

Nash Healthcare Ltd

Nash Healthcare Ltd

Inspection report

Office 249, Corinium House
Barnwood Point Business Park, Corinium Avenue
Gloucester
GL4 3HX

Tel: 01452346576

Website: www.nash-health-care.co.uk

Date of inspection visit:
16 July 2021

Date of publication:
20 August 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Nash Healthcare Ltd is a domiciliary care agency providing personal care in people's own homes. At the time of the inspection the service was providing care and support to eighteen people.

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

Staff training had still not been sufficiently monitored and staff records still showed a variation in staffs' completion of training.

We made a recommendation about monitoring staff training.

We found improvements to how people's care plans and risk assessments were reviewed and recorded to ensure they reflected people's needs.

Improvements had been made to how the quality of the service was monitored and improved. Quality assurance checks, observations of staff practices and feedback from people and their relatives were used to identify areas that required further development and drive improvement across the service.

Notifications of deaths of people using the service were being sent to us.

People and their relatives spoke positively about the quality of care and support they received from the service. We heard descriptions such as "Very good", "Can't fault them" and "No complaints at all".

Staff understood their role to report any concerns or incidents to the nominated individual and their responsibility to protect people from abuse and harm.

Safe medicines management and infection control practices were used.

There were enough staff available to ensure people's care and support needs were met. The nominated individual worked alongside staff and monitored their care practices and skills.

People and their representatives told us they usually received telephone calls if staff were going to be significantly delayed.

Staff told us they felt well supported and received regular supervision sessions from the nominated individual.

People were supported to have enough to eat and drink as 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; 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

Rating at last inspection and update

The last rating for this service was Requires improvement (published 10 March 2020) and there were breaches of regulation. 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 29 May 2019. Breaches of legal requirements were found. The provider completed an action plan after the inspection to show what they would do and by when to improve Fit and proper persons employed and Good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nash Healthcare Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

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 

Nash Healthcare Ltd

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 houses and flats.

The service did not have a manager registered with the Care Quality Commission. The provider was in the process of recruiting a new manager during our inspection.

Notice of inspection

This inspection was announced.

We gave the service prior notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 July 2021 and ended on 6 August 2021. We visited the office location on 16 July 2021.

What we did before the inspection

We reviewed information we had about the service. 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. We contacted the

local authority to seek their current views on the service but did not receive a response.

During the inspection

We spoke with the Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Following our visit to the office we spoke with two people who used the service and five relatives and representatives about their experience of the care provided. We spoke with three members of care staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at one staff file 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 training data and 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 Requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our inspection in May 2019 we found appropriate recruitment checks had not always been completed on staff, before they delivered people's care. This put people at risk of receiving care from those who may not be suitable to work with vulnerable people. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At our focused inspection in September 2020 we found the breach of regulation had not been met and we issued the provider with a warning notice. In December 2020, we carried out a targeted inspection to follow up on the actions the provider told us they would take to meet regulation 19 and found the warning notice had been met. However, at the time of this inspection we were unable to change the rating of this domain as we did not look at all the key lines of enquires in this domain.

- Since our targeted inspection no new staff had started working with people using the service. However, we were assured that the provider would maintain their improvements in safe recruitment of staff.
- People were supported through consistent staff support. Staff were organised into teams based on the areas where people lived. People who chose to, received information in advance confirming their visit times and the staff allocated.
- People told us they felt assured that they would receive their care and knew the staff who visited them. People and their representatives told us they usually received telephone calls if staff were going to be significantly delayed.

Systems and processes to safeguard people from the risk of abuse

- People were protected against abuse. Staff received training on safeguarding adults and were aware of the procedures for reporting any safeguarding concerns.

Assessing risk, safety monitoring and management

- People were protected against identified risks. Risk assessments identified the potential risks to each person and described the measures in place to manage and minimise these risks. Care plans described the actions staff would take to ensure people's safety.
- Environmental risk assessments had been completed for identified risks in people's homes to ensure the safety of people receiving care and the staff who supported them.
- Plans were in place for staff to follow in the event of staff being unable to gain entry to people's homes.

Using medicines safely

- People were satisfied with how they were supported with their medicines. People had risk assessments

and care plans to guide staff with supporting people to take their medicines.

- Monthly audits of people's medicine administration records were carried out to reduce the likelihood of medicine errors. The nominated individual was qualified to teach staff safe medicine management and had ensured staff had received training to support people with their medicines.

