

AMG Consultancy Services Limited

AMG Nursing and Care Services - Nottingham

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an announced inspection of the service on 28 September 2016. AMG Nursing and Care Services is a domiciliary care service which provides personal care and support to people in their own home across the UK. At the time of the inspection there were 500 people using the service.

There was a manager registered with the Care Quality Commission (CQC). 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 felt safe and were supported by staff who knew how to keep them safe. Risks to people's health and safety were managed, plans were in place to identify and reduce the risk to people's safety. There were enough staff at the time of our visit to meet people's care needs and staff were recruited safely. People received the level of support they required to safely manage their medicines.

People were supported by staff who received an appropriate induction, training, supervision and a yearly appraisal. People's rights were protected under the Mental Capacity Act 2005. People received the assistance they required to have enough to eat and drink. External professionals were involved in people's care as appropriate.

People reported positive and caring relationships had been developed between themselves and the staff. People felt able to contribute to decisions about their care and were involved in the planning and reviewing of their care and how they wanted their care delivered. People were treated with dignity and respect by staff who understood the importance of this.

People received the care they needed and staff were aware of the support each person required. Care records were written in a way that focused on people's wishes and respected their views that provided information for staff so people could receive relevant care. A complaints process was in place, and people felt able to make a complaint and that staff would respond in a timely manner.

The service promoted a positive culture that was transparent and open. People felt the service was well run. Staff felt supported by the management. All staff felt the registered manager was approachable and listened to their views or concerns. People were encouraged to share and feedback on their experience of the service. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided.

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 supported by staff who understood their responsibilities to protect people from the risk of harm.

Risks to people's health and safety were managed; plans were in place to enable staff to support people safely and contained sufficient detail.

There were enough staff at the time of our visit to meet people's care needs and staff were recruited safely. People received the level of support they required to safely manage their medicines.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005.

People received the assistance they required to have enough to eat and drink.

People were supported to maintain good health. They had access to healthcare services when they needed them. Referrals were made to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People had positive and caring relationships with staff.

People were involved in the planning and reviewing of their care and making decisions about what care they wanted.

People were treated with dignity and respect by staff who understood the importance of this.

People received information about the service to advise them

what they could expect. This also included information about independent advocacy services.

Is the service responsive?

Good ●

The service was responsive.

People received the care they needed and staff were aware of people's different support requirements. Care records were reviewed and care needs updated.

A complaints process was in place and people felt able to make a complaint.

Is the service well-led?

Good ●

The service was well-led

People were happy with how the service was run.

Staff were confident to raise any concerns with the management.

There were systems in place to monitor and improve the quality of the service provided.

The provider and registered manager had notified CQC of serious incidents and concerns, as a requirement of their registration with CQC.

AMG Nursing and Care Services - Nottingham

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.

We carried out a visit to the service on 28 September 2016, this was an announced inspection. We gave 48 hours' notice of the inspection because we needed to be sure that the registered provider would be available. The inspection team consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the 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 reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sent out feedback surveys to 17 people who used the service relatives and community professionals. We also contacted health and social care professionals and the commissioners of the service for feedback about the service being provided.

During our inspection we spoke with one person who used the service, nine relatives, five members of care staff and the registered manager. We looked at the care plans of five people who used the service and associated daily records, such as the daily log and medicine administration records. We looked at four staff files, as well as a range of records relating to the running of the service, such as quality audits and training records.

Is the service safe?

Our findings

The provider had procedures in place to help staff protect people from avoidable harm. The systems in place helped reduce the risk of people experiencing harm and ensured they were kept safe.

We spoke with one person who used the service, but gained feedback from others who we sent out surveys to. We asked if people felt safe from harm and 100% said 'yes'. We spoke with their relatives who told us their relations were safe and happy with the service provided. One relative said, "My relation usually gets a regular care worker." They told us the service also contacted them if there were ever any concerns.

