

AMG Consultancy Services Limited

# AMG Nursing and Care Services - Stafford and Stoke-on-Trent

## 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 took place on 4 April 2017 and was announced. AMG Nursing and Care Services provide specialist nursing care and personal care for people of any age in their own homes. At this inspection they were providing care and support for 78 people.

A registered manager was in post and present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe from harm as staff had been trained and knew how to recognise and respond to signs of abuse. Staff had access to care plans and risk assessments and knew how to protect people from risks of harm associated with their care. Any incidents and accidents were thoroughly investigated to identify any trends and learning. This minimised the risk of reoccurrence.

The provider completed checks on staff before they started work to ensure they were safe to work with people. People received support with their medicine from staff who were trained to safely administer or prompt people to take it. The provider undertook regular competency checks on staff to ensure they followed safe practice when supporting people with their medicine.

People were supported by staff that had the skills and knowledge to meet their needs well. Staff attended training that was relevant and specific to the people they supported. Staff received support and guidance from a management team who they found approachable. Staff members felt listened to by the provider and that their suggestions and experiences mattered to them.

People were involved in decisions about their care and were involved in the planning of their support. People had information they needed in a way they understood. When people could not make decisions for themselves staff understood the steps they needed to follow to ensure people's rights were upheld.

People had good relationships with the staff who supported them. Staff knew people's personal likes and dislikes and things that were important to them. People had their privacy and dignity respected and information personal to them was treated in confidence.

People were supported to have access to healthcare when they needed it. Staff responded to any changes in need promptly and consistently.

People and staff felt able to express their views and felt their opinions mattered. People felt able to raise any concerns and were confident these would be investigated. People received feedback after any concerns were raised. The provider undertook regular quality checks in order to improve the service. The provider engaged people and their families and encouraged feedback.

## 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 were protected as staff understood how to recognise and report any concerns they had about people's safety.

Risks associated with people's care were assessed and steps taken to minimise the risk of harm.

Checks were made to ensure staff were safe to work with people.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who were trained and supported to provide care.

People were supported to make decisions and had their rights protected by staff who were aware of current legislation related to their role.

People had access to healthcare when they needed it.

### Is the service caring?

Good ●

The service was caring.

People had good relationships with staff who supported them.

People were supported by staff who were kind, compassionate and respectful.

People had their privacy and dignity respected by staff.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them.

People and those close to them were involved in the planning of

their care.

People were able to raise any concerns or comments with the provider and were confident they would be listened to.

### Is the service well-led?

Good ●

The service was well-led.

The provider sought people's views on the quality of care they received.

Staff felt valued and motivated by the registered manager and provider.

The provider and staff had shared values in supporting people.

The provider had systems in place to monitor the quality of care delivered and made changes when required.

# AMG Nursing and Care Services - Stafford and Stoke-on-Trent

## **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 took place on 4 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. 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. This information helped us to focus our inspection.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information to help plan our inspection.

We spoke with eight people receiving support, three relatives, the registered manager, the quality and safety lead and five staff of varying roles.

We viewed the care and support plans for three people, including assessments of risk, consent and medicines. We saw records of quality checks completed by the provider, incident and accident records, client surveys and details relating to staff recruitment and training.

# Is the service safe?

## Our findings

People told us they felt safe and protected when staff were with them in their home. One person said, "I really feel safe with them in my property. The same staff come to me and I trust them." A relative told us, "I have every confidence my relative is safe with the staff." Staff we spoke with had a clear understanding of the different types of abuse, what to look for and how to report it. One staff told us, "We all went through the different types of abuse for adults and children and what to look for as part of our training." Other member of staff told us they knew of information containing guidelines on what to look. They knew how to report any concerns they had and to whom. We saw the registered manager had made referrals to the local authority when necessary to protect people from harm or abuse. Any referrals made to protect people were discussed as part of a managerial team to identify learning or any additional actions that need to be considered.

One relative told us, "There are risk assessments in place when my relative is taken out, which have recently been reviewed by management." Another said, "Staff are fully aware of the risks my relative faces as a vulnerable person. They are very good on that front." A third said, "They are aware of the risks my relative faces, it's their mobility and they always keep an eye on them to prevent falls." People told us they were involved in assessments of risks which were personal to their individual circumstances. Assessments included moving, skin integrity, nutrition/hydration and medicines. These assessments detailed what the person could do to keep themselves safe and also what the staff members had to be aware of in order to prevent harm to people. Any incidents or accidents were reported to the provider and overseen by the registered manager and quality and safety lead. They identified any action that needed to be taken to minimise the likelihood of re-occurrence. For example, following concerns about a person's safety a risk assessment was revised. This took into account the person's wishes and their desires to take acceptable risks with reasonable safety precautions in place.

A relative told us, "We have a meet and greet with each new member of staff. They seem knowledgeable, but I'm able to tell them fully of my relative's recreational need." Staff told us that before they were allowed to start working with people they had to go through a safe recruitment and selection process. They told us this was to ensure they were safe to work with people. Staff described the appropriate checks that would be undertaken before they could start working. These included satisfactory Disclosure and Barring Service (DBS) checks and written references. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with individuals. We saw records where these checks had been completed and recorded.

