

AMG Consultancy Services Limited

AMG Nursing and Care Services - Crewe

Inspection report



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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

AMG Nursing and Care Services - Crewe is a domiciliary home care service providing personal and nursing care to 240 people at the time of the inspection. This included adults living with complex health needs, people coming to the end of their life and people who required short term care, for example following a hospital stay.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Since the last inspection improvements had been made to aspects of the service including the safe recruitment of staff and medicines management. However, further improvements were required to ensure systems to monitor the service were fully embedded and robust.

Audits and checks were being completed. However, these had not always identified where further improvements could be made, including those found on this inspection.

We have made a recommendation in relation to following relevant procedures for referrals to other agencies as part of safeguarding enquiries.

There had been some staff recruitment issues, which impacted certain geographical areas. The recruitment of new staff was an ongoing priority.

People gave mixed feedback about the timings of care calls and consistency of staff. Some were very positive. However, others felt call timings varied and they did not always see familiar staff. The management team continued to review rotas and schedules to make further improvements to the consistency of care visits. There were enough staff to meet the needs of the people they currently supported.

The provider's systems had not ensured current government guidance for COVID-19 testing for staff was followed in full. This was immediately addressed by the registered manager and a system implemented to provide better oversight of staff testing results. Staff had appropriate access to PPE and had been trained to use this correctly, and other infection control measures were in place.

Overall, systems were in place to safeguard people for the risk of abuse. Safeguarding concerns had been appropriately identified and reported following relevant procedures. Care plans included detailed risk assessments with information about potential risks and measures to minimise the risk, including environmental risks.

Systems were in place to manage medicines safely and to ensure learning occurred when things went wrong.

Assessments of people's needs, including detailed information about their health and support needs had been recorded. The provider had reviewed systems to ensure essential information was available to staff about people's needs as soon as possible.

People were supported by skilled and trained staff who had their competency checked. A small number of supervisions and checks were overdue, the provider had plans to address this. Staff worked closely with other agencies to support people's needs. They supported people with complex health care needs well, with a specifically trained staff team.

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; the policies and systems in the service supported this practice.

People were supported by staff who were kind and caring in their approach and they were treated with dignity and respect. We received some very positive and complimentary feedback about the support people received from staff. The service was focused on supporting people's independence.

Overall, people received personalised care and support to meet their needs and preferences. Staff were responsive to people's feedback, and where needed adjustments were made to meet people's individual preferences. Care plans were detailed and included information about people's individual needs and preferences. People told us they felt able to raise concerns or complaints should they need to.

The provider and registered manager were committed to improving the service. Staff feedback about the way the service was managed was positive and morale had improved since the last inspection. Staff told us they were supported in their roles.

People's feedback about the service was sought and the service worked in partnership with other agencies.

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

Rating at last inspection (and update)

This service did not previously have an overall rating. At the last inspection we inspected the safe and well-led domains which were both rated as requires improvement and there were two breaches of regulation (published 12 November 2020). The provider completed an action plan after the last inspection to show what they would do and by when, to improve.

At this inspection we found some improvements had been made and the provider was no longer in breach of the regulation related to recruitment. However, not enough improvement had been made in relation to good governance and the provider remained in breach of Regulation 17.

Why we inspected

The inspection was prompted in part due to concerns received about staffing issues, consistency of call times and the quality of the care provided. A decision was made for us to inspect and examine those risks.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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.	Requires Improvement ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was not always well-led.	Requires Improvement ●

AMG Nursing and Care Services - Crewe

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

The inspection was carried out by two inspectors and two Experts by Experience. One inspector attended the service and the other worked offsite. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because we needed to be sure the registered manager would be available to support the inspection. This also enabled us to check if there were any COVID-19 related matters we needed to consider before our site visit. Inspection activity started on 24 May 2021 and ended on 10 June 2021. We visited the office location on 25 May 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including safeguarding

events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury. We also considered feedback about the service from relevant local authorities.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We requested the provider send information to us prior to our site visit. Due to the risks of COVID-19, we did not make home visits to people who used the service. Instead, we sought feedback from people and their relatives over the telephone.

We spoke with twenty-one people who used the service or family members about the care provided. We also spoke with fourteen members of staff, along with the registered manager and the operations director. We reviewed a variety of records including multiple medication records, care plans, risk assessments and four staff recruitment files. We also reviewed audits, a range of policies and other records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. At this inspection this key question has remained the same. 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.

