff knew people well and displayed positive, warm and familiar relationships with the people they were supporting. Staff spoke in friendly and respectful tone and we saw lots of laughter and chatter going on. One person commented, "We have a laugh, they don't take offence. I don't know what I would do without them."

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

- Staff supported people to express their views and make choices about the care delivered to them. People told us, "They [care staff] listen to me. They are helpful."
- People were included in decisions about their care and what they wanted staff to do for them.
- Care files included some information about people's life histories and their preferences. Staff showed an awareness of people's individual needs, preferences and interests.
- Very positive feedback on the service was documented in the surveys that had been sent out to people and their relatives. We saw compliments cards had been sent to the registered manager praising the service care staff had provided.

Respecting and promoting people's privacy, dignity and independence

- People told us that the care staff respected their privacy and dignity when providing personal care and they were encouraged to be as independent as possible.
- People told us, "I am washed down. I do as much as I can for myself. I insist on that." Relatives also confirmed this, "They do encourage [relative] to wash themselves and give them the sponge." A relative told us, "They [care staff] are a friendly bunch. [Relative] feels comfortable receiving personal care with them."

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.

End of life care and support

- Care records for people approaching the end of life were not consistent in the level of detail they contained to support individual preferences and decisions. For example, one person receiving end of life support had no care plan in place for that type of support or regarding their wishes and preferences.

We recommend the provider consider current best practice guidance on engagement and advanced care planning in end of life care.

- Staff were given training on good practice in end of life care to help them understand and support people in a sensitive way.
- We were told that any specialised support and symptom control was provided by people's GPs and specialist community nurses.

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

- People had been involved in developing their own care plans when they started to use the service and people we spoke with were aware of their plans.
- People confirmed care staff would do what was required and asked of them. People told us the agency was responsive if they had to ask for any changes to their visit times. We received mixed feedback about the care staff arriving on time or within the contracted timeframe. One person said, "Recently the carers had not come after half an hour so I rang the office." Another person told us, "They [care staff] will let me know if they are going to be late."
- Social isolation was considered as part of the support given. Staff accompanied people to access the community and activities. For example, one person went to a youth centre so could they enjoy activities and build friendships with other young people. Staff also took people out to places they wished to go such as local parks and attractions, theme parks and swimming.

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.

- Staff supported people to communicate in the way they preferred. Sign language such as Makaton was used to help people in communicating.
- When English was not a person's first language an interpreter had been used to assist with information

and assessment. Documentation had been made available in different languages where requested.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and information about how to complain and who to contact if they were not happy. Within the last 12 months seven complaints were dealt with under the formal complaint procedure. People and relatives told us they knew the process to make a complaint.
- Some people told us that they had not had to raise any issues or complaints over the time that they had been receiving care from the service and had "good communication". Others were satisfied with action taken by the registered manager when they had raised an issue.
- Three of the 20 people and/or relatives we spoke with felt there were some issues with the responses they had received and felt their issues had not been taken seriously. We were told, "I did not get a proper response from the office. They said it would get better but it didn't." We fed this back to the management team to inform their practices.

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.

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

- There was a clear organisation structure in place with lines of accountability. People told us the registered manager was friendly and approachable and sometimes came out to visit them. People told us, "We know all the people in the office" and "The manager has come out to see me just the other week. They do a review every now and then. I am well looked after." However, we also received some negative feedback that the office was "poor at communicating" with them. We were also told, "The organisation at the office is not good. It is not the carers but the admin. They said they would send a rota but didn't so I have no idea who was coming or when."
- All members of staff were supportive of the inspection process and any requests for information were addressed promptly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered provider had quality monitoring systems to monitor service provision, review accidents and incidents and get feedback from those using the service. This was to learn lessons and make improvements, where needed. However, the quality monitoring systems used were not fully effective in picking up and learning from some individual issues people raised with us, such as communication and complaint handling.

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 registered manager and quality manager understood their duty of candour and to notify us of any significant incidents or events that affected the running of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked with a variety of healthcare professionals who were involved in people's care. Care staff worked collaboratively with medical professionals, district and specialist nurses, occupational therapists and physiotherapists and followed their instructions when supporting people with their treatment and care needs.
- People told us they could give feedback informally when senior staff visited for checks. One relative said, "The ladies come in to check the book and ask if everything is going all right about every three months."

- The service used questionnaires to get formal feedback from people on their experiences. Not all people we spoke with were able to confirm that they had received a survey. However, others said they had completed them. We saw there was positive feedback from the last satisfaction survey.