People told us they were supported by enough staff to meet their needs. One person said, "I trust the care workers that arrive as I have had their support for a number of years. We know each other well." A relative said, "We have regular staff, absolutely no concerns." When people's needs changed the provider had systems in place to ensure they still received support to meet their requirements. At times when regular staff were not available the provider had a system in place to ensure people still received care from staff who were able to support them. One person said, "If they have to send someone else because of sickness then they always tell me who it will be. If a care worker had to be replaced then they introduce them to me beforehand to see if we are compatible." Another person told us, "I never have any problems with the timing

or staff being late."

People told us they felt confident and safe when assisted to take their medicine by staff. One person told us they were supported by staff who always talked them through what their medicine was for and if they wanted to take it. Another said, "I have always been given my medicine on time when I need it." Staff told us they received training in the safe administration of medicine. The registered manager told us they undertook regular competency checks of staff members to ensure they assisted people safely and followed the guidelines in place. Any errors with people's medicine were investigated and actions taken to minimise the risk of re-occurrence. For example, following a medicine error, members of staff attended a 'lesson learnt' training session. The provider also created a small card that care workers keep on them while at work. This card gave prompts to consider when supporting people to have their medicine. Staff confirmed that they carried this with them.



## Is the service effective?

### Our findings

People told us they were supported by staff who were trained and had the skills to assist them. One person said, "I can't do as much for myself now so I need help with personal care. The staff seem to be well trained to help me." Another said, "Staff are well trained and professional and have regular training." Staff told us they felt trained and supported in order to carry out their role either with adults or children. One staff said, "I attended induction training and we covered many areas including all the different clinical needs we may be supporting people with. We then signed off a competency booklet with our mentor" Another staff told us, "I had the chance to go out with other more experienced staff so I got used to the role and the people I would be helping."

Staff we spoke with believed they were not pressured into undertaking any activity without appropriate training and assessment of competence. One staff said, "If I don't feel able to do a certain task I will ask the manager and they will arrange for the nurse to go through things with me. I need to feel confident as we do some quite complex care." The provider employed nurses with specialist knowledge to support staff. For example, nurses qualified in supporting people with a learning disability and their mental health.

Staff had access to additional training to support them in their role. For example, as a result of caring for more people living with diabetes, this topic was added to the induction programme. One staff member said, "I completed the complex training as I help people who need some clinical assistance. I felt reassured that I was provided with the skills I need to help people correctly." Staff told us they were supported by the management and had regular meeting with a senior staff member. Staff told us it was during these sessions they could discuss anything that worried them or anything that concerned the people they supported. Staff told us they found these sessions supportive but they could approach a senior staff member, a nurse or one of the managers at any time they needed for advice and guidance.

Staff shared information between themselves and, where appropriate, with any visiting health professionals or family members. People told us all relevant changes were recorded so that staff were consistent in their approach and aware of any changes in care and needs. People told us they were able to access the information recorded about them at any time and that details recorded were relevant and accurate.

One person said, "I get support to go out once a week and I can decide what I do and where we go." People were supported to make their own decisions and were given choice. For example, one person with a visual impairment wanted to self-manage their medical condition. There was a clear evidenced based protocol in place regarding self-administration of insulin. Staff with other healthcare professionals monitored the effectiveness of the person to self-manage their condition. People were supported to make choices and decisions by staff who were aware of current guidance and legislation to protect people's rights. The registered manager, nurses and care staff understood when to assess someone's capacity and the process to follow to ensure their rights were protected.

Staff we spoke with had an understanding about the process to follow if someone could not make a decision. Staff had a clear understanding of the principles of the Mental Capacity Act and the process of best

interest decision-making. One staff said, "When there is a different view on the care that someone should receive and the person is not able to make the decision themselves. We have to look at what is in their best interests."

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. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. The registered manager talked us through the process they would follow when making a decision for people in their best interests. The provider had trained and prepared staff in understanding the requirements of the MCA.

People were supported to have enough to eat and drink and to maintain a healthy diet if it was required. One person said "They always leave drinks and cake or sandwiches in my reach in case I want something later in the day." Another said, "They sort my food and cook it, it's lovely, I can't praise them enough, they are absolutely marvellous."

One relative said, "They (staff) monitor my relative's health and will always let me know if they have any concerns." People had access to health care services and were supported to maintain good health. People were supported by staff who were able to recognise and respond to changes in health. One healthcare professional had commented, "There is a big difference in (person's) overall wellbeing. (Person) is eating healthier, has lost weight and is mobilising better. This is due to the high standard of care and positive encouragement and motivation in making healthier choices that care workers are giving (person)."