Staff told us they had received safeguarding training. Staff were aware of the procedures they should follow if they needed to raise a safeguarding concern. Staff we spoke with were able to describe the processes the service had in place to ensure they kept people safe. One staff member said, "If I had any concerns I would report them to my line manager immediately." Another staff member described how they monitored people's environment and checked at all times to ensure people were safe. They described different types of concerns where they would raise an alarm and would be confident to make a safeguarding referral if required. All staff we spoke with were aware of the safeguarding policies and procedures that the provider had in place.

The registered manager showed us the system they had in place to identify safeguarding training that staff had received. We could see the date the training was completed and the date the next refresher training would take place. All staff training was up to date. We saw the staff were following the provider's safeguarding policy and procedure.

People's individual risks associated with their needs were identified. The registered manager told us they assessed people's needs before they started to use the service. Themes and trends were monitored on a regular basis to address any incidents that may occur. Staff told us and we saw risk assessments were included on each person's care file to assess and support staff to mitigate any risk. One staff member told us they constantly monitored people and where needed they made referrals to other professionals, for example, a district nurse if a person was at risk of pressure sores. The registered manager told us about one person that was discharged from hospital without the appropriate equipment for their needs in place. The registered manager said that staff chased this up with the relevant professional to ensure the person remained safe and that there was no risk when staff were moving and handling the person. This showed us that staff were proactive and mindful of people's safety. We saw where risks were identified, for example to the home environment or person's health and wellbeing these were documented and information was shared with staff to minimise these risks.

Staff were deployed appropriately and there was sufficient numbers to meet people's needs. People told us there were enough staff. Relatives told us their family member had regular staff who provided good care to their relation. One relative said, "We are very happy with the staff and the care they provide." Staff told us that staffing levels were consistent. One staff member said, "We cover each other for absence and holidays. No one is left without care." The registered manager told us they had sufficient numbers of staff. They said,

"All staff are qualified to provide care to ensure people are never left without care."

Safe staff recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work. This included checks on criminal records, references, employment history and proof of ID. Staff files we looked at identified staff had completed an induction and appropriate processes had been followed to help ensure staff employed were safe to care for people.

Feedback from the surveys we sent out told us people received their medicines as prescribed. Relatives we spoke with told us they were responsible for administering their relation's medicines. However, staff confirmed they had supported people with their medicines depending on the level of support recorded in the person's care plan. One staff member told us they prompted people to take their medicines. They described the process they followed and records they completed.

Staff told us they completed medication administration records (MAR) for all people who required assistance with their medicines. They also told us what the procedure was if a person refused their medicines. Staff told us and records confirmed, they had undertaken medication training and competency tests were completed. We saw medicine training was part of the training taking place on the day of our visit. This told us people received their medicines in a safe way.

The registered manager showed us the process they had in place for ensuring all MAR charts were completed correctly and how gaps in the charts were addressed and the action they took.

Is the service effective?

Our findings

People received effective care that reflected their needs. Relatives gave us positive feedback about the care their family member received. They told us staff knew the people and how to care for them. People and their relatives felt staff had enough skills and knowledge to do their job. One relative said, "They [staff] know exactly what to do when supporting my relation." Another relative felt staff had sufficient training. Information we received from surveys told us that people received care from staff who were skilled and knowledgeable.

Staff knew the people they cared for. They gave good examples of how they cared for and met individual needs. Three staff members told us about people they cared for and how they ensured they received effective care relevant to their individual needs. Staff told us they had completed an induction when they first started work at the service. One staff member said, "I was introduced to the people who used the service and shadowed an experienced member of staff before I provided support on my own." Staff described both the training they had completed and the opportunities for them to undertake further and specialist training. For example palliative clinical day once a month, Percutaneous endoscopic gastrostomy (PEG) feeding tube. These are used when a person cannot maintain adequate nutrition with oral intake.

Staff said they received a mix of face to face and online training. One staff member told us they also completed refresher training to keep their skills and knowledge up to date. Staff confirmed they received supervision and appraisals on a regular basis and felt the management was supportive. There were systems in place to ensure staff were supported and able to share good practice. Supervision took place every four to six months and plans for this year's appraisals were in place. We reviewed a sample of four care worker's files and found that they had completed an induction, attended training, such as, food hygiene, pressure care management and moving and handling. Records also showed supervision and appraisals had taken place as described to us. This meant people were cared for by competent staff.

