

Nassh Healthcare Ltd

# NASSH HEALTHCARE LTD

## Inspection report

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## 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

NASSH HEALTHCARE LTD a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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. At the time of our inspection, 14 people were receiving a personal care service. Two of those lived in a supported living setting where they had a greater need for support and carers supported them throughout the day and night time.

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

There were systems in place to monitor the quality and safety of the service, management carried out regular checks.

Medicines were managed safely. Staff were trained in medication and had their competency assessed.

There were enough staff to effectively meet the current packages of care which supported people's needs. People were supported safely and any risk regarding their care was assessed. Staff were aware of how to report any concerns about neglect or abuse and were confident if they raised a concern it would be addressed.

People were supported by a regular team of care staff and said they generally received their calls on time. People were confident care staff had received appropriate training to meet their needs; we saw this was in line with current guidelines.

People's care was provided by kind and caring staff and people told us they treated them with respect. People's individual risk assessments and care plans were reviewed in line with feedback from the inspection. Improvements were made and sent to the inspector the day after the inspection took place.

The provider worked in partnership with other agencies to make sure people received the right care and support.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were given opportunities to be involved in activities they enjoyed and try new experiences when they wanted to.

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.

Staff had access to sufficient supplies of Personal Protective Equipment (PPE) and received regular updates from the provider on the management of risks related to COVID-19.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
This service was registered with us on 22 July 2019 and this is the first inspection.

#### Why we inspected

This was the first comprehensive ratings inspection of the service.

#### 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?

Good ●

The service was Safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

# NASSH 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

Our inspection was conducted by one inspector and an Expert by Experience. 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

NASSH HEALTHCARE LTD is a domiciliary care service, registered to provide personal care to people living in their own homes. It also offers two supported living placements.

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 the service 24 hours 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.

The inspection took place on 20 April 2022 at the provider's offices.

#### What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included information shared with us by other organisations including the clinical commissioning group, the local authority contract monitoring and adult safeguarding teams.

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.

#### During the inspection

We spoke with two care staff, the registered manager and the operations manager. We also spoke with eight people who use the service or their relative.

We reviewed a range of written records including care plans, three staff recruitment files, supervision records and information relating to the monitoring of service provision.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further staff information 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were kept safe. People told us that they were looked after and kept safe.
- People told us that they were confident with staff and that the manager ensures that staff are trained in safeguarding and are knowledgeable about people who use the service and how to keep them safe.,
- Staff knew what action to take to protect people. Staff told us they knew how to raise concerns and felt confident to do so.
- Risk assessments did not have comprehensive information in to inform staff and mitigate risk. We spoke with the registered manager and they developed comprehensive risk assessments and emailed them to the inspection team the day after the inspection took place.

Using medicines safely

- People received their medicines safely.
- Staff told us that they were trained in medicines and were assessed as competent. Medicine records were monitored by management.
- Staff told us that they carried out regular checks on medicines to ensure that stock was correct and people received repeat prescriptions to ensure that essential medication was always available.

Staffing and recruitment

- Staff were recruited safely. We saw that criminal records had been checked, staff all had two references and the provider had carried out an identity check.
- There were sufficient staff to meet the needs of people using the service. People told us staff were punctual and stayed their allotted time. People were supported consistently by staff who they knew and who knew their needs and preferences.

Preventing and controlling infection

- People were protected from the risk of infections. Staff described and understood current infection control procedures and the use of personal protective equipment (PPE) and told us they had plenty.
- People told us that staff always wore PPE had had done throughout the pandemic and whenever they received personal care.

Learning lessons when things go wrong

- The provider took appropriate actions following any incidents, accidents and complaints.
- We reviewed one record where an incident had been fully investigated and resolved to the person's

satisfaction.



# 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 newly registered service. 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

- People confirmed their needs were assessed and regularly reviewed.
- People told us that the service was very caring and delivered care in a person centred way. We discussed care plans with the operations manager as they lacked some detail. They worked on the care plans during the inspection and developed more robust plans which detailed all aspects of care and support.
- One person told us, "They always ask before they do anything and they always explain things to me."

