

Nash Homecare Ltd

Nash Homecare

Inspection report

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Date of inspection visit:

06 July 2021

22 July 2021

Date of publication:

23 August 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Nash Homecare is a domiciliary care agency providing care and support to people in their own homes. There were 70 people being supported with personal care at the time of our inspection.

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:

People told us the care they received was invaluable and enabled them to remain both independent and maintain their dignity and respect. Staff had formed meaningful relationships with people which enhanced the care provided to them. Care was provided by a staff team who were enthusiastic and committed to providing exceptional care.

Staff knew people well and were instinctively able to provide care that was based on people's choices and preferences. People were valued and listened to by staff who involved them in developing their care. Where complaints were raised these were swiftly managed and responded to.

People told us the service was safe and they felt at ease with the care provided. Risks associated with providing care to people were identified and managed safely.

People received care at the time and length agreed and were not rushed. Where people had assistance with their medicines, they received them when required.

Infection prevention and control (IPC) measures were effectively operated to keep people safe during the COVID-19 pandemic.

People's needs were assessed before care was provided. People felt staff were trained and supported well and provided effective care. Where people required assistance with eating and drinking staff did so and sought support from healthcare professionals when needed.

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.

Managers were aware of their responsibilities, were approachable, listened and acted. They had embedded and promoted an open and honest staff team culture to deliver personalised care to people. The staff team worked well within this culture and treated people equally well. Audits and governance systems were in place, although some further development was required around implementing improvements. People,

relatives and staff were fully involved in how the service was run and their voice was listened to and acted upon.

Rating at last inspection

The last rating for this service was Good [published 8 September 2017].

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Outstanding ☆

The service was exceptionally 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.

Nash Homecare

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

This 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. 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. At Nash Homecare the registered manager and provider are the same person. The service employs a manager who oversees the day to day management. They are referred to as the 'manager' through the report.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be available to support the inspection.

Inspection activity started on 06 July 2021 and ended on 22 July 2021. We visited the office location on 22 July 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. We sought feedback from the local authority commissioning and safeguarding team. All this

information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who use the service, and four people's relatives about their experiences of the care provided. We spoke with six members of staff including the registered manager. We looked at a variety of records relating to the management of the service along with records relating to five people's care.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further records relating to the management of the service along with people's care 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe with the care provided. One person said, "I feel very safe and well cared for. They help me to live a life I want to live but encourage me to do all the right things to keep me healthy and on top of things." A relative said, "They are absolutely amazing, and I have never, not for one moment felt [person] is unsafe or not well looked after by any one of them, they are quite simply amazing."
- Staff were able to describe to us different types and signs of abuse. Staff knew what actions to take if they identified any concerns and were able to reflect on occurrences where they had reported their concerns. One staff member said, "Anything that makes me concerned about my ladies or gents I note and report straight away. It's better to speak up and it turn out to be nothing rather than not saying. I report everything and the office is quick to look into things."
- Staff were aware of the provider's whistle-blowing policy and felt confident that their anonymity would be protected. They were aware of external organisations they could raise their concerns to if necessary.
- Where staff raised their concerns, we saw these were documented and recorded and investigated appropriately. Where necessary, the registered manager referred any concerns to the local authority safeguarding team.
- Staff were able to describe where an incident, safeguarding or complaint had prompted discussions to learn and improve practice. The registered manager planned to develop their systems further to ensure all staff benefitted from reflecting on practices across the organisation.

Assessing risk, safety monitoring and management

- People and relatives said they were cared for in a safe manner by staff who acted promptly when their needs changed. People felt staff knew their individual needs well. One person said, "I have no complaints whatsoever; they really are very - very good. I am completely confident in the care they provide." One relative said, "They do a jolly good job, considering how difficult [person] can be, they do a sterling job keeping them safe, happy and able to be in their own home."
- Staff were able to clearly describe to us people's individual risks and how to support them safely.
- People's care plans identified the risks however further development was needed to guide staff on how to reduce that risk. For example, areas such as skin integrity, risk of falls, weight or those living with dementia needed to be recorded more clearly for staff to support that person consistently in all aspects of their care.
- Management and senior staff carried out risk assessments of the environment where care was provided to minimise the risks of harm to staff or people. These were regularly reviewed.

Staffing and recruitment

- People told us there were enough staff to support them safely. One person said, "No worries whatsoever,

none. They have a very solid group of carers, you always know if they are running a bit late, but it doesn't happen often." One relative said, "If anything, the carers stay a bit longer to check [person's] ok and they never rush off."

- People and their relatives confirmed that their visits were on time and not missed. Staff said there had been some pressures while recruitment was ongoing but worked as a team to ensure visits were not affected. Records confirmed this. One staff member said, "Mostly staffing is good, we work together for our clients, but we struggle at weekends. They are recruiting and they do take on carers but then they don't stay. We all pull together to fill the gaps because we love the job and do our best to keep giving our best care."
- Staff were recruited safely. Staff confirmed that the provider undertook checks before they started work. This included checking their identity, their eligibility to work in the UK, obtaining references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely

- People told us they received their medicines as the prescriber intended, and that staff would safely manage and order medicines on their behalf if asked to do so. People and relatives were satisfied that their medicines were handled safely.
- Staff received training in the safe management and administration of medicines. Staff told us that they received ongoing competency checks to ensure they remained safe to do so.
- Medication administration records [MAR's] were completed when medicines were administered.
- The management team completed regular audits of the MAR charts and when an error occurred thoroughly investigated and took appropriate action, which included re training staff and monitoring. Lessons from medicines errors were shared with staff through a weekly email to raise awareness and mitigate the chances of recurrence.

