

AMG Consultancy Services Limited

AMG Nursing and Care Services Lincoln Branch

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 is a domiciliary care agency providing personal care and support to people in their own homes. At the time of the inspection the service was providing personal care to 37 people.

People's experience of using this service:

People and their relatives gave positive feedback about their experience of the service and the care they received. They told us they felt very safe with the staff. Safeguarding policies and procedures were in place and people were protected from avoidable harm and abuse by staff who could identify and report safeguarding concerns. People's medicines were administered as prescribed and this was closely monitored. Staff followed infection prevention and control practices. Staff understood people's needs and risks to their safety. Risk assessments guided staff on how to safely meet people's needs.

People were supported by consistent skilled and experienced staff to meet people's needs. Staff received appropriate induction, training, and support and applied learning effectively in line with best practice. This led to good outcomes for people. Safe recruitment processes were in place and followed.

Staff understood the importance of providing person-centred care and developed positive supportive relationships with people. Staff encouraged people's independence and supported them to have maximum choice and control of their lives, in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were trained in mental capacity legislation and understood their responsibilities. They gained consent before providing care.

Care plans contained current and personalised information that supported staff to provide person-centred care. People were encouraged to maintain important relationships.

Staff worked closely with healthcare professionals and sought their advice, guidance and support to promote people's wellbeing. People's dietary needs were met. End of life care was provided with support from relevant health care professionals. Concerns and complaints raised were dealt with appropriately.

The manager was committed to providing a high-quality, person-centred service. They had an open and honest approach and was very supportive to staff. The registered manager used a range of checks and audits to assess and monitor the quality of service to ensure continuous improvement and learning. They listened to people's feedback and responded to issues and concerns to improve the service.

Rating at last inspection:

This is the first inspection of the service.

Why we inspected:

This was a planned inspection.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or sooner if we receive information of concern.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below

Good ●

AMG Nursing and Care Services Lincoln Branch

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.

Service and service type:

AMG Nursing and Care Services 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 as we needed to be sure that the registered manager would be in to support the inspection.

What we did:

Before the inspection we reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority that worked with the service. The provider sent us a provider information return prior to the 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 planned this, inspected

the service and made the judgements in this report.

During the inspection, we spoke with the manager and two staff. We spoke to two people who used the service and three relatives a health care professional and a social care professional. We looked at three people's care records, including their initial assessments, care plans and risk assessments. We looked at medication administration records (MARs) where staff were responsible for administering medicines. We also looked at a selection of documentation about the management and running of the service. This included quality assurance information, audits, recruitment information for three staff, training records, policies and procedures, complaints and staff rotas.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, A person told us, "I am absolutely safe and the staff are very good." A social care professional told us, "There are no concerns in respect of the service user's safety as this has been improved and risks reduced following the service intervention."
- Staff undertook safeguarding training and were knowledgeable about the different types of abuse that may occur. Staff told us they would report safeguarding concerns straight away.
- The provider was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong

- Care plans contained risk assessments which identified risks to people's safety and wellbeing. These were reviewed and updated when people's needs changed.
- Systems were in place to protect people from the spread of infection. Staff had completed infection control training and were provided with and used personal protective equipment (PPE) appropriately.
- The registered manager had oversight of accidents and incidents and monitored them for any trends or patterns. Information was recorded where lessons were learnt so that improvements could be made to the service. This information was shared with staff.

Staffing and recruitment

- Staffing levels were appropriate for meeting the needs of people.
- Staff said they covered gaps in the rota the registered manager told us, "The staff are very responsive and always happy to cover."
- The provider operated a safe recruitment procedure which ensured appropriate checks were completed prior to new staff starting work.

Using medicines safely

- Staff were trained in the safe management of medicines and had good knowledge of current guidance when supporting people to take their medicines.
- Care plans had protocols in place to support staff with administering people's medicines;
- People were encouraged to manage their own medicines, where possible.
- Medication Administration Records (MARs) confirmed people's medicines were administered as prescribed.

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.

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; Adapting service, design, decoration to meet people's needs

- Pre- admission assessments were used to develop care plans and these provided guidance to staff on how to deliver support to people in an effective way.
- The provider supported people to review their care and support to ensure this was being delivered as planned.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. One relative told us, "The staff are super, they have a good relationship and I have no doubt they take excellent care of [Name of person]."

Staff support: induction, training, skills and experience

- People were confident in staff's skills and knowledge to support them.
- Training and induction was provided for staff in a variety of subjects to develop, maintain or enhance their skills and knowledge to meet people's needs.
- Staff were positive about the provider's induction and ongoing training they completed for their role. New members of staff shadowed experienced staff members and completed a wide range of mandatory training before supporting people. One staff member told us, "The induction covered everything it was very detailed, I had not done care before and I felt very confident when I had completed it."
- Staff received regular supervision and support.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans recorded people's meal preferences, allergies and the support they required which ensured staff had relevant information to support people with their dietary needs.
- Staff were confident in recognising changes to people's health and wellbeing and knew how and where to seek professional advice and to refer people to appropriate healthcare professionals. A professional told us, "Staff are competent at identifying and managing changes in people and in responding appropriately to any issues or concerns." Another said, "Staff actively engage in regular communication and feedback via face to face, email and telephone. They always attend and participate positively at review meetings. Any changing needs and deterioration are reported appropriately."

