

# AMG Consultancy Services Limited

# AMG Nursing & Care

# Services

## 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

This inspection was announced and took place on 17 November 2016. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure they were available.

AMG Nursing and Care Services provide personal care for people in their own homes. At the time of our inspection, there were 58 adults and eight children receiving personal care from the service. Personal care was provided for people with a range of health conditions or injury; often with related physical, mental or learning disabilities. Personal care was also provided for people living with a life limiting illness or receiving end stage of life care at home. There was a registered manager for the service at the time of this inspection. This is a person who has registered with the Care Quality Commission. They are responsible for the day to day management of the regulated activity of personal care at the service. Like providers, as a registered person they have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in August 2014 the provider was meeting the requirements of the Health and Social Care Act 2008 and related care standards.

People felt safe and were confident their homes and personal possessions were safe when they received care from staff at the service. People, relatives and staff were confident, knew how and were supported to raise any concerns they may have about people's safety. The provider acted swiftly following concerns raised to ensure people were safe.

Overall people received timely care from staff who were safely recruited and deployed. Risks to people's safety from their health conditions, equipment or environment assessed before they received care and regularly reviewed. Staff understood and followed people's written care plans to provide people's care in a way that helped to help mitigate any identified risks from this. This showed people were protected from the risk of harm and abuse.

The provider's arrangements and procedures for staff equipment, instruction, communication and reporting procedures helped to ensure staff followed safe systems of care and related work practice. Staff were trained and understood the actions to follow where there was potential for medical emergencies to occur in relation to people's health conditions. People's medicines were safely managed.

Staff were trained, checked, supervised and supported to perform their role and responsibilities for people's care. People, relatives, local care commissioners and community professionals were satisfied with care provision, which they often described as good or excellent. Staff understood people and children's health and related, often complex personal care needs. People and children were effectively supported to maintain their health or nutrition by staff who understood and followed their related personal care plan requirements.

Staff understood and followed the Mental Capacity Act 2005 (MCA) to obtain people's consent or appropriate authorisation for their care. Staff supported people in a way that helped to inform, respect and follow their decisions about their care; and which enabled people and children's rights and best interests.

People and children received care from staff who were kind and caring; treated them with respect; promoted their dignity, rights and choice in their care. This meant staff understood and followed the provider's stated aims and values for people's care, which aimed to ensure this.

People were informed and involved in planning, agreeing and reviewing their care in a way that was meaningful to them. Staff understood and followed what was important to people for their care and how their health condition and illness affected them. People receiving care and their relatives, felt they mattered.

People received individualised, timely and consistent personal care. Staff understood and followed people's preferences for their care, which was detailed in their care plans. Staff knew how to communicate with people and supported them in a way that helped to ensure their independence.

People, their relative and staff were confident and knew how to raise any concerns they may have about people's care or make a complaint about this. People's views about their care were regularly sought. Feedback from people and their relatives, showed that overall, they were satisfied with care provision and would recommend the service to family and friends.

People, relatives, staff, local community professionals and care commissioners were positive, confident and satisfied with the management of the service. The provider told us about important events that happened there when required. Staff understood their roles and responsibilities for people's care and received the management support they needed to provide this. Management, record keeping, communication and reporting systems helped to ensure this.

The provider's arrangements to check the quality and safety of people's care were consistently operated. Findings from this and people's feedback helped to identify and ensure improvements were made when required. This showed the provider sought to continuously review and improve their service and people's care experience.

## 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 ●

People received safe care and support from staff who were effectively recruited and deployed. People were protected from the risk of harm or abuse by staff who knew how to recognise and report any concerns about this. Staff understood and followed the care actions required from people's written care plans; to help mitigate known risks to people's safety. People's medicines were safely accounted for.

### Is the service effective?

Good ●

Staff were trained and supported to perform their role and responsibilities for people's care. Staff understood and followed the Mental Capacity Act 2005 (MCA) to obtain people consent or appropriate authorisation for their care. People and children were effectively supported to maintain or improve their health or nutrition. Staff understood people's health conditions and related personal care needs. People and children who received care were effectively supported to maintain or improve their health or nutrition. Staff understood and followed people's assessed personal care needs; which were regularly reviewed and revised where necessary to account for any changes that may be required

### Is the service caring?

Good ●

Staff were kind, caring, respectful and compassionate. They understood and followed the provider's stated aims and values for people's care. This helped to ensure people's dignity and rights in their care. People were informed and involved in their care by staff who understood their health conditions and what was important to them.

