

Nash Healthcare Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 17 March 2017 and was announced. The provider was given 48 hours' notice. This meant the provider and staff knew we would be visiting the service's office before we arrived. This was the first inspection since the provider's registration on 7 July 2016.

Nash Healthcare Ltd is a domiciliary care agency providing personal care to older people and younger adults in their own homes across Derby and surrounding areas and Gloucester. This included people with physical disabilities and mental health. The agency is located close to Derby city centre. At the time of our inspection there were 14 people using the service.

There was a registered manager in post; they were also the service provider. A registered manager is a person who has registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider's arrangements for staff recruitment were unsafe and did not ensure suitable people were employed. We found that the required pre-employment checks were not in place.

People who were supported with their medicines were not always protected against the risks associated with poor medicines management. For example, a person's medicine was being crushed and there was no information to confirm it was safe to administer the medicine this way.

We found that the provider's quality assurance systems had not picked up the issues we identified at this inspection visit. This demonstrated that the management systems were not always effective in recognising areas which required improvement.

People were safeguarded from abuse because the provider had relevant guidance in place and staff were knowledgeable about the reporting concerns. Staffing levels were adequate to meet people's needs.

Staff had a good understanding of how to reduce the risk of harm to people. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way. However one relative told us on a couple of occasions, only one staff member had turned up even though it had been identified their family member required the assistance of two staff. This did not ensure people were always supported safely. Some people told us that sometimes their calls were later than the agreed times and staff did not always stay for the agreed call duration.

People were not consistently involved in planning and reviewing what support they needed.

People were supported by staff that were kind and caring. The registered manager and staff we spoke with

were caring and respectful in the way they spoke about people who used the service. Staff demonstrated a commitment to providing person-centred care.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives. People knew how to make a complaint.

People, relatives and staff felt the service was well managed. Staff felt supported by the management team.

We found some breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 safe.

Recruitment procedures did not ensure suitable staff were employed. People were not supported to take their medicines as prescribed. Some people told us that staff did not stay for the whole duration of a call and sometimes arrived late. The service had deployed sufficient numbers of staff to meet people's needs. Staff told us they followed the guidance in people's risk assessments and care plans when supporting them. People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Mental capacity assessments had not been completed to identify the support people needed to make decisions. The Staff had received training or support to provide them with the knowledge to meet people's individual needs. People were supported to maintain their nutrition, health and well-being where required.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff supported people in a caring and respectful way and encouraged them to maintain their independence. People were provided with care that respected their dignity and privacy.

Good ●

Is the service responsive?

The service was not consistently responsive.

People received personalised care, responsive to their needs. However people were not consistently involved in planning and reviewing what support they needed. The views of people and their preferences were respected. People knew how to make a complaint or suggestion and that concerns would be responded to.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Management systems were not always effective in recognising areas which required improvements. There was a registered manager in post. Staff were clear about their roles and responsibilities and felt they received good support to carry out their role.

Requires Improvement 

Nash Healthcare Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection was carried out 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. The expert-by-experience did not attend the agency's office, but spoke by telephone with people who used the service and relatives. The telephone interviews took place on 21 and 22 March 2017.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR. We also reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about.

We spoke with five people who used the service and six people's relatives. We spoke with the registered manager, office administrator and five staff who supported people in their homes. Following the inspection visit we spoke with the registered person.

We reviewed records which included three people's care records to see how their care and treatment was planned and delivered. We reviewed three staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

Is the service safe?

Our findings

People's safety was not always protected by the provider's recruitment practices. We looked at the recruitment files for three staff that had recently commenced employment with the provider. All three staff files did not have a full employment history in place. Where an application form or a Disclosure and Barring Service (DBS) check discloses a conviction or other relevant information; the provider must assess the person's suitability for the role. The DBS check supports employers to make safer recruitment decisions and prevents unsuitable people from working with people using the service. The provider had not followed this process, we saw no evidence to confirm that the information disclosed on the application form, had been assessed. This meant the provider was not always undertaking thorough recruitment checks to ensure staff were safe to work with the people who used the service.