Staffing and recruitment

At our last inspection the provider had failed to recruit staff safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Following the last inspection, the provider had strengthened recruitment processes, to ensure all recruitment checks were fully carried out. This helped to ensure suitable staff were recruited to work with vulnerable people.
- People gave mixed feedback about the timings of care calls and consistency of staff. Some were very positive. However, others felt call timings varied and they did not always see familiar staff. Comments included, "I haven't had one bad carer. They arrive on time and never rush me." "Timings are not bad they can vary quite a bit one way or the other, but it does not phase us.", "The carers are often late" and "They come on time alright 9 times out of 10."
- There had been some staff recruitment issues, which impacted certain geographical areas. The provider recruited a new coordinator to focus on staff recruitment in certain areas and were implementing further plans to attract additional staff.
- The management team continued to review rotas and schedules to make further improvements to the consistency of care visits. There were enough staff to meet the needs of the people they supported and they considered the availability of staff, prior to accepting new care packages.

Systems and processes to safeguard people from the risk of abuse

- Overall, systems were in place to safeguard people from the risk of abuse.
- Staff had received training in safeguarding procedures and were able to adequately describe the actions they would take where people were at risk of harm or abuse.
- Safeguarding concerns had been appropriately identified and reported following relevant procedures. However, where referrals to other agencies such as the local authority and The Disclosure and Barring Service (DBS) were required, there were two examples where these should have been made in a more timely way.

We recommend the provider reviews, and ensures staff understand and robustly follow relevant procedures for referrals to other agencies as part of safeguarding enquiries.

Preventing and controlling infection

- The provider's systems had not ensured current government guidance for COVID-19 testing for staff was followed in full. This was immediately addressed by the registered manager and a system implemented to provide better oversight of staff testing results. We have commented on this further in the well-led section of this report.
- Infection control procedures were in place and followed to minimise the risk of cross infection.
- Staff had appropriate access to PPE and had been trained to use this correctly.
- People confirmed staff wore PPE whilst providing care. Comments included, "The carers are most careful and strict about wearing all the correct PPE," and "They are very good with PPE and always very careful."
- Risks in relation to COVID -19 had been considered including risk assessments for staff.

Using medicines safely

- People received their medicines safely and as prescribed. Following the last inspection, the management team had further improved medication processes.
- Some medicines need to be given at a certain time to make sure they are safe or work effectively. Processes had been reviewed to ensure people received such medicines at the correct time.
- Staff received training and had their competency checked to ensure they administered medicines safely.

Assessing risk, safety monitoring and management

- All care plans included detailed assessments with information about potential risks and measures to minimise them, including environmental risks.
- Since the last inspection, risk assessments had been implemented for the safe use of emollient creams to consider any potential risk of injury from fire, as these can be highly flammable.
- There was an electronic call monitoring system in place, which alerted the management team to any late/missed calls or tasks that had not been completed, so action could be taken.
- There was a business continuity plan in place which had been reviewed and contained details about how the service would respond to unexpected emergencies.

Learning lessons when things go wrong

- Systems were in place to ensure learning occurred when things went wrong. For example, where a medication error had occurred, further training had been carried out along with further tools provided to support staff.
- There were procedures for staff to follow to record any accidents and incidents. The management team reviewed these and considered any further action required to reduce the risk of further incidents.
- Any trends identified from accident and incidents were shared with the staff through a newsletter, including guidance about good practice and prevention of further incidents.

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.

This is the first inspection for this key question. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

Assessments of people's needs were undertaken and care plans developed which were person centred.

- Assessments of people's needs, including detailed information about their health and support needs had been recorded.
- Most people had been fully involved in their assessment and development of their care plans. Where people had been discharged from hospital as part of the "rapid response" service, there were a few comments about the limited time available to discuss their care needs. The provider was considering the re-introduction of an information leaflet to provide guidance about the service.
- The provider had reviewed systems to ensure essential information was available to staff about people's needs as soon as possible. Short term care plans were put in place within the rapid response service in a timely way. Staff confirmed they had access to all the information they needed through the electronic system.

