

AMG Consultancy Services Limited

# AMG Nursing and Care Services - Wolverhampton

## Inspection report

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Date of inspection visit:

04 July 2019

05 July 2019

Date of publication:

19 August 2019

## 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

### About the service

AMG Nursing and Care Services - Wolverhampton is a domiciliary care agency that provides personal care and support to adults and children in their own homes. At the time of our inspection the service was supporting 44 people with a wide range of care and support needs, including people who have learning disabilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were protected from the risk of abuse and all the people we spoke with told us they felt safe with the staff and trusted them. One person commented, "I have a small team of regular staff. We get on well, I trust them, and they know me and how to support me."

People's needs and choices were thoroughly assessed by skilled staff before they were supported by the service. Their needs were then met by staff who received regular training that enabled them to support people safely and effectively.

People told us staff were always respectful, kind and caring with them. One relative said, "They go above and beyond. They're incredible people, we'd definitely recommend them to others."

People's care plans were person-centred, regularly reviewed and reflected the needs of the people supported by the service. People and their relatives were involved in the care planning and review process and told us they felt 'listened to' by staff.

People told us they felt the service was well-led and they had a positive relationship with the registered manager and other office-based staff. One person commented, "We get on really well with [registered manager], they're brilliant, absolutely responsive and really on the ball."

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them

having as many opportunities as possible for them to gain new skills and become more independent.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: At the last inspection the service was rated good (12 January 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# AMG Nursing and Care Services - Wolverhampton

## **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 one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission (CQC). 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 the service three working days' notice of the inspection. This was because it is a relatively small service and we needed to be sure the registered manager would be in the office to support the inspection. We also had to adjust the originally planned dates of the inspection due to both the registered manager's and inspector's availability.

Inspection activity started on 4 July 2019 with telephone calls to people supported and staff and ended on 5 July 2019 when we visited the service's office.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from local authorities 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 of this information to plan our inspection.

During the inspection

We spoke with three people supported by the service and four relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, quality and safety lead, nurses, recruitment and administration lead and carers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two 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.

# 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 remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We saw that there were policies and procedures in place to guide staff in relation to safeguarding vulnerable adults and whistleblowing.
- Staff had received training on this topic and information about how to raise safeguarding concerns was readily available.
- Records showed that staff at the service took appropriate action when any such concerns arose.

Assessing risk, safety monitoring and management

- People had personalised risk assessments in place to help staff safely manage any risks associated with people's care and these were regularly reviewed.
- Risks associated with people's care were effectively managed by the service and this process was overseen by appropriately qualified staff.
- Learning from accidents, incidents and complaints was acted upon to ensure the continuous improvement of the safety and quality of the service.

Staffing and recruitment

- People and relatives told us the staff were "always on time" and "stayed as long as needed".
- Staff were safely recruited by the service to ensure that it only employed staff who were suitable to work with vulnerable people.

Using medicines safely

- People received their medicines safely and as prescribed from appropriately trained staff, who were regularly observed to assess their competency.
- People supported with their medicines by staff and their relatives told us they had no concerns about this and had confidence in the staff's knowledge and skills.
- Senior staff carried out regular checks of people's medicines administration records (MARs) to ensure people received their medicines correctly.

Preventing and controlling infection

- Staff had received training on infection prevention and control and staff had access to personal protective equipment (PPE), such as disposable gloves, where necessary.

Learning lessons when things go wrong

- The service had robust systems in place to document and address any accidents and incidents that occurred. This included regular trend analysis and wider organisational oversight to ensure any patterns

were identified and addressed and share any learning across the organisation.



# 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 remained 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

- People's needs and choices were thoroughly assessed by skilled staff before they were supported by the service. This information was used to develop person-centred care plans and risk assessments.
- People and their relatives told us they were involved in the assessment process and staff were able to effectively meet their needs.

Staff support: induction, training, skills and experience

- Staff were well-supported with regular training that enabled them to support people safely and effectively.
- Staff told us they felt well-supported in their roles, had access to all the training they needed to do their jobs well and were able to seek further guidance, training and support when needed.
- New staff were appropriately inducted into their role at the service. This included office-based training and completing shadow shifts to meet and get to know the people they would be supporting.
- Staff were also supported with regular supervisions and annual appraisals. This provided a formal opportunity to discuss performance, any concerns and to address any training needs.

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

- People were appropriately supported with their food and drink in line with their preferences and choices. This included meeting any specific religious or cultural needs associated with people's food and drink.
- Staff had received relevant training on this topic and staff understood the importance of getting this aspect of people's care right for them.

Staff providing consistent, effective, timely care and supporting people to live healthier lives and access to healthcare services and support.