We discussed this with the registered manager who explained to us that they had assessed the information but did not record this information. The registered manager told us that they would be taking action to address this. The staff files we looked at showed that the DBS checks were completed prior to the staff commencing employment with the provider.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

We looked at how staff supported people to take their medicines. We were told by some staff that they crushed a prescribed medicine for one person. They told us they did this so that it could be administered. We saw there was no information on the person's care plan or medication administration record (MAR), to confirm if it was safe to crush the medicine. There was also no evidence to show who had been involved in the decision making of altering the medicine in this way. Any medicines given in a way different to that as intended by the manufacturer, e.g. crushing, become 'off-label'. This means that the manufacturer no longer holds the same degree of responsibility. That lies more heavily with the person administering. We discussed this with the registered manager who told us they would contact the pharmacist, to ensure the person was receiving the medicine safely. Staff we spoke we knew the level of support people required with their medicines. However the care plans we looked at did not clearly describe the level of support people required.

We did not identify any errors within the sample of MAR we looked at. However we saw that MAR were handwritten by management, which is called transcribing. Transcribing is the action of copying details of prescribed medication onto a MAR. There was no procedure in place for transcribed MAR sheets to be checked by a second staff member. The registered manager told us the MAR was written on a monthly basis. We were told by the registered manager that the pharmacist did not always provided people with printed MAR. They told us they would be contacting the pharmacist again requesting printed MAR. This demonstrated that the provider did not have effective procedures about management of medicines. This did not ensure that people received their prescribed medicines safely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

Most people we spoke with told us that they were either supported by staff or their family to take their medicines. One person said, "The carer stands over me the whole time to sure I have taken my medication." The provider within the PIR stated that staff had received training in medication Administration and were signed off by a manager after an assessment to prove their competency. Staff told us they had undertaken medicine training. Records confirmed staff had received training in this area. Staff we spoke with told us that the medicines administration record was kept in the person's home and that this would be signed when the person had taken their medicine. This ensured that an audit trail was in place to monitor when people had taken their prescribed medicines.

Staff we spoke with explained where it had been identified that a person required the support of two staff. They would not carry out care tasks without another member of staff present. However we were been told by a relatives that on a couple of occasions only one staff member had turned up. A relative said, "Once or twice the carer came alone. She managed without moving [person's name] off the bed." We discussed this with the registered manager, who told us that they were aware of the incident and had reiterated to all staff if the second staff member had been delayed to contact the on call person immediately. The registered manager told us the on call person would be able to go out and support them. The registered manager told us that they would reinforce this procedure to all staff again.

People told us they felt safe when being supported by staff from Nash Healthcare Ltd and felt the staff were 'trustworthy.' A person was supported through the night by a staff member due to their medical condition. They told us, "I couldn't do without them. I sometime get panic attacks when I have my oxygen mask on. They are always there to help if I shout them."

Staff told us when they left people they ensured they left their property secured. They also ensured people had their call pendants and anything else they need to keep them safe in between calls. Care plans we looked at also provided information regarding safety. A care plan stated, "Staff to ensure that all doors are secured before exiting. Place key back in the key safe after locking the doors." This demonstrated that the staff ensured people's safety was maintained before they left them. However, one person said staff did not always remind him to wear the call pendant. Call pendants are used to call for emergency assistance. We discussed this with the registered manager who told us they would remind staff to ensure peoples call pendants were accessible to them before leaving the call.

Staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff we spoke with told us they had received training in protecting people from abuse and records we looked at confirmed this. Staff could tell us what actions they would take if they had concerns for the safety of people who used the service. They told us if they had any concerns they would contact the management team or office. A staff member said, "If I had any concerns I would ring the office." They knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. This ensured that the provider had taken appropriate steps to safeguard people from harm and abuse.