### Is the service responsive?

Good ●

People received individualised, timely and consistent personal care from staff who knew and followed their preferences for this. Staff supported people in a way that was meaningful, helpful to them and helped to ensure their independence. People were informed and supported to raise any concerns or make a complaint about their care. These were listened to, taken seriously and acted on to make any improvements.

## Is the service well-led?

Good ●

The service was well managed and run. People, relatives, staff and external stakeholders were confident of this. Staff understood their role and responsibilities for people's care. Management and communication systems helped to ensure this. The provider regularly checked the quality and safety of people's care and used their findings from this to make continuous or required service improvements.

# AMG Nursing & Care Services

## **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 was announced, carried out by a single inspector. We visited the provider's office on 17 November 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure either the registered manager or a senior manager was available.

We spoke with six people who received care and two relatives. We also spoke with five care staff, the deputy manager and a senior external manager for the provider. We looked at four people's care records and a number of other records relating to how the service was managed. For example, staff training and recruitment records, meeting minutes, the provider's checks of quality and safety.

Before this inspection, the provider 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 also spoke with local community professionals and care commissioners and looked at all of the key information we held about the service. This included written notifications about changes, events or incidents that providers must tell us about.

# Is the service safe?

## Our findings

People were felt safe when staff provided their care and were confident their homes and personal possessions were safe when staff were present. People's relatives we spoke with also confirmed this view. One person said, "I absolutely feel safe; If new staff come, staff who know me take time to introduce and direct them; I am very happy with my care from AMG." Another person told us, "I feel completely safe and comfortable with my care."

People, relatives and staff were confident and knew how to raise any concerns about people's safety. One person said, "I feel in safe hands; but if I didn't feel so; I would contact the office; I know who to speak with and am confident they'd sort it. Staff we spoke with knew how to recognise, respond and report any concerns about people's safety. For example, in relation to changes in people's health condition or in the event of the suspected or witnessed abuse of any person or child receiving care. The provider's related written procedures and staff training supported them to do so. Staff also understood the provider's procedures for handling people's personal monies securely when required. For example, when they supported people to shop for personal items.

Before our inspection the provider told us about the action they took in response to an alleged safeguarding incident. Information shared with us by the provider, the relevant local safeguarding authorities and related records we looked at during this inspection; showed the provider had taken the action required to ensure people's safety. This meant people were protected from the risk of harm or abuse in their care.

Overall people and relatives said people received timely care from staff they knew, who understood their care and related safety needs. One person said, "Staff are brilliant; they come on time; they stay for my time and more sometimes." Another said, "I have the same team of care staff; if there's anything different they let me know." All confirmed that new staff were introduced and supported by staff who knew them well. One person said, "They make sure the any new ones know how to move me safely with the hoist." A few people or their relatives told us they had experienced staff delays but said these were minimal and reasonably explained or acted on by 'the office,' including to prevent any recurrence when required. The provider's records and staff reporting procedures supported this. For example, in the event of staff sickness, absence or adverse weather conditions.

Survey results from the provider's recent checks of people's views about their care calls, showed people and their relatives were satisfied with their timing and duration; which most had rated as either good or excellent.

Discussion with staff about their recruitment and related records we looked at showed safe recruitment procedures for were followed for care staff employment. For example, checks of staff work experience, education and training were made. Character, previous employment references and checks from the national disclosure and barring scheme (DBS) were also obtained. The DBS is a national scheme for checking the suitability of those who work with vulnerable adults and children. All of the provider's staff employment checks were made before any offer of employment at the service. This helped to ensure staff

were suitable to provide people's care

Staff told us they were provided with sufficient time to complete people's care and for travel between care calls. They also confirmed the office would make any necessary adjustments if they needed additional travel time and understood the provider's procedures to follow in the event of any delay or inability to meet their care calls. The provider had recently introduced an electronic scanning system, which required all care staff to log in and out of their call times, to ensure accurate monitoring of this. This helped to ensure sufficient staffing arrangements for people's care.