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 and their relatives told us staff gained their consent before care and support was provided. Relatives told us their family members were encouraged to make decisions for themselves and staff asked permission before they provided any care and support. One relative said, "I am responsible for making decisions around my relative's care I have power of attorney." Staff were knowledgeable about the people they cared for and how the MCA was relevant to their work. They said, "People have the right to make decisions for themselves." We checked whether the service was working within the principles of the MCA. We found MCA assessments were in place for people where relevant. People who had Lasting Power of Attorney (LPA) in place, copies of the level of consent was identified on the person's care plan. A lasting power of attorney (LPA) is a legal document that lets you appoint one or more people (known as 'attorneys') to help you make

decisions or to make decisions on your behalf. Where people were unable to sign to say they had consented to care there were appropriate documents in place to easily identify the person's involvement. This told us the service was working within the principles of MCA.

Where required people were supported to eat and drink and maintain a balanced diet based on their needs and preferences. Staff told us they always checked if people had eaten and how much. One staff member said, "If I had concerns about a person not eating or drinking I would raise this with my line manager. I would make sure relevant processes were put in place to ensure the person was getting enough to eat and drink." Another staff member told us they made sure people had enough to eat and drink. They said, "I monitor how much a person has eaten or left on their plate. This is recorded and passed to other staff who attended the home by recording in the daily log or using a fluid and food chart."

Staff were knowledgeable about different conditions that might highlight a concern if people were not eating or drinking sufficient amounts. For example, weight loss, dehydration or lots of food waste. The registered manager told us staff were sometimes responsible for the preparation of food. Staff monitored people's food intake where concerns had been identified and food charts were put in place. We found care plans identified people's individual food requirements, allergies and food and drink they liked or disliked. We saw samples of daily notes and this confirmed what staff and the registered manager had told us.

People were supported to maintain good health. People had agreed for staff to contact healthcare professionals such as a GP or nurse if their needs or condition deteriorated. Staff we spoke with were aware of people's changing needs and gave examples of when they may be required to contact a health care professional. For example confusion, dizziness or becoming unwell. This showed us people were supported to maintain good health.

Is the service caring?

Our findings

People were encouraged and supported to develop positive, caring relationships with staff. We received positive feedback about the relationships people had with the staff. Feedback from people commented that staff were kind and caring. One relative said, "Staff are genuinely caring." Another relative said, "The care is excellent. The staff take their time and are gentle with [name]. The communication between us all (person, family and staff) is very good." Information we received from surveys told us people were always introduced to the staff member before care and support was provided. Which meant people would be aware and reassured about the member of staff who was caring for them. The information also identified that people were happy with the care and that staff were thoughtful and kind. Staff also respected people's choices and wishes.

Staff told us about how they spend time with people and that they made a difference to people's lives. One staff member said, "I always allow plenty of time to complete the tasks people required and listen to the person whilst respecting their choices." The registered manager told us they encouraged their staff to have positive relationships with people. Where relationships became difficult or a person was not satisfied with the staff that cared for them they would address this immediately and make changes. The registered manager told us they constantly monitored people's relationship with staff with a courtesy call for feedback.

Where appropriate people's cultural needs were taken into consideration. For example where a person's first language was not English they were matched with a member of staff who understood their culture and life choices.

Care was planned in line with what people wanted. Each person life history was recorded in their care plan. This identified what the person life was like and what they liked to do. People were supported to express their views and be actively involved with decisions about their care and support. Relatives told us they were involved in the planning and review of their relation's care needs. One relative said, "We have had information explained to us."

Staff told us the care plans were informative and described how personalised care was important for people. Care coordinators we spoke with were knowledgeable and had systems in place to identify each person's needs and requirements. We saw care and support was personalised and where possible, staff were matched with the person to ensure good relationships would form. Care records we looked at showed how people wanted their preferred care provided. This told us people had the opportunity to make choices about their care.

Feedback we received from people and their relatives told us people felt they were treated with dignity and respect. Staff described how they treated people respectfully and how they put this into their daily routines. One staff member said, "I make sure people are treated as I would like to be treated." They told us they made sure people were treated with dignity and respect at all times. The registered manager told us staff had completed dignity training.