People we spoke with thought there were enough staff. Most people said that staff arrive on time. A person said, "The timing is good." Another person told us, "They [staff] are reliable and are there when I need them." However some people told us that the staff were occasionally late and if the staff had been delayed significantly the office informed them of the delay. A relative said, "The carers can quite often be 30 minutes late coming into support my mother." The relative said this had resulted in their mother managing to get herself up and dressed. The registered manager explained that staff were meant to ring the office when a call started. However this was not happening. The registered manager told us that she was looking into an

electronic system which would help monitor call times. We discussed staffing levels with the staff, they told us there were enough staff to meet people's needs; they felt the staffing levels were fine. A staff member said, "There are enough staff."

The PIR stated that the provider carried out risk assessments to identify the risks that may affect the health and safety of people who used the service. As well as the staff who would be supporting them. The PIR also stated that risk assessments were reviewed and updated when necessary. We saw that the provider had carried out a variety of risk assessments, which provided guidance for staff on how to minimise risks to people. Staff we spoke with told us the risk assessments provided them with sufficient information on how to support people safely. Staff told us that they would report any concerns or changes in people's care to the office.

Is the service effective?

Our findings

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 people 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. The provider did not have effective arrangements in place to ensure staff knew what to do when people were unable to give valid consent. One person's care records stated that the person lacked capacity. We saw no capacity assessment, confirming when the person required support to make decisions. We were unable to see how the provider determined whether a person lacked capacity. The registered manager told us that they would be updating care records to include mental capacity assessments. Staff had received training on the MCA and records confirmed this.

Most people and relatives felt that the staff from Nash Healthcare Ltd listened to them and respected their views. A person said, "They [staff] know what they are doing and don't have to ask." A relative said, "I ask them to start with [person's name] right side when they are dressing him. They do listen and sometimes make suggestions about sitting him up or down. We work together."

People and relatives, all said they thought staff were well trained and that they had the skills to do the jobs competently. A relative said, "[Persons needs] care is so complex, it takes six months to get to know her. One carer is shadowing at present, and then they will work alongside someone else. No two days are the same, they have to adapt to the day and how she is. Some are not as good as others but the difference is they try extremely hard."

Staff told us they had received induction and training before they started supporting people. Training records we looked at confirmed this. They explained that they felt confident to carry out their role at the end of the induction period. A staff member said, "I was moved to calls once I was feeling competent after my induction." Another staff member said, "The training has been good which included health and safety and end of life care."

Staff we spoke with told us they received regular supervision from the management team. Supervision is a meeting with a manager to discuss any issues and receive feedback on a staff member's performance. A staff member told us, "I have received supervision from the registered manager. She will ask how things are and if I want any training. The registered manager will also tell you if you need to improve on anything." This demonstrated that the provider supported staff to enable them to meet the needs of the people who used the service.

The registered manager told us the staff from Nash Healthcare Ltd were currently not assisting people with

meal preparation as their relatives were responsible for this. However if it was identified that people required assistance with meal preparation this would be provided. A person required support by staff to ensure they received adequate nutritional intake due to difficulties with swallowing. This was because they were unable to take enough food or fluid to meet their nutritional requirements. Staff who supported this person told us they had the relevant training to support the person with the administration of their feed. This is where a person has a Percutaneous Endoscopic Gastrostomy (PEG) tube. This is a feeding tube which passes through the abdominal wall into the stomach so that feed, water and medication can be given without swallowing. A staff member said, "We went to the Royal Derby Hospital where we received peg feed training." Records for the staff team who supported this person showed they had undertaken training in this area.

People told us staff acted promptly when they felt the person was unwell. One person said, "Twice when I wasn't well they asked me what I wanted them to do and I asked them to call the out of hours doctor." Another person stated, "I slipped off the commode onto the floor and couldn't get up. The carer came and also the nurse. They phoned for an ambulance as they couldn't lift me up."

Staff we spoke with told us that they would seek medical support if they were concerned about a person's health care needs or report the concerns to the office staff. A staff member said "I would assess the situation if a person was not well. As most people live with family I would inform the family and will let the office know." Staff told us if immediate medical support was required they would contact the ambulance service. The registered manager told us they would be updating care plans to include people's past medical history, which would be useful if a person required an unplanned admission to hospital or other medical input. This demonstrated that staff monitored people's health needs to ensure that appropriate medical intervention could be sought as needed.

