



Inspection Report on

AMG Nursing and Care Services - Wrexham

**Unit 1 Marcher Court
Sealand Road
Chester
CH1 6BS**

Date Inspection Completed

08/11/2019

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Description of the service

AMG Consultancy Services limited is registered with Care Inspectorate Wales, (CIW), as a domiciliary support service in North Wales. The responsible individual (RI) is Garrett Taylor. The agency has been overseen by the manager of the Chester branch, which is registered in England, since June 2017. They are referred to as the person in charge. A branch manager is appointed and was involved in the inspection.

Summary of our findings

1. Overall assessment

Overall, we found people receive a good quality of care from an enthusiastic management and care team. Staff have access to up to date personal plans regarding how people wish to be supported. People are happy, and we saw that care was delivered in the ways people wanted. The staff team have a good understanding of the people they care for, their individual needs and what is important to them. Staff work well in partnership with external health professionals to promote people's health. The RI and management staff are visible and approachable and are involved in the service regularly, there are plans in place to appoint a suitably qualified registered manager.

2. Improvements

This was the first inspection since the service was re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

3. Requirements and recommendations

Section five of this report sets out recommendations to improve the service. These include:

- Personal plans to include details of personal outcomes, identify language preference, and consider the use of terms.

1. Well-being

Our findings

People voice is heard and listened to as they can speak for themselves and contribute to the decisions that affect their life, or have someone who can do it for them. People and their representatives were involved in the planning of their care and support which was reviewed regularly. Staff told us *“People are at the centre of all we do”* and people told us *“we get the care we want for X and what X needs when we need it”*. People told us the branch manager and RI speak with them regularly to ensure the service provides care and support as they require. People have control over their day to day life.

The provider ensures people get the right care and support, as early as possible so they are healthy and active and do things to keep people healthy. We saw evidence that people were supported to see a range of health care professionals in a timely manner with a clear outcome documented in the care notes. There is sufficient oversight and audit of medicines management, and the provider is regularly checking documentation completed by staff. Staff meetings were regular and informative with discussions noted for innovative new practices to develop staff such as an *“increasing hydration”* project led by the branch manager. People’s physical, mental health and emotional well-being is maintained.

People are safe and protected from abuse and neglect and staff are supported to protect the people that they support from abuse and neglect. The RI and staff team were clear about the aims of the service, their roles and responsibilities and built safe and positive relationships with people. People told us they were comfortable talking to staff and the RI about any concerns they may have, and felt confident they would try to address them. Staff received training on safeguarding and there were policies and procedures available for them to follow. There have been no safeguarding incidents since the last inspection. People are protected from abuse and neglect.

2. Care and Support

Our findings

People are involved in the planning of their care and support, their wishes and preferences noted and catered for. We viewed three personal plans and associated documents, and we noted they were person centred; contained people's personal history and their likes and dislikes were recorded. Personal plans focused on what mattered to the individual, their day-to-day care and support needs. However details of their desired outcomes and language preference was not clearly defined and this was discussed with the provider who indicated commitment to include this in the future to facilitate consistent care delivery. Daily records indicated care and support was being delivered in line with the personal plan. We saw from diary and personal records of care that people were supported to see a range of health care professionals; this included GPs, district nurses, dietitians and occupational therapists. Referrals to professionals were timely with a clear outcome documented in the care notes. Risk assessments and clear procedures for staff to follow were in use for subjects such as nutrition, medication and tracheostomy and were regularly reviewed and updated. Staff had received appropriate training in such areas to ensure competency. Personal plans were reviewed three monthly or sooner if required, and updated to reflect people's current needs. People were always provided with a copy of the most recent personal plan which was signed by them or a representative. They or their representatives were involved in their reviews and staff told us they contributed to peoples reviews; personal plans have *"plenty of information and we can add things in too if we think more is needed or something needs to be changed"*. One representative told us *"we get the care we want for X and what X needs when we need it"*, one person told us they were *"kept up to date all the way"* with their care and support plans. Staff told us *"People are at the centre of all we do, as they are the most important to us, as staff"*. People are provided with good quality care by a service that has accurate information about how to meet their care needs.

The service has relevant mechanisms in place to safeguard vulnerable individuals to whom they provide care and support. We saw evidence that staff were receiving training relevant to their role at induction to enable them to understand their responsibility to safeguard and protect vulnerable individuals. This was ongoing as we saw *"prompt cards"* introduced by the branch manager provided to all staff as a reminder of their individual responsibilities for raising concerns. There had been no safeguarding issues since the last inspection. There was a comprehensive quality monitoring system in place, the quality and assurance manager provided evidence and spoke to us at length about how this operates and informs senior management. The system prompts swift analysis of events to enable the provider to *"learn lessons"* from the incident which then assisted them to mitigate against any identified risks to people and staff in each area; for example we were told how recent information from accident reports had informed a change in company policy resulting in higher levels of safety for staff. There are established and robust policies, protocols and procedures in place to safeguard people's and staff's safety and well-being and staff are aware of their responsibilities.

Medication management systems are in place that are safe and effective. We examined three people's medication audits which evidenced systems were in place to ensure oversight and audit of medicines management. We saw the provider was regularly checking documentation completed by staff. There had been two errors with medication; one given

late and one missed; since the last inspection both incidents were swiftly identified and managed with no adverse effects to the people concerned. Actions that followed attempted to prevent the same thing happening again. We saw medication was recorded in people's personal plans and provided good information for staff to follow. All staff have received training and assessed as competent on an annual basis in administering medication. We concluded that there are good systems in place with regards to the management of people's medication.