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 living in their own homes can only be deprived of their liberty to receive care and treatment with appropriate legal authority from the court of protection. We checked whether the service was working within the principles of the MCA.

- Staff were knowledgeable about the MCA and understood the importance of seeking consent and people confirmed they were asked for their consent and agreed with their care.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were made in people's best interests
- The recording of people's mental capacity and where they had Power of Attorneys in place was documented in people's care plans.

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.

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 and their relatives provided positive feedback about the service. Comments included, "The carers are all lovely and we get on well." A relative said, "The staff are brilliant with [Name of person] and even visited when they were in hospital, they really care."
- Staff knew people's preferences and used this knowledge to support them in the way they wanted. They were attentive in their approach and people responded positively to this.
- Staff demonstrated good understanding of people's diverse needs and people were respected and valued whatever their race, religion, disability or gender.

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

- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives.
- People and relatives told us they were involved with the planning of their care and with day to day decisions. One relative said, "[Name of person] has a care plan and I have been involved all the way along."
- One person who used the service had an advocate. An advocate is a person who can support others to raise their views, if required. The registered manager told us that should anyone need an advocate they would support them to find a local service.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy. A relative said, "The staff always explain what they are doing and [Name of person] is happy and progressing well."
- Staff understood the importance of helping people to maintain their dignity; people told us the care and support they provided was discreet and respectful.
- People were encouraged to remain independent. Staff knew what people's levels of independence was and supported them to remain as independent as possible. A person said, "Staff are very well trained, I am pretty independent, but they come and support me with the things I need support with and its lovely." A health care professional told us, "Staff have been witnessed promoting independence, privacy and dignity in all areas of care provision by myself and other members of the MDT involved via direct provision of care and is reflected in the care and support plans in place drawn up by the service."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were cared for by staff who knew their likes, dislikes and preferences. One person told us, "The staff know what I like but they always ask me if I would like something and if I said no I didn't, it wouldn't be a problem they are all very amiable."
- Staff were dedicated and passionate about supporting people and tailored the care and support provided to people's needs recognising their strengths, weaknesses and aspirations to help people live the life they chose. One relative told us, "The service is very accommodating we sometimes go to the theatre and do not get home until late. If we ring them and let them know we are home someone always comes."
- Care plans were person centred and staff were knowledgeable about people's care and support needs and adapted their approach to meet their individual needs.
- People's communication needs were assessed and recorded in care plans. These provided staff with guidance on the most effective ways to support the person to communicate. A member of staff told us they were learning sign language to enable them to support a person they worked with.
- The registered manager followed the requirements of the Accessible Information Standard to give people and their relatives information they needed in a format they required. Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard.

Improving care quality in response to complaints or concerns

- Information was provided to support people to raise any concerns and complaints.
- People told us they would feel comfortable in making a complaint if they needed to. One person said, "I have not had any concerns, but I would contact the office if I did."
- The provider had a policy and procedure to guide staff in how to manage complaints.

End of life care and support

- People's wishes and views about care and support when approaching the end of their life were recorded and identified so these could be respected.
- Staff had received End of life training to ensure they could support people in a dignified and respectful way at the end of life.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and registered manager promoted a person-centred culture through the training, staff supervisions and information shared with staff. A staff member told us "I promote the values of the service. I think about the person and I believe it's important to be kind and care for people like I would for my own family."
- Staff told us they felt listened to and were supported to provide good care and enjoyed working at the service. One staff member told us, "I love my job, you never have to hide anything, there is no blaming we look to resolve situations and get the best outcomes for people."
- People told us they had very good relationships with staff who were trustworthy and respectful. They were involved in discussions about their care and experienced good communication with staff.
- The manager understood and acted upon the duty of candour. Processes were in place to investigate incidents, apologise and inform people why things happened.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- Everyone was positive about the registered manager a health professional told us, "The registered manager has been outstanding in their approach. They have provided a continuity of professionalism, dedication and sensitivity towards [Name of person], their family and staff."
- Staff had a good understanding of their roles. People told us staff were professional in their roles and that they worked well with people to ensure their needs were met.
- There were effective systems and processes in place to monitor and improve the service. Audits were carried out on a regular basis which provided an insight into the service and if any improvements were needed.
- The provider worked in partnership with other services to support people's care and quality of life. Some of these included general practitioners, district nurses, social workers and hospital discharge teams.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had sought feedback to help maintain and improve standards at the service.
- People said they had appropriate opportunities to provide feedback to the registered manager.
- There was effective and open communication between staff and management. They shared information easily using the electronic systems in place. Staff were supported with supervisions, appraisals and regular

staff meetings. Staff felt supported by the registered manager. One staff member said, "The registered manager is fair to everyone, they treat everyone the same. They are a good leader."

- The manager was committed to continually developing the service. Regular audits helped the manager monitor the quality and safety of the care provided, identify where improvements were needed and ensure actions were completed.