Is the service caring?

Our findings

People and relatives told us staff were caring and that they were appreciative of their helpfulness. One person said, "They [staff] are friendly and some are quite empathetic." Another person stated, "The staff are polite and respectful." A relative said, "Staff are considerate and kind. They do care and have taken to [person's name]."

People told us that the staff always treated them with respect and preserved their dignity when giving them personal care. Relatives also felt staff respected their family member's dignity. A relative said, "They [staff] won't interrupt when [person's name] is on the commode. They respect his dignity in this way and close the bedroom door and wait for him." Staff we spoke with had a good understanding of people's needs and were able to tell us how they cared for people in a dignified way. They were able to describe to us how they respected people's privacy and dignity when providing personal care to them. Staff we spoke with understood the importance of promoting people's independence and enabling them to be as independent as possible. This demonstrated people were supported to maintain their dignity and privacy.

People told us they usually had a small team of regular staff who supported them. One person said, "I have a nucleus of 5 or 6 carers". People said that this enabled them or their relatives to get to know the staff. As well as staff getting to know them. People said they appreciated having regular staff and that it was very important to them. A relative said "[Person's name] normally has regular staff. [Person's name] doesn't communicate too well so he is happier when he sees a familiar face." This enabled people to develop working relationships with staff who know them well and provided support in accordance with their care plan.

People confirmed they were asked for their preference in staff gender when supported with personal care. One person said, "If I need a shower they always provide a man. I prefer this, as there is no embarrassment this way. A relative told us that Nash Healthcare Ltd provided their family member with female staff which they felt was appropriate for their dignity. Care plans we looked at also asked people their preference of the gender of staff they wished to be supported by. This demonstrated that people's preferences were respected.

Is the service responsive?

Our findings

The PIR stated that, people who used the service and or their relatives were involved in their care. However people and their relatives were not consistently involved in their care planning. Some people were not clear what their support package contained. A relative said, "They did the care plan at hospital. We were not involved with it at that stage." This did not ensure people received person centred care.

Care plans we looked at contained information about the person and how best to support them. One person's care plan showed that the family had been involved in planning their care. Relative's told us they were kept informed of any changes to their family members care needs. Staff told us care plan copies were available at people's home and that they were up to date.

We received mixed feedback about people's involvement in reviewing their care plan. A relative said, "Yes the care plan was reviewed two months ago." Some people were unable to recall whether or not the care plan had been reviewed. Two records we saw showed that peoples care needs had been reviewed. The third care plan had not been reviewed as the person had only recently started to receive a package of care. The registered manager told us reviews took place monthly or more frequently as people's needs changed.

The registered manager told us they carried out initial assessments to ensure that peoples identified needs could be met by the service and people could be confident that the service was right for them. The registered manager told us they always checked with commissioners to ensure people had the required equipment in place, to ensure they could support people safely. The records we looked at identified individual needs, such as the issues people required support with.

People told us the care and support they received was good and that staff understood their needs. Most relatives told us the support provided to their family members met their individual needs and felt that the service was responsive. People and relatives felt the service was flexible if they needed to cancel a call or change a call for any reason. A relative said, "They are amenable and adaptable if I need to change the arrangements." However another relative was not satisfied with the support their family member received. We fed this back to the registered manager who told us they were aware of the situation.

Staff told us they worked well as a team to ensure people were supported according to their needs and preferences. They were able to describe to us how they met people's care needs and how they supported people to express choices and maintain their independence. This demonstrated the support people received was personalised.

People told us they knew how to make a complaint and were confident it would be dealt with. People who had raised complaints said that there were satisfied with the response from the provider. One person said, "At the beginning a staff member during the overnight call kept going to sleep. I reported this to the office and that staff member was not sent back."

The provider had systems in place for handling and managing complaints. The registered manager

confirmed that they had received one complaint in the last 12 months. This had been investigated; however the outcome had not been recorded. The registered manager told us that the complaint had been resolved and in future will record the outcome. Staff we spoke with knew how to respond to complaints. They told us if anyone raised a concern with them, they would inform the management team. A complaints procedure was in place and this was included in the information given to people when they started using the service.