Staff support: induction, training, skills and experience

- People were supported by staff who had been suitably trained and were supervised in their roles.
- People and their relatives were complimentary about the skill and experience of the staff. One person commented, "The cares all know what they are doing without fail and are very well trained or just naturally good at their jobs."
- Staff undertook induction training, as well as regular refresher training. Where required they were supported by nursing and other experienced staff with bespoke aspects of training, especially where people had complex health care needs, to ensure staff were competent.
- The management team had focused on ensuring all staff had received one to one supervision sessions and field observations, as required by the provider's policy. A small number were overdue. However the provider had plans in place to ensure these were completed soon and would be undertaken as required in the future.

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

- Staff worked closely with other agencies and ensured people had access to health care and support when needed.
- Referrals to other agencies had been made, such as to district nurses, social workers and occupational therapists. One person commented, "They [staff] do come across that they genuinely care about my health and that I stay as healthy as possible."

- Staff monitored people's health care needs, and informed relatives, and healthcare staff where necessary. A relative said, "It's good they [staff] do have a very good look at [name's] skin and they do report to me and if needed they make urgent calls to nurses."
- Staff supported people with their nutritional needs should they need it. Care plans included detailed information and any associated risks were considered. For example, where a person required a specialist diet to minimise the risk of choking.

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.

We checked whether the service was working within the principles of the MCA.

- Consent for care was obtained in line with the principles of the MCA. Where appropriate, people were asked to sign their consent to the care and support proposed, as well as for information sharing.
- The provider had processes in place to ensure mental capacity assessments and best interest decisions were undertaken and recorded, where this was necessary.
- The service ensured information was obtained to confirm if people may have a Lasting Power of Attorney in place to make certain decisions on behalf of the person.
- Staff had received training on the MCA as part of their induction, in general staff had a understanding about the principles of the MCA. However, we found there were gaps in some staff knowledge. We discussed this with the quality manager who confirmed during the inspection staff were being asked to complete refresher training.

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.

This is the first inspection for this key question This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who were kind and caring in their approach. Comments included; "I am so happy with the way I am treated I cannot complain at all." "They [staff] are careful to explain to [name] what's going on and what they are doing so she doesn't get anxious and worried," and "The carers are as kind and as good as you could get or hope for."
- The service had received a number of compliments about the support people had received.
- People's equality and diversity needs were respected. The provider had an equality and diversity policy in place and staff had been trained to meet people's individual and diverse needs.
- Care plans included information which took into consideration people's diverse needs, such as their religious and sexuality needs. They also included information about people's personal history and what was important to them.
- One aspect of the service provided specific support to people with complex care and health needs. People told us they were supported by a regular staff team who had built up effective relationships with staff.

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

- People were involved with decisions about their care and their views were considered.
- Comments included; "They [staff] listen to me and my moans and groans and are really very kind and very caring," and "I do absolutely feel she [staff] listens to me and the office do too if I call to make a change in our times."
- Staff understood the importance of involving people in decisions about their care. They told us, "I class it as if they are my boss when going into a person's property. We are in their home."
- Reviews were undertaken to ask people for their ongoing views about the care provided. One person told us, "We did have a discussion about my care before it started but that was three years ago now and things change all the time, so my care plan changes all the time too."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, "[Staff] are very polite at all times and I never have to think of getting shy as they are very professional and caring in that way."
- Staff observations were carried out by the management and included checks to ensure staff respected people's privacy and dignity.
- The service promoted people's independence. An aspect of the service was to provide prompt and flexible care when people were discharged from hospital (rapid response). Staff were focused on supporting people to regain their independence.

- Care plans included information on supporting independence in some cases working towards therapy goals. Staff were particularly proud of this aspect of the service, one said, "How good is it we can rehabilitate. I can see the difference and it can be incredible and incredibly rewarding."

Is the service responsive?

Our findings

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

This is the first inspection for this key question. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and support to meet their needs and preferences. People and their relatives told us, "We have discussed (names) care needs yes, and we seem to have a good plan of action now," and "I know a few people from the office because I know they came and discussed the care plan with me."
- We received mostly positive feedback that staff understood people's care needs. There were a few comments that inconsistent staff occasionally meant they had to repeat certain information to ensure their needs were met as they preferred.
- In some cases, feedback indicated timings of calls were not always suitable for people. However, staff were responsive to people's feedback, and where needed adjustments were made to meet people's individual preferences. One person told us, "We called the office a few times at the start as timing wasn't right and carers would come in all sorts of slots, but that was only first few weeks until they sorted the rota."
- Care plans were in place for each person, there were short term care plans and longer-term care plans. These included details about what people wanted to achieve from their support. They also included information about their health and care needs, including specific details about their preferred routines.
- Information about people's needs was recorded electronically as well as within care plans which were available in people's homes. Staff had relevant information to support people in an individual way. One staff member commented, "You can take time to read the information before you go into the house, so you can say hello and start providing care right away rather than hello, I'll just read your care plan."