Staff told us that staffing arrangements were sufficient to enable them to provide people's care and to ensure their safety. For example, one person was supported by two staff when required to enable them to move safely. Risks to people's safety associated with their health conditions, environment or equipment were assessed before they receive care. People's care plans showed the care actions required to mitigate any identified risks to people's safety from this, which staff understood and followed.

Where there was potential for medical emergencies to occur in relation to people's health conditions; there were clear and detailed care plans and related procedures to inform staff how to respond, which staff we spoke with understood. For example, if people required emergency medicines because of changes in their health condition or if life preserving equipment and procedures needed to be used or followed. Staff received bespoke training relating to this for people's individual care, which included competency checks, which was regularly reviewed and updated to ensure their safe care practice. This helped to ensure that people were safely supported in the event of foreseen medical emergencies.

Staff were provided with equipment, training and written guidance to enable safe systems of care and related work practice. For example, for staff lone working and accident reporting. This included arrangements for reporting and communication with management out of normal working hours. Staff were provided with themed monthly newsletters to further inform safe care practice. Recent newsletters included key principles for safeguarding children, handwashing and infection control. Staff told us they were provided with personal protective equipment such as disposable gloves and aprons to wear; to help prevent infection from cross contamination when they provided people's personal care. People and their relatives confirmed that staff used this when required and cleaned their hands before and after providing their personal intimate care or handling body waste. This helped to ensure people's safety in care and also staff safety in relation to their working arrangements.

People's medicines were safely managed. People who were supported by staff in this way told us they received their medicines when they needed them. People's care plans showed what, when and how people needed to be supported in this way. Staff told us they received medicines training, related competency checks and regular training updates, which the provider records showed. Staff were able to describe how they supported people to take their medicines safely and understood how to ensure the safe handling, administration and recording of people's medicines.



## Is the service effective?

### Our findings

People and relatives were happy with the care they received from staff. We received many positive comments from them about this. One person said, "They (staff) know how to care for me; they are good." Another told us, "They know my needs; my equipment and how to care for me; I'm happy with my care." Another said, "Wonderful care from amazing staff." A relative told us, "Staff are consistent; they know what they doing; quick to pick up any changes and always let me know." The provider's recent care survey returns from people and their relatives showed overall satisfaction with care provision, which they often rated as either good or excellent.

Local care commissioners and community professionals told us the service communicated well with them to help ensure people's health and continuity of their care. One health professional told us, "They are brilliant; they work closely with us to support people well."

The service often provided personal care for people and sometimes children living with complex health conditions. For example, relating to their life limiting illness, injury or disability. People, local care commissioners and external health professionals told us staff understood and met people's personal care needs associated with their health conditions. Staff we spoke with understood people's health conditions, their related personal care needs and requirements, which were detailed in their written care plans and regularly reviewed. For example, relating to people's breathing, nutritional or skin care needs. This showed that people were effectively supported to maintain their health by staff who understood and followed their care requirements.

Staff told us they received the training, supervision and support they needed to perform their role and responsibilities, which related records showed. This included training specific to people's individual health conditions and their related care needs, which included staff knowledge and competency checks when required. Nurse advisors were employed at provider level to inform and support people's personal care plans in relation to any complex health care needs they may have. This included related staff training, such as specialist equipment or medicines use. People's care plans provided detailed care steps for staff to follow for these care instances. Nationally recognised clinical procedures guidance was used to inform and support this. We received many positive comments from staff about their training and support. One staff member said, "I had a very thorough introduction to the service, people's care and all of the training and more." Another staff member told us, "We get all the training we need to do our job well; with regular supervised practice, competency checks and training updates."

Staff were supported to achieve a recognised vocational care qualifications or people's service related health and social care. The Care Certificate was introduced for new staff to undertake. This identifies a set of care standards and introductory skills that non regulated health and social care workers should consistently adhere to. They aim to provide those staff with the same skills, knowledge and behaviours to support the consistent provision of compassionate, safe and high quality care. This showed staff were trained and supported to provide people's care.

People were provided with personal care in line with legislation and guidance in relation to consent. 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.