Preventing and controlling infection

- Staff had been provided with guidance and training to reduce the risk of spread of infections and COVID-19.
- Staff told us they had access to an adequate stock of personal protective equipment (PPE). Systems were in place to monitor that staff were being COVID-19 tested following current guidance.
- People confirmed that staff wore the appropriate PPE when entering their home and delivering care and had no concerns about infection control practices.

Learning lessons when things go wrong

- Accidents and incidents were analysed for any lessons learnt. An incident involving the electronic care planning system had been investigated with lessons learnt and action taken to prevent a reoccurrence.

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 Requires improvement. At this inspection this key question has remained Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- At our previous inspection in May 2019 we found staff training had not been sufficiently monitored and staff records showed a variation in staffs' completion of necessary and relevant training subjects.
- At this inspection although staff we spoke with were satisfied with the level of training they received, we again found staff training had not been sufficiently monitored and staff records showed a variation in staffs' completion of training. Records showed some staff currently working were overdue for completing training updates in subjects such as safeguarding, first aid and infection control. However, we found there was no impact on the care people received as a result of this.

We recommend the provider develop an effective system for monitoring and recording staff training.

- Three staff had recently started nationally recognised qualifications in health and social care.
- Staff had regular supervision meetings with the nominated individual to support them with their role. Staff told us they felt well-supported.

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

- People's needs were assessed to ensure their needs could be met by the service.
- Technology was used to monitor visit times which supported the registered provider to ensure people received their care as planned.

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

- Where staff prepared meals and drinks for people we found they were satisfied with the standard of preparation. Staff had received food hygiene training.

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

- People's health needs were supported through liaison with health care professionals on people's behalf.

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

- Following assessments of people's mental capacity, care plans described if they needed any support with decision making in relation to the care and support, they received.

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 Requires improvement. At this inspection this key question has now improved to 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

- At our previous inspection in May 2019, we found people's personal needs and preferences had not always been met and people's care plans and risk assessments had not been regularly reviewed. Care plans had not always accurately reflect changes in people's care, current needs or preferences.
- At this inspection we found improvements to people's care plans and risk assessments which were personalised, reflected their needs and had been reviewed.
- People and their representatives told us they were satisfied with the care and support they received. They had been involved in the planning and review of their care plans. Staff were aware of people's individual characteristics and how these should be respected.

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.

- People's communication needs formed part of their needs assessment by the service and were reflected in care plans where appropriate.
- Staff were aware of people's individual communication needs and how to support people to express their wishes and be involved in their care.

Improving care quality in response to complaints or concerns

- Since our previous inspection in May 2019 the service had received two complaints. The complaints had been investigated with responses provided to the complainants. Action had been taken with one complaint to improve the punctuality of call times and duration of calls.
- Information on how to make a complaint was provided to people using the service and their representatives.

End of life care and support

- At the time of our inspection no-one was receiving end of life care. The service had previously provided personal care to people as part of end of life care in partnership with health care professionals.
- The nominated individual planned to ensure staff received end of life care training.

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 now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our inspection carried out in May 2019, we found quality monitoring systems were not always effective in identifying shortfalls in the service provided. This was a breach of regulation 17 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 17

- The nominated individual had followed their action plan and had monitored the quality of the service provided. This included audits of people's medicine records, infection control, care plans and spot-checks on staff using Personal Protective Equipment (PPE).
- The provider's website was showing the current CQC rating for the service.
- At the time of our inspection visit the service did not have a registered manager in post. However, the nominated individual was in the process of recruiting a manager and was carrying out checks following the selection of a suitable applicant.

At our previous inspection in September 2020 we had not been notified of deaths of people using the service.

This was a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16

- The nominated individual had followed their action plan and we had been receiving notifications about the deaths of people using the service.

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

- People's relatives told us if they had contacted the office about any issues, they were satisfied about how these were resolved.
- Staff were positive about the management of the service. They told us they felt supported by the

management who were available to be contacted when needed.

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

- The nominated individual was aware of the duty of candour responsibility to be open and honest with people and their family when something had gone wrong. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.

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

- Surveys of the views of people using the service and their representatives had been carried out. Recent responses had been positive although the nominated individual described how they would respond to any comments about the service requiring action.
- The agency worked in partnership with commissioners of health and adult social care to provide people with care in their own homes.