- The service worked effectively with other healthcare professionals to ensure people's health and wellbeing was maintained.
- Staff promptly sought support when required and assisted people to access other healthcare services when necessary.
- Staff assisted people to liaise with healthcare services to ensure their needs were effectively met.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Systems were in place to ensure people who lacked the capacity to make specific decisions, were supported in the least restrictive way possible.
- Staff had received MCA training and understood the importance of seeking a person's consent prior to undertaking and care or support.
- None of the people supported by the service had any restrictions on their liberty.

# 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 remained 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 told us they got on well with the staff and they treated them well. One person commented, "I have a small team of regular staff. We get on well, I trust them, and they know me and how to support me."
- People's equality and diversity needs were considered and met by staff.
- People and staff had developed positive and well-established relationships, in some cases over many years. Comments included, "The staff are very supportive, they are good at reading what [relative] is thinking and feeling" and "[The staff] know [relative] very well, they're brilliant with [relative]."
- Staff were knowledgeable about the people they supported and were able to tell us about the ways people liked to be supported and their preferences.

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

- People and, where appropriate, their relatives were involved in making decisions about their care. For example, as far as was possible, people and their relatives were involved in choosing which staff they wanted to support them.
- The service gathered and listened to people views about their care in a variety of ways, such as care plan reviews and questionnaires. People told us the registered manager and other staff were very approachable and responsive to any feedback.
- Staff supported people to access advocacy services where needed.
- Staff told us they had enough time to meet people's care needs and spend time talking and listening to people.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were always respectful, kind and caring with them. One relative said, "They go above and beyond. They're incredible people, we'd definitely recommend them to others."
- People and their relatives said the service supports their independence as much as possible. One person told us how much they enjoyed the freedom going out on day trips with their carer gave them.
- Staff were able to give us examples of how they ensured they maintained people's privacy and dignity.
- People's confidential information, such as care plans, was stored securely and only people who required access could do so.

# 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 remained 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's care plans were person-centred, regularly reviewed and reflected the needs of the people supported by the service. Care plans contained relevant information about the individual, such as their background, communication methods, health, emotional, physical health, religious and cultural needs.
- Experienced staff worked in partnership with the service's clinically qualified staff to ensure people's needs were appropriately assessed, planned for and met.
- People and their relatives were involved in the care planning and review process to ensure people's care plans were person-centred and accurate. They told us they felt 'listened to' by staff as part of this process.

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 service assessed and identified people's communication needs and ensured staff had the information they needed to effectively communicate with people they supported.
- People's communication needs were identified, recorded and highlighted in care plans. This included one example in which staff used alphabet flashcards to help facilitate a person to communicate.

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

- Where relevant, people were supported to maintain links with the community and to pursue their religious and cultural preferences, hobbies and interests.
- For example, one person told us that staff regularly assisted them on day trips out shopping which they enjoyed.

Improving care quality in response to complaints or concerns

- People and their relatives had access to information about how to make a complaint and they told us they felt comfortable raising any concerns if necessary.
- We reviewed the provider's complaints records and found that complaints were appropriately recorded and responded to in a timely manner.

End of life care and support

- People's wishes on their end of life care had been discussed, documented and plans put in place to ensure

that their preferences were met.

- Staff were supported with relevant training and the service had links with other relevant health professionals to ensure people's end of life care needs were effectively met.

## 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 remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a positive, caring and supportive culture amongst staff at the service.
- Staff told us they felt valued and well-supported by the registered manager. They also said that they could contact office-based senior staff for support or advice at any time.
- The registered manager recognised the importance of continuity of care, ensuring that people were supported by small teams of staff who knew them well.
- The registered manager understood their responsibility regarding the duty of candour and ensured the service operated with openness and transparency.
- People told us they felt the service was well-led and they had a positive relationship with the registered manager and other office-based staff. One person commented, "We get on really well with [registered manager], they're brilliant, absolutely responsive and really on the ball."

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

- The service had a range of regularly reviewed policies and procedures to help guide staff.
- Registered providers are required to notify CQC of certain incidents and events that happen whilst providing its service. The registered manager was aware of this responsibility and was meeting this requirement.

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

- The service had systems in place to gather feedback about the quality of service it provided to people it supported and their relatives. It also sought feedback from a staff perspective.
- The service fully considered and met people's equality and diversity needs. For example, staff had developed a good knowledge of one person and their family's religious and cultural preferences. This ensured staff were aware of and respected these preferences.

Continuous learning and improving care

- Quality assurance systems were in place and used effectively to monitor the quality and safety of the service and make improvements.
- Regular spot checks were carried out by the registered manager and other senior staff to assess staff performance and their learning and development needs.

- Meetings with staff were used as a constructive opportunity to share learning and ways of improving the service.

#### Working in partnership with others

- The registered manager and other staff maintained good working relationships with partner agencies. This included working with other health and social care professionals, such as GPs and social workers.