We checked whether the service was working within the principles of the MCA. Staff received training in; understood and followed the principles of the MCA. The provider told us that the majority of the people receiving care had the capacity to make day to day decisions for themselves. This included decisions about medicines and the care they received. People we spoke with told us that staff obtained their consent for their care. For example, for their care plans and for information sharing with external care providers concerned with their care when required. Staff we spoke with were able to describe how they offered choices and how people led, or were supported by them or their representatives to make day to day decisions about their care.

People's care plans showed how their consent for their care was obtained. Some people were not always able to make decisions about or give legal consent to their care because of their health conditions or age (for children). Their care plans showed how this was assessed; who was involved in the decision making process; how the person's related care was to be provided in their best interests and reviewed when required. Some people had others who were legally appointed to act or make important decisions on their behalf for the health and welfare and/or finances. Staff understood and followed this when required. This helped to ensure and protect people and children's rights and best interests in their care.

## Is the service caring?

### Our findings

People received care from staff who were kind and caring. Staff treated people with respect and promoted their dignity and rights in care. People and relatives said that staff were kind, caring and felt they had good relationships with them. All said that staff treated them with respect and ensured their dignity in care. One person said, "I can honestly say; my staff team are lovely; they are kind and respectful - always." Another person said, "Lovely staff; I don't know what I'd do without them." Another person said, "He [staff member] is brilliant; I've already told the office – his care makes my life worth living."

We looked at the provider's records of recent written comments and compliments received from people or their relatives about the service. These were positive and showed staff were kind, caring and compassionate when they provided people's care. They also showed that staff treated people with respect and ensured their dignity and rights in their care. For example, two people's relatives commented positively about the people's personal end of life care. They said, "The word 'care' is correct - you all did care and even more than that; treated with respect and love – helped to make a peaceful pain free death." Another relative said, "Staff treated mum with dignity and respect and gave great support to dad too."

Staff we spoke with showed a kind, caring and compassionate attitude when they described people's care. All of the staff we spoke with understood the importance of ensuring people's equality, rights and dignity in their care. They also knew people's individual choice and preferences for their care and related daily living arrangements, which were detailed in people's individual care plans. One staff member said, "It's important to make sure people are treated properly; that we do things in the way they prefer."

All of the staff we spoke with understood people's individual rights, choices, daily living arrangements and care preferences and all showed a caring attitude. The provider's aims and values for people's care and their related staff training arrangements helped to inform and ensure this. One staff member said, "They [the person receiving care] are in charge of their care; they decide who provides their care; it's important that we respect their rights and choices." Another staff member told us, "It's their home; we are there to support the person and optimise their opportunities to live well."

People felt in control of and involved in agreeing their care and said that staff respected their related choices and preferences. One person said, "Staff are very helpful and caring; they do things the way I want them to." Another person's relative told us how staff consistently took time to make sure the person was comfortable in bed, with bed pillows and personal items arranged around them as they preferred and within their reach, which was important to them.

People were provided with key service information to help inform their care. For example, what to expect; arrangements for agreeing and reviewing their care; how to raise any related concerns they may have and how to access independent advocacy services, if they needed someone to speak up on their behalf. This was made available in a range of language and alternative formats when required to aid people's understanding. Such as large print or easy read pictorial formats. Management also involved people or their representatives in choosing staff who would provide their care where possible. This included meeting with and interviewing

prospective care staff beforehand to help decide this.

People's care plans were individualised; detailed and showed their preferences, choices and agreed arrangements for their personal care. This included any involvement of family and partners in people's care. People held copies of their agreed personal care plans in their own home and they were regularly reviewed with them or their representative. This showed that people were appropriately informed and involved in planning and agreeing their care.

## Is the service responsive?

### Our findings

Overall, people received individualised, timely and consistent personal care. One person's relative and one person who received care told us they had experienced occasions when this had always not been so. However, they confirmed this was resolved because management acted to rectify this to their satisfaction. One person told us, "There was occasion in the past when time changes for my care calls were not followed through by the office, but this was sorted fairly quickly; I am very happy with my care." Another person's relative told us, "There were issues with continuity of staff at the beginning, but it was fully resolved; staff are great; I am very happy." Otherwise we received all positive comments from people or their relatives. For example one person said, "The service is adaptable and they will change my care rotas when needed." Another person told us, "My care is timely and flexible to accommodate my regular health appointments, which can be variable and sometimes at short notice; it helps to reduce my stress."