People told us they had received information about the service to advise them what they could expect in regards to the service they would receive. This also included information about independent advocacy services. An advocate is an independent person who expresses a person's views and represents their interests. The registered manager confirmed the service actively sign posted people to the relevant and current advice where ever possible. The registered manager also told us people had use of an advocate and we saw this was recorded in their care plan.

Is the service responsive?

Our findings

People, relatives and professionals gave consistently positive feedback about how the service was personalised to meet individual needs. People's care and support was planned and arranged and they were actively involved in making decisions about their care and support. Relatives told us their relations received their care in a way they preferred. One relative said, "The care is planned and reviewed regularly." Another relative described how staff shared information in daily logs. They told us the information was accurate and reflected the person's needs. A third relative told us they were waiting for the review of care as a date had been arranged.

Staff had a good understanding about personalised care including what people liked and disliked. Staff told us the care coordinators contacted them on a regular basis to update them on people's changing needs. Initial assessments were undertaken to identify people's support needs and care plans were developed to outline how these needs were to be met.

Systems identified care reviews were taking place. People had signed staff time sheets to identify the call had been covered. Calls were monitored on a daily basis to ensure all calls were covered in a timely manner. Any shortfalls were covered by care coordinators or other staff members to make sure no one was left without care.

People told us they knew how to make a complaint. They told us any complaints that had been made were responded to appropriately. One relative said, "I raised a concern and it was dealt with in a timely manner."

Staff were confident that they would respond to complaints and concerns. One staff member gave an example of how a care package had changed due to a person raising a concern. Another staff member told us they had access to the complaints policy in their staff hand book. We found that the provider had a complaints policy and procedure in place and that this was shared with people that used the service. Where complaints had been identified the registered manager had taken appropriate action. This was to ensure the complaint was dealt with and action taken was appropriate and in line with the providers complaints policy and procedure.

The Provider information return (PIR) told us the provider was introducing improvements over the next 12 months to make sure the service was more responsive. This would include a comprehensive approach to training to ensure staff are available and trained in complex needs and clinical procedures to enable them to respond quickly to changes, which may affect a person's care package.

Is the service well-led?

Our findings

People who used the service and their relatives gave positive feedback about the service and how it was run. Results from the surveys we sent out people told us they knew who to contact in the office if needed. Relatives told us they felt able to speak with the registered manager and could make suggestions on how the service was run. One relative said, "I have met the team leader, but have not needed to contact them. I would if required."

People and their relatives said that they have the opportunity to provide feedback on how the service was run. However one relative was not aware they had received a questionnaire from the service. The registered manager told us they had an open door policy. They said people and relatives could contact them if they wished at any time.

Staff told us they were supported by the registered manager and they could approach her at any time. One member of staff said, "Management were supportive and I find I can speak to anyone in the team if I need to." Staff told us they were aware of the whistleblowing policy and all said they were confident to use the process if needed.

We contacted health and social care professionals for feedback about the service being provided. They gave positive feedback and felt the service asked for advice and tried hard to continuously improve the quality of care.

Staff told us and records confirmed they had attended team meetings, received regular supervision and training relevant to their role. One staff member told us there was good communication with the office coordinators and that they did a good job. They said, "They always give you time between calls and sometimes there is enough time to spend quality time with people."

The registered manager told us the vision for the service was to deliver good quality care that is achieved by a competent workforce. Staff confirmed they supported the vision of the service. They said that they were satisfied they provided good care. One member of staff said, "what is good about the service is the care provided is of a good quality and we have good communication between the all the staff." Another staff member said the end of life care is good. It is the best service people could have.

The service had quality assurance systems in place that monitored quality and safety. Spot checks were undertaken to assess how well the staff provided care, that they were wearing the correct uniform, and that they were competent in the support they provided. The registered manager told us they had a good support mechanism in place to give people and staff reassurance of the quality of the service. Incident and accident reports were completed. We saw examples of action that had been taken to reduce incidents from re-occurring. Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified when necessary.