3. Environment

Our findings

This theme is not applicable to domiciliary care agencies.

4. Leadership and Management

Our findings

The service provider has good systems in place to ensure the quality of the service was being overseen and monitored. In addition, staff had access to stringent policies and procedures to enable them to safely carry out their roles. The RI was undertaking regular monitoring visits, as is required, and reports were available to reflect the information collated during these official visits. We saw all areas of the service provided were monitored closely by the acting manager, quality and assurance manager and RI, action plans were created, and completed, to address any areas identified as needing attention. The branch manager spoke positively regarding their interactions with the acting manager and responsible individual and felt well supported "*they are here very regularly and always contactable*". The RI contacts the service on a regular basis and speaks with the branch manager for updates regarding staffing, concerns and any other issues, which may arise. People told us the branch manager and RI speak with them regularly and were complimentary of the "*personalised level of service*" they receive; one person described the RI as "amazing, really great guy" and one person described the manager as "*lovely always helpful and comes to check things have been done*", two people told us "*all the staff are lovely, always happy to help*". Staff told us they felt valued by management and they were very happy working for the service. One person told us "*I thoroughly enjoy coming to work every day, it's more than just a job and we are treated well*". All the staff we spoke with told us they worked well as a team and could always access managerial support if they needed it. We checked five staff rotas, considering allocated travel time and found three were sufficient, two were not. We discussed this with the coordinator and branch manager to ensure staff have sufficient travel time, to prevent calls being late. We were told there were no late or missed calls since the last inspection. We conclude that systems are in place to monitor, review and improve the quality of the service delivered.

The service provider ensures the Statement of Purpose accurately describes the service people receive, is kept under review and up to date. We looked at the Statement of Purpose, which was comprehensive and included the necessary information. We found that it described the service, which we found was being provided to people as we evidenced this through discussions and documentation seen during our visit. People are supported in line with the Statement of Purpose.

People are supported by a service that provides appropriate numbers of staff who are suitably fit and have the knowledge, competency and skills to provide the levels of care and support required to enable the individual to achieve their personal outcomes. Staff enjoyed the work that they do, received relevant training, and good support from management. Staff completed a four day face to face induction and mandatory training programme upon starting work at the service which was described by one person as "*so in-depth, it was excellent*" others told us they felt ready to start work after this. Training records evidenced

mandatory and additional specific training was up to date. Staff personnel files evidenced regular formal supervision from management was provided along with annual appraisals, which facilitated the opportunity for discussing any learning or training needs. We found two were delivered over the telephone and two were unsigned by the staff, we recommended this is avoided where possible and to include a discussion regarding staff 's wellbeing to ensure staff have opportunity to discuss any personal issues that may be relevant. Staff meetings were regular and informative with discussions noted for innovative new practices to develop staff such as an "*increasing hydration*" project led by the branch manager. All the staff we spoke with told us they worked well as a team and could always access managerial support if they needed it. There was an acting manager overseeing the branch and we was told the deputy manager would be taking the post of registered manager early next year. We conclude the service is being overseen and managed sufficiently to ensure people are supported by a staff team that is trained, monitored and continuously developed.

Safe systems of recruitment are in place. This is because safe recruitment and induction practices are in place. We viewed three staff files. We saw that the service had conducted Disclosure and Barring Service (DBS) checks in a timely manner to certify staff members were suitable to support vulnerable adults. Staff files also showed the recruitment process was comprehensive with the service following up the information and verifying any gaps in the information provided. Staff members' files showed that they had completed application forms which contained details regarding their qualifications, previous work experiences and whenever possible, references from previous employers. Therefore, the safety and well-being of people using the service is ensured through safe staff recruitment systems.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

None

5.2 Recommendations for improvement

- Personal plans should include details of how the individual will be supported to achieve their personal outcomes

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. This inspection was carried out under the new regulations – Regulation and Inspection of Social Care (Wales) Act 2016. The announced inspection took place at the offices on 7 November 2019 between the hours of 09:00 am and 16:30 pm, telephone discussions with people using the service and staff took place on 8 November 2019 between the hours of 13:30 pm and 16:30 pm.

The following methods were used:

- We considered the information held by us about the service, including the last inspection report and notifiable events received since the last inspection.
- Discussions with four relatives, three people using the service and five members of staff.
- Discussions with the responsible individual, quality and assurance manager, branch manager and deputy manager.
- Examination of three persons personal plans and associated monitoring charts.
- Examination of three staff personnel files, staff supervision records and staff training statistics.
- Consideration of the most up to date statement of purpose
- Consideration of incident and accident records.
- Consideration of the services internal auditing procedures and reports.
- Consideration of the last available responsible individual visit report.
- Consideration of a sample of the services policies and procedures.
- Feedback was given face to face and by telephone to the responsible individual and nominated staff.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Domiciliary Support Service
Service Provider	AMG Consultancy Services Ltd
Responsible individual	Garrett Taylor
Date of previous Care Inspectorate Wales inspection	28 March 2018
Dates of this Inspection visit(s)	07/11/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This service is working towards providing the active offer of Welsh.
Additional Information:	

Date Published 18/12/2019