

AMG Consultancy Services Limited

# AMG Nursing and Care Services - Nottingham

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

AMG Nursing and Care Services is a domiciliary care agency that was providing personal and nursing care to 154 people at the time of the inspection. This included adults and children living with complex health needs, people coming to the end of their life and a 'fast track,' short term service supporting people to leave hospital or remain at home when unwell.

Not everyone using AMG Nursing and Care Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

Records were not in place to show medicines were always being managed safely.

Risks to people's health were not consistently assessed to provide staff with on how to keep people safe.

Some people raised concerns regarding there not always being enough staff employed to consistently meet their care and support needs.

People's dietary needs were not always accurately recorded. Referrals to speech and language therapy (SALT) and dieticians were made when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the providers procedures did not always support this practice for all people. We have made a recommendation the provider reviews their systems to strengthen this area.

Care and support plans were not always person-centred and reflective of people's specific health needs and future goals.

The provider's response to accidents, incidents or complaints was not always in line with their policy. Some people told us they did not always receive feedback or an apology from the provider in a timely manner when things had gone wrong.

The provider's quality assurance checks had not highlighted the issues found during this inspection regarding medicines, personalised support and record keeping.

Most people and relatives felt staff were kind and friendly. People told us they were treated with respect.

Staff were able to tell us what people's current needs were despite care records not always being up to date

to reflect this.

The provider had a safe recruitment system in place.

Staff stated they felt supported by the registered manager, received regular supervision and an annual appraisal. Staff received training in line with the provider's policy.

Rating at last inspection.

The last rating for this service was Good (published 1 December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches at this inspection in relation to the assessment of risks to people's health, safe management of people's medicines and how the provider ensures the safety and quality of the service people receive.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# AMG Nursing and Care Services - Nottingham

## **Detailed findings**

### Background to this inspection

The inspection.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector, one specialist nurse advisor and two Experts by Experience undertook the inspection.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. For this inspection the Expert's by Experience had personal experience of caring for an adult living with dementia and a child with a disability.

Service and service type

AMG Nursing and Care service is a domiciliary care agency. It provides personal care to people living in their own homes.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that people using the service were informed so we could contact them to seek their views on the service and, to ensure the registered manager would be available to support the inspection.

Inspection site visit activity started on 12 June 2019 and ended on 13 June 2019. We visited the office location on both days.

What we did before the inspection.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We met with one person, and spoke on the telephone with seven people who used the service and 15 relatives about their experience of the care provided. We met with 14 members of staff including the registered manager, deputy manager, the provider's quality assurance lead officer, two registered nurses, one care plan facilitator, seven care workers and the provider's training officer.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the providers policies and further quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not consistently managed across some areas of the service.
- Some people told us they had no medication administration records in their homes. Therefore, staff did not have clear guidance about people's medicines or records to document administration.
- Records could not be found for people who lacked capacity to make decisions about their medicines. There was no evidence provided to show the support some people required with their medicines or if medicines were being administered covertly (hidden in food).
- Where people were prescribed medicines to be given 'when required' records did not give staff enough information on how to manage these.
- The medicine audit process was not effective at identifying or resolving issues with medicine management.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate medicines were being managed safely and recorded accurately. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. They confirmed a full review of their medication management system was being undertaken with any actions implemented to ensure the service complied with regulations to keep people safe.

### Assessing risk, safety monitoring and management; Preventing and controlling infection

- Care plans did not always record people's current health needs and provide staff with clear guidance on how to support those needs. For example, one person's care plan did not contain information on one of their health conditions.
- Risk assessments lacked guidance to alert staff on what to look for and how to support people with specific health conditions such as diabetes.

We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate risks to people's health were being managed and recorded effectively. This also placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had systems to promote good standards of infection prevention and control. Staff told us they had access to gloves and aprons. One person said, "The gloves go on before they start to help me and come off when they have finished."