People and relatives felt that staff knew understood and followed people's preferences for their care, which were detailed in their written care plans. This included individual personal care routines and related daily living and lifestyle preferences. For example, one person told us that staff regularly supported them to access friends and family in the wider community, which was important to them. Staff regularly supported a child to engage in recreational pastimes they particularly enjoyed outside their family home. This was done in a way which enabled the child's learning; their social and sensory stimulation and engagement.

People and their relatives told us staff understood the importance supporting people in a way that enabled their independence. For example, by making sure people had the equipment they needed for their independent movement or to enable them to eat and drink independently. One person told us, "Staff always make sure my wheelchair is properly adjusted and comfortable for me to use so I can get about." Another person told us how staff supported them to manage their health care by helping them to make important health appointments. This meant people care's was individualised and helped to ensure their independence.

People's care plans showed their strengths, independence and communication needs, which staff understood and followed. For example, one person told us they used an electronic device to enable them to open their front door independently. They told us that staff respected this and waited before entering the person's home. Another staff member told us they used specific non-verbal signing to help them communicate with one child in a way they understood.

People and their relatives were informed and knew how to raise any concerns about their care or make a complaint about this, if they needed to. People's views about their care were regularly sought, listened to and acted on. For example, through their regular individual care reviews or by periodic care questionnaire type surveys with them or their representatives. Related records showed that people's views, feedback and findings from this were reviewed, investigated and used to make or inform service improvements to people's care when required. Examples of recent improvements made related to the quality and timeliness of people's care. Feedback from people obtained in this way and related records showed that overall, people were satisfied with their care and would recommend the service to family and friends.

## Is the service well-led?

### Our findings

The service was well managed and led. People, their relatives, staff, local community professionals care commissioners and were positive and confident about the management of the service. Management at the service were described by them as 'open', 'approachable', 'responsive' and 'accessible.'. We received many positive comments about the registered manager, who was often described as, 'Brilliant,' 'helpful,' 'thorough' and 'knowledgeable.' One person said, "The manager and office staff are brilliant; always contactable and deal with things properly." Another said, "I have no issues with management; they are helpful and on the ball." Records of the provider's recent survey findings with people about their care also showed people's overall satisfaction with the management of the service.

Staff understood their roles and responsibilities for people's care and received the management support they needed to help ensure this. Staff felt they were well supported by management. Staff told us management were contactable and ensured their regular supervision, communication and ongoing support. They also confirmed that management regularly checked their skills, knowledge and values for people's care. One staff member said, "Management support and communication is good; we have regular meetings and are told about any changes or updates." The provider's annual staff survey in March 2016 found staffs' overall satisfaction with their working arrangements at the service.

The registered manager was supported by a deputy manager, care co-ordinator and the provider's external management. Specialist advice was provided for people's personal care in relation to any complex health care needs they may have. Records showed the provider used a range of measures to inform and support staff to carry out their role and responsibilities. This included stated aims and objectives for people's care, staff performance and development measures, communication and reporting procedures. It also included and a comprehensive range of care and work related procedures for staff to follow. For example, a staff code of conduct and procedures for reporting accidents or serious incidents. Staff we spoke with understood this and their roles responsibilities for people's care. They were also confident and knew how to raise any concerns they may have about this if they needed to.

Records related to people's care and the management of the service were accurately maintained and safely stored. The provider met their legal obligations to send us notifications about important events which occurred at the service when they needed to. For example, notification of any suspected abuse of a person receiving care. This meant there were clear arrangements in the place for the management and day to day running of the service

The registered manager told us they and the provider's external quality and safety lead manager carried out regular checks of the quality and safety of people's care; which related records showed. For example, checks relating to people's health, medicines and safety needs. Accidents, incidents and complaints were also monitored and analysed to identify any trends or patterns. When any changes or improvements were needed for people's care; staff confirmed the reasons for this were communicated with them.

Since our last inspection a number of service improvements were either made, planned or in progress from

this. For example, equipment to increase the reliability of monitoring for care call response times and medicines record keeping. There were also plans in progress to develop staffing arrangements to ensure a flexible workforce; to help meet known and projected local service demands. This showed the provider sought to continuously review and improve their service and people's care experience.