## Is the service caring?

### Our findings

People were supported by a caring, kind and supportive staff team. One person said, "Staff are very caring and genuine. Some are brilliant and wonderful." Another said, "The carer I get is fantastic, they are a wonderful company." A relative described staff as, "Staff are competent and confident in caring for (person)." Another said, "My relative has a lovely relationship with staff who are kind and caring." Staff we spoke with talked about those they supported with respect compassion and warmth. People were often supported by the same staff for long periods of time over which professional relationships developed. Staff helped one person, who had not been out of the house for some years, to go out to lunch on their birthday. This person had a regular staff team who knew the person well and so were able to gauge whether the suggestion would be acceptable to the individual they cared for.

People's personal histories, likes, dislikes and things that mattered to them were known by staff supporting them. Assessments of need included people's expectations of care and recognised people's cultural needs. Staff asked people who it may be important to them to stay in contact with and how they liked to spend their time. People were supported at times when they felt upset and worried by staff members who recognised their changes in mood and responded appropriately.

One person told us, "The carer I have always keeps an eye on me and even looks after the dog, they are fantastic." People told us staff reassured them and supported them emotionally when they needed. People felt that staff communicated with them appropriately and adapted how they spoke with them depending on their needs. People were involved in making decisions about their own care and support. These decisions were recorded and staff were aware of how people wanted to be assisted. One person said, "My main carer is amazing and has become part of the family."

People told us their privacy and dignity was respected by staff providing support. One person said, "The carers are fabulous and I have never been made to feel uncomfortable. They are really good about my privacy ensuring doors and curtains are closed, they will always knock before coming into the room." Staff we spoke with had a clear understanding of the need for confidentiality and how to share appropriate information when needed. For example, staff knew what information to share with the GP or ambulance staff in an emergency situation.

## Is the service responsive?

### Our findings

One relative commented, "I do find them responsive. Once through no fault of the staff member my relative couldn't take to them. They resolved it with no fuss, they were very responsive and helpful." Another person said, "They respond well to any issues. I rang yesterday to cancel a visit; they were very obliging, polite and good."

Consideration was offered to people as to the gender and age range of care worker they preferred. They also asked if people if they would like the staff to be in full uniform or less formal clothing.

People had care plans which were based on them as individuals. Information contained in the care and support plans detailed what people thought staff members needed to know in order for them to do their job. One person said, "We have recently had a review. I had a few issues, but they do listen to me and take on board what we want." A relative said, "We have a yearly review, where we discuss my relative's continuing needs."

People's care and support plans were regular reviewed or when there was a change of circumstance. One person said, "I receive a yearly review which is fine with me as nothing much changes." Other people we spoke with told us they had received a review of their care and support plans in the last two months. One person said, "We also get a visit from the nurse just to make sure that everything was ok and for me to discuss anything I wanted with them."

One relative commented, "Staff are always polite, offer choices of what they want to wear and seek their permission for everything they do." When people felt it was appropriate family members and any healthcare professional associated with the person's care was also involved. One relative told us, "At the start we were asked what is it you can do? and what do you need help with? It was good that they focused on the positive and included us all in the assessment."

People we spoke with told us that they received very specific assistance with clinical procedures completed by nursing staff and trained care workers. These were recorded in people's care plans with clear step by step instructions for staff to follow. Staff we spoke with told us the plans had to be this specific to minimise the possibility of error and because a lot of procedures had to follow a particular sequence in order to be effective.

People and relatives we spoke with told us that they had information about the complaints procedure and what to do. However, people told us they were happy with the service they received and had no complaints. One person said, "If I had any concerns I would just phone them up and tell them about it. They would definitely listen to me." People were confident that any concerns would be taken seriously by the management team and they were confident all concerns would be investigated. The provider had systems in place to respond to any complaints or concerns raised with them including feedback to the person raising the concern.

## Is the service well-led?

### Our findings

One person told us, "I do feel it is well run. They (management) come out and explain things and always keep me updated." People told us they felt involved and informed about the service that they received. People knew who the management team were and how to contact them should they need to. People felt confident and able to contact the management team or any one at the office for support if they wanted both day and night. Throughout the conversations we had with people regular reference was made to the management and administration team and how supportive and approachable they were.

People told us they were kept informed about the service they received. People were regularly asked for their views and opinions on the service that they received. Responses were collected by the provider and people received feedback.

We asked staff about the values and principles they followed whilst working for the agency. One staff told us, "The Company is about training and caring for staff and the people it supports." People we spoke with felt valued and respected as individuals and supported to be as independent as they could be. Those we spoke with felt they were regarded individually and understood about the organisation supporting them.

Staff felt valued and supported by the provider organisation. They understood what was expected of them and were aware of guidelines and procedures informing their practice. For example, staff were aware of the whistleblowing process and told us they felt they would be supported if they ever needed to raise a concern. Staff said they attended regular team meetings where they were able to openly discuss aspects of their employment and make suggestions to improve the experiences of people they supported.

The registered manager understood the requirements of their registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. The provider and registered manager had systems in place to monitor the quality of service provision. The quality and safety lead showed us how they assessed information from quality checks, incident and accidents and feedback from people and staff. They used this information to drive improvements in the service.