#### Learning lessons when things go wrong

- Arrangements were in place to learn lessons from when things went wrong. However, these were not always being applied and feedback provided to people was not always effective and in a timely manner. One person told us they had, "Complaints that were still ongoing which had not been addressed by the provider."

#### Staffing and recruitment

- We received mixed views from people around the amount of staff employed to meet their needs. Some people told us they had regular staff attend, others told us they did not always know who was coming to them.
- The provider had an ongoing recruitment process in place to recruit more people for the service. The service arranged 'meet and greet' sessions to introduce staff to people and ensure they matched people's needs. Some people were involved in interviewing their staff.
- The provider had a safe recruitment process and audits of records in place.

#### Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding issues, knew people well and could tell us how they minimised risks to people's health even though this was not always recorded in care records accurately.
- Training records showed, and staff confirmed, they had received training in how to safeguard both adults and children.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were not always fully assessed before the service commenced. Some people's health needs had not been shared with staff.
- Assessments for people referred for short term or 'fast track' support were not always thorough to provide accurate guidance for staff to follow to meet people's needs. However, where people required longer term support assessments were found to be in-depth.

Whilst we found no evidence that people had been harmed, systems were not robust enough to demonstrate that risks to people's health were being effectively assessed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately following the inspection providing us with an action plan to evidence a full review of their assessment procedures had commenced to ensure people's needs were appropriately assessed and recorded to keep them safe.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records of mental capacity assessments and best interests' decisions were not always completed. Therefore, it was not clear if the service always acted within the principles of the MCA.
  - People's care records had inconsistent information about whether people could consent to their care or if their relatives had the legal representation to act on their behalf.
  - Records showed staff had received training in the MCA. However, the providers assessment records were not being fully implemented to show staff understood their responsibilities to ensure people's consent was appropriately sought.
- We have recommended the provider reviews their procedures and provides further training to staff to ensure they understand their responsibilities within the MCA.

Staff support; induction, training, skills and experience

- People were supported by staff who had received training to effectively support their needs.
- New staff completed a four-day induction programme prior to beginning work and had opportunities to shadow more experienced staff.
- Staff said the management team were approachable and they were always able to contact someone if they required advice or support. One member of staff said, "I've worked for other care companies and I have to say AMG is the best so far, the support and training I've received is fantastic."
- Staff were supported through regular supervision and appraisal.

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

- People were supported with eating and drinking effectively, including with any specialist diets needed.
- Staff considered people's choices with meals and the level of support required.
- Staff worked closely with other health professionals to make sure people received food and drinks according to their needs. Care plans evidenced assessments by SALT and dieticians.
- Care plans showed staff monitored people's health and reported any concerns.

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

- The service worked closely with other organisations. Records showed staff contacted GP's, district nurses, paediatric nurses, occupational therapists, physiotherapists and other healthcare professionals when required.
- People were supported by staff to access community health services and appointments when required. One person said, "Staff will support me at appointments if I need them to."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement.

This meant people's needs were not always met.

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

- Records were not always clear to show all people had been involved in making decisions about their care.
- People were asked for their views about the service through surveys and when office staff visited them to check on the service being provided. However, not everyone spoken to felt the provider acted upon their comments.
- Staff used appropriate communication methods to support people to be involved in their care.
- People told us staff asked their permission before undertaking personal care. One relative said, "I can hear them asking [person's name] before they do anything."

Respecting and promoting people's privacy, dignity and independence

- Care plans did not always reflect the steps staff needed to take to promote people's independence and the goals they wished to achieve.
- Staff could explain how they respected people's right to have privacy and dignity promoted. One member of staff said, "I treat everyone how I would want to be treated. I make sure I always respect people's dignity; ask their permission before doing things and, make sure I keep their privacy."
- One relative said, "Staff always make sure the curtains are drawn when they are dressing [person's name]."