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 an up to date AIS and communication policy in place. They were aware of the need to ensure information was made available to people in a way they would understand, such as large print for those with a sight impairment, should they require.
- People's communication needs were assessed, and their care plans included information about the support they needed.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise any concerns or make a complaint. One person told us, "I can complain, and they are very nice, it is not usually a big complaint but just a timing issue and they will listen

to me."

- There was a complaints procedure in place. Where complaints had been received, records demonstrated they had been dealt with following the provider's procedures and used to improve practice.
- The management team undertook an analysis of complaints on a regular basis, and recorded any further action taken and lessons learnt.

End of life care and support

- End of life considerations and peoples' last wishes were included in their care plans.
- Where the provider supported people at the end of their lives, they worked closely with other health professionals such as district nurse to meet their needs.
- Information was available within people's care records about whether they had a "do not attempt cardiopulmonary resuscitation" (DNACPR) order in place.

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 requires improvement. At this inspection this key question has remained the same. 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.

At our last inspection the provider had failed to demonstrate the oversight and governance of the service was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 17.

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

- Since the last inspection the provider and registered manager had remained focused on improving the quality of the service. We found improvements to aspects of the service including recruitment procedures and medication management.
- Whilst audits and checks were being completed these had not always identified where further improvements could be made, including those found on this inspection. For example, as discussed in the safe section of this report, there had been insufficient oversight in place to ensure staff were following the current government guidance in relation to COVID -19 testing.
- Systems had not ensured staff always made referrals in relation to safeguarding procedures in a timely manner. We also found there had been a lack of oversight to ensure a member of staff had received the planned level of support identified as necessary through a risk assessment.

We found no evidence that people had been harmed, however, systems continued not to be sufficiently robust to demonstrate the oversight and governance of the service was effectively managed. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- The service was large, and the registered manager was supported by a team who had specific roles. The provider discussed the actions they would take to support effective delegation, communication and ensuring staff were clear about their individual responsibilities. Newly implemented procedures needed to be fully embedded.
- The registered manager had notified us about any events or incidents, and their current rating was displayed on the provider's website, as required to be law.

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

- The provider and registered manager were committed to improving the service. They were open about some of the challenges the service had faced in relation to recruitment and during the COVID-19 pandemic. They were responsive to the feedback provided.
- We received some positive feedback about the care and support people received. However, there remained some mixed views about the timings of care calls and consistency of staff. Whilst action was being taken by the management, further action was required to further improve this aspect of the service.
- A quality manager supported the service and the team were working towards an action plan to drive ongoing improvements.
- Feedback from staff was positive and morale had improved since the last inspection. Overall, they told us the service was better organised. Comments included, "I've got no concerns whatsoever, it's a brilliant company to work for," and "I love working for them [AMG], I have never had a problem."
- The provider had a "Carer of the month" scheme, which thanked staff and acknowledged excellent staff performance.
- Staff told us they felt able to raise any issues and they would be supported by the management team. One staff member said, "I get on really well with [the registered manager], she is supportive and helpful both in work and personally."

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

- Most people and their relatives were complimentary about the management of the service. They had contact with the registered manager or the office team and were able to provide feedback through reviews of their care. Although some people told us they had not been asked for feedback about the service.
- At our last inspection some staff felt their ability to contribute to the development of the service was limited. Staff were now more positive, staff meetings were being reinstated along with newsletters, email contact and regular telephone contact between staff. One staff member told us they felt listened to and able to make suggestions. They said, "Just recently we asked for the normal run order to be changed to meet the client's needs, we spoke to the office and this was changed."
- The registered manager told us feedback was sought from people and staff on a quarterly basis. Information about actions taken in response were shared in a newsletter in a "You said, we did" format.
- The service continued to work in partnership with others, such as commissioners, health professionals and other social care professionals.
- Where there was any learning and development, this was shared across the whole organisation.
- The provider was keen to learn and develop the service, they had further planned to and implement and develop new electronic recording systems.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not robust enough to demonstrate the oversight and governance of the service was effectively managed