The service collated compliments and thank you cards when received from relatives and family members. Correspondence from a relative read, "I just wanted to say a very big thank you to the carers who looked after my mum. They were very kind, comforting and considerate."

Is the service well-led?

Our findings

At this inspection visit we identified a number of shortfalls which had not been identified by the management at Nash Healthcare Ltd. These included recruitment procedures which were not thorough and poor management of medicines. This demonstrated that the management systems were not always effective in recognising areas which required improvements.

We received mixed feedback on whether people were aware of who the registered manager was. A relative said, "Nothing is too much trouble. She [registered manager] is always on the end of the phone. In an emergency she sorts it out straight away." However most people we spoke with said they did not know the name of the manager. One relative said they did not think anyone was in charge at the moment and thought that the provider was in the process of recruiting a manager. This meant that people were not clear about the management arrangements at the service.

The service had a registered manager in post since 2016. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. The registered manager was supported by the registered person, office administrator and staff who supported people in their homes.

Some people told us they had not received a rota. They did not know exactly what times staff were due to arrive and the duration of the call. A relative told us they were a little concerned about "Not ever having been given proper times". They said the staff came at any time between two hour slots. Another relative said that their family member was supposed to have a 30 minute call but the staff rarely stayed for the whole duration of the call. They felt the visit was rushed. We fed this back to the registered manager who told us that rotas were only sent to people who had requested them. The registered manager told us they would now contact all the people who used the service or their representatives to establish how they wished to receive their rota.

People told us they did not receive surveys regarding the service they received. Some people said that they had had a visit from someone from the management team to check on their care or that they had a phone call "from time to time." The registered manager told us that they were not using surveys, but were looking at developing these. She explained that there were forms in client folders, which people could use to comment on the service. However people we spoke with did not make reference to these forms. The registered manager told us herself and the registered person did cover calls and during these times asked people informally how things were going. This demonstrated the provider did not have effective processes to identify people's views and wishes to develop the service.

The registered manager told us that they recognised that they needed to develop systems further to monitor the quality of the service and drive improvement. We saw that the registered manager was implementing a monthly audit which was due to come into place after the inspection visit. This would include auditing daily logs, body maps and care plans. Audits of medication administration records (MAR) were taking place. The registered manager told us MAR were checked when they were returned to the office to ensure there were no gaps or errors. If an issue was identified, for example, a missing signature on a MAR, action was taken to

address this. This included speaking to staff and if required retraining them in this area.

The registered manager told us that over the next 12 months the aim was to improve on quality monitoring systems. They told us that they recognised some improvements were needed to ensure the service was running smoothly.

People told us they felt the service was overall well managed and that they would recommend the agency to others. Staff were positive about the leadership of the service and the support they received. A staff member said, "We all work well together. The management team work with us like colleagues." Another staff member said, "The management are extremely friendly and easy to get on with." Staff told us communication was good and that they were kept up to date with any changes. The registered manager confirmed that currently there were no staff meetings taking place, but they were looking into having these in the future. Staff did have group supervisions, which the registered manager told us were for the benefit of staff. We were told that there had been issues around team work and the group supervision was used to raise the matter. Staff we spoke with confirmed these had taken place.

An on call system was provided by the management team to support staff. Staff confirmed if they needed support outside of office hours there was always someone on call to assist them. One staff member said, "The on call system works really well. There was an incident and I had to use the on call system. I contacted the registered manager on the emergency number; she talked me through what I needed to do. I felt supported."

As we had not received any notifications from the service, we spoke with the registered manager about this. The registered manager understood the legal requirements for notifying us of all incidents of concern and safeguarding alerts. We saw that people's confidential records and staff personnel records were kept securely in the office. Information relating to people who used the service and staff were easily accessible as the office was well organised.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: The provider did not have effective arrangements in place regarding the management of medicines. Regulation 12</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met: The provider was not ensuring the staff they employed were suitable to work with people using the service. Regulation 19</p>