Ensuring people are well treated and supported; respecting equality and diversity

- Staff received training in equality and diversity. People's cultural and spiritual needs were respected and recorded.
- The provider had systems to monitor staff practices to ensure they were kind and caring.
- People said staff were respectful and treated them with kindness. One relative said, "[Person's name] can't wait for staff to arrive, they have a lovely relationship with [person's name]. One person said, "I have never had a carer that has been anything else but kind to me, my carers do care about me, I can tell this by the way I am treated."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant people's needs were not always met.

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

- People were at risk of not receiving appropriate care because their care records did not always provide staff with information about their individual needs.
- Some care plans were not person-centred and were more task orientated. However, staff spoken to were knowledgeable about the people they provided care to and knew their likes and dislikes.
- One person told us, "I was never asked if I was happy to have male or female carers, but I only have females and do prefer that."

Improving care quality in response to complaints or concerns

- Complaints were not always addressed in line with the provider's policy. Records of concerns and complaints were kept and investigated. However, outcomes were not always shared formally with the complainant to show where lessons had been learnt and to offer an apology when things had gone wrong.
- Some people said they knew who to raise a complaints with, others told us they had raised complaints and not heard anything back.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had information in different formats to support people's individual needs. This included documents in easy read and other languages.
- Staff working with children communicated with them in a range of ways, including use of picture exchange communication systems.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access activities in the local community. Some children were supported by the service to attend school, go swimming or for trips out to the local play park.
- One person told us, "We go out every Saturday to do my shopping and have our lunch in the pub, it's great because I get to see my friends."

## End of life care and support

- End of life plans were in place to record the support people wanted at this stage of their life. These included people's wishes and choices.
- The provider worked closely with a range of health professionals to ensure people received joined up care and remained pain free.
- The service had received many compliments about the care they had provided. One card said, 'A massive thank you for the care and support you provided to our [person's name]. You have all made the world of difference to us at a difficult time. [Person's name] was desperate to stay at home and your kindness and efficient help made that happen.'

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality monitoring of the service had failed to identify the issues found during this inspection regarding the ineffective management of people's medicines, risks associated with people's health needs, responses to complaints and record keeping.
- Care plans and risk assessments required reviewing and updating to reflect people's current individual health needs and provide clear guidance for staff to follow to keep people safe.
- We received mixed views around how the service was managed. One person said, "They [office staff] are not very good in getting back to you or passing on messages." A relative told us, "At the moment we are very happy with how things are working out."

We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately following the inspection and evidenced that a full review of all areas found during the inspection was being undertaken to ensure the service complied with all regulatory requirements and people's needs were being met safely.

- All appropriate reporting had been carried out to notify the CQC and local authorities when incidents occurred.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Policies, procedures and best practice guidance were in place. However, these were not always being consistently applied across all areas of the service to ensure people's needs were met.
- The provider's responsibilities around the duty of candour were not always being applied when something was identified to have gone wrong. Four people told us they had not received a full explanation or an apology in a timely manner to show them lessons had been learnt.

Engaging and involving people using the service, the public and staff, fully considering their equality

#### characteristics

- Feedback surveys were sent to people and their relatives to share their views on the quality of the service received. However, not everyone spoken to had received this opportunity.
- Staff meetings were held to give staff the opportunity to express their views and opinions on the day-to-day running of the service.

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

- Communication across the service required improving to ensure people received joined up care and any areas of concern were addressed quickly.
- Outcomes for people varied between the different areas of the service. Some people felt empowered, others told us they felt the provider did not listen to their concerns.
- The provider was committed to making the necessary improvements to the service.
- Staff told us they felt the provider was approachable and worked with them to raise standards in the care people received.

#### Working in partnership with others

- Evidence in care records demonstrated the service worked in partnership with the wider stakeholders to meet people's needs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure the safe management of medicines and the risks to people's health and safety were assessed.  Regulation 12 (2)(a)(g)
Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to ensure governance systems were robust; systems or processes were not operated effectively and responses to complaints were not managed appropriately.  Regulation 17 (1) (2)(a)(b)(c)(d)(e)(f)