Staff support: induction, training, skills and experience

- Care staff were supported and trained to ensure that they have the skills and experience to effectively support people.
- One staff member told us, "Training is good and when we have someone new using the service, the registered manager ensures that training takes place before so that we can fully support them."

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

- People were supported to eat and drink enough when included as part of their agreed care plan. Information was clear about people's preferences and any dietary requirements.
- Care plans were being transferred onto an electronic system and some of the information was missing. After the inspection the registered manager sent us the completed care plans with risk assessments which were detailed and person centred.
- When changes in condition were observed, staff supported people with access to healthcare services. One staff member told us, "We have an excellent relationship with all of the healthcare professionals involved with [name] and we contact them regularly, especially if we notice any changes in their overall health."

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.

- People's consent for care was sought. People told us that their care needs were discussed, and any changes agreed.
- Staff understood and followed principles of the MCA to obtain people's consent for care. One person told us, "They always ask and they know the things I like to do."

# 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 newly registered service. 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 treated with dignity, respect and kindness. One person told us, "I always have the same carer which is amazing, they have built up an amazing relationship with [relative]. I couldn't ask for more really."
- Records included information about people's preferred name and important details. They were person centered with any known preferences for care and daily living routines.
- Staff understood how to provide care and support and felt it was important to know their needs and preferences.

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

- People and their relatives confirmed they were involved in their care, from planning to delivery. The registered manager had regular conversations to ensure that care was being delivered as people wanted and to discuss any changes they may need.
- Staff told us that they delivered care as the person wanted. Staff felt that they had forged good relationships, knew the people they supported and supported them as individuals.

Respecting and promoting people's privacy, dignity and independence

- Care plans talked about treating people with dignity and respect, promoting independence and ensuring people's privacy.
- Staff knew what was important to people to ensure people's dignity, they were keen to provide care and support in a way that people felt comfortable and respected their privacy.

# 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 newly registered service. 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 care and support responsive to their needs.
- Staff were encouraged to deliver care in a person centered way which respected people's needs and preferences. One relative told us, "Staff noticed a change in [name] condition and contacted the GP and then an ambulance. The carer stayed with [name] all the time."

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 were assessed and agreed with them. Staff we spoke with knew people well and how to communicate with them in the way they understood.
- The provider was meeting the Accessible Information Standard for people's care and we could see that information was available in accessible formats.

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

- People were supported to maintain good family relationships and family were encouraged to be involved in care planning.
- Staff told us that they always asked what people wanted to do. People told us that staff were brilliant and always supported them in the way they wanted.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. At the time of our inspection we saw how one complaint had been investigated and resolved.
- People told us that if they had a complaint or concern they would be happy to report it and felt confident that it would be resolved.

End of life care and support

- The provider was aware of planning for end of life care.
- At the time of our inspection there was one person on end of life care, however a close relative was providing regular support and did not want to discuss end of life care.
- The registered manager told us that they would have an advanced decision plan in place and would

ensure that staff had relevant training in supporting end of life care for others using the service .

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager had systems in place to provide a good oversight of the service.
- Staff told us that they felt supported by management and they were happy to speak to them if they had any issues or concerns.
- People told us that the registered manager was responsive to the needs of those using the service and listened to them, taking action if necessary.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager regularly contacted those using the service to request feedback and offer support.
- Staff we spoke with told us they felt valued and their opinions mattered. Staff were proud of their achievements in supporting people with complex needs.
- The provider had systems in place to monitor staff performance, through supervision, appraisals and spot checks.

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

- There was a clear structure in place for staff to escalate concerns. Staff told us the management were always very approachable.
- The registered manager was aware of the responsibility of reporting significant events to us and of raising concerns with outside agencies as required.
- The provider had clear policies and procedures to promote best practice. There were a range of audits to reflect on the quality of care.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to working to maintain and improve care for people. They welcomed feedback and were open to the inspection process.
- Staff told us that they had good relationships with visiting professionals.
- The provider consulted with relevant authorities and professionals to improve care for those using the service.