Preventing and controlling infection

- Staff received training in infection prevention and control as well as specific training around COVID-19. Staff understood their responsibilities around infection control and were able to tell us the measures they took to reduce the risk of infection.
- People confirmed staff always used personal protective equipment such as masks, gloves and aprons. One person said, "They come all armoured up with PPE, masks, apron you name it, without fail."
- There were robust infection prevention and control policies in place, these included up to date information about the latest government guidance on COVID-19. Staff received regular emails from the provider to keep them up to date with any changes in government guidance.
- Staff received regular COVID-19 tests in line with national guidance. Robust procedures were in place for staff to isolate when required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff completed pre-assessments before people started using the service to ensure they were able to provide support in line with people's needs.
- People's care needs were regularly reviewed and where required healthcare professional support was sought to ensure care followed recognised best practise.

Staff support: induction, training, skills and experience

- People told us they felt staff were suitably skilled to support them. They confirmed senior staff regularly carried out spot checks to ensure staff remained competent and felt confident with staff caring for them. One person said, "I have no complaints whatsoever; they really are very- very good. I am completely confident in the care they provide."
- All staff spoken with told us they felt supported by the management team. One staff member said, "I haven't worked for fifteen years so when I started here it was daunting. But the support and training has been brilliant. I have been supported by the managers to build my confidence to succeed." A second staff member said, "I feel confident, it's the support from the office that makes me feel like that. We have our spot checks which helps massively, it confirms to me that I know what I am doing. If I get something wrong, they show me, not discipline me."
- Staff received induction training before starting work and then ongoing refresher training to ensure they were suitably skilled to meet people's needs. One staff member said, "Induction was good, long but good. There is lots of training and they also come and watch me to make sure I can do the job well. They come out regularly to check on me, talk to the client to see they are happy with me."
- Staff were provided with core training in areas relevant to their role. They received regular supervision and senior staff carried out frequent spot checks to ensure quality was maintained. The management team had plans in place to further develop staff and were working with a local training provider to access higher level training in areas such as dementia care, skin integrity and developing a champions network. A champion has specialist knowledge and skills in a particular area of care. For example, dementia, Parkinson's, mental health, learning disability and others.

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

- People who required support with eating and drinking had their dietary and nutritional needs met. One person's relative told us, "[Person] is incredibly difficult to get them to eat a meal. They [staff] have devised a method of coaxing [person] to eat and get into the shower without even noticing, brilliant. Pure genius!"
- Where people had specific dietary requirements, staff sought advice from relevant professionals and were able to describe to us how they supported those needs. Staff documented how much fluid they left people

with so when the next staff member visited, they could monitor this. These interventions helped ensure people at risk of weight loss or dehydration were monitored and any concerns reported immediately.

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

- All staff worked closely with other social care and health professionals such as social workers, district nurses and GP's to ensure people received consistent and effective care when needed.
- People who needed support from a healthcare professional, and could not arrange this independently, had this care arranged by staff so the necessary support was not delayed.
- We found numerous examples where staff had identified areas people required support with and referred them to professionals promptly. These referrals led to significant positive changes for these people, such as with diet, mobility, independence, and for one person being able to leave their bedroom for the first time in months. One relative told us, "[Person] only has one leg and they've searched and searched and managed to find her a mini lift, so they are not stuck in bed all day."

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.

- Staff had received MCA training and understood the principles of the Act and what this meant for people. However, staff who completed the assessments required additional training in this area. This was to ensure a capacity and best interest decision was considered for each area being reviewed. We brought this to the attention of the provider who were in the process of arranging additional training.
- Records evidenced that people had been consulted about their care packages and contained signed consent forms for agreements for things such as personal care. Where people had a legal duty to make decisions on people's behalf, such as with health and welfare decisions they had been consulted where necessary.
- Staff told us how they positively supported people with day to day decisions, even where people may be unable to give consent in some circumstances. One staff member said, "We help them have the freedom we have to take risks. I have a client with dementia, who lacks mental capacity, they might not be able to manage money, but can still decide what, when and where [person] eats, wears, goes and spends time with. Anything else I help make their own choices."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- All the people and relatives spoken with were extremely happy and each gave overwhelmingly positive feedback. People told us, often staff were the only visitors they had and due to the kindness staff showed to them they felt motivated to live the life they wanted. One person told us, "They are always so thoughtful, and kind and we have a chat, it makes my day, actually it makes my life worth living with no other contact now." A second person said, "I couldn't be happier, just incredible. Made me live my life again."
- Staff and management truly demonstrated a non-judgemental, supportive approach towards people with protected characteristics. This had a significant positive impact on people. One person told us how they had felt low and struggled daily with small tasks until supported by the provider. Staff they said had an unwavering belief in them gently supported them. From being depressed and withdrawn, losing interest in daily living, they now felt more in control. They summed this approach up and told us, "They respond to my mood without hesitation, it has changed my life around; I am very happy with them, fantastic carers, they are really brilliant, extremely caring, considerate and thoroughly decent people."
- Relatives used words like 'excellent', 'fantastic', 'outstanding' when they spoke about staff and management. They emphasised how much their life changed to the better, being supported by staff who enabled people to live the life they wanted. A relative told us when a person was sent home from hospital but not ready for independent life at home. They told us how Nash Homecare swiftly organised with professionals a package of care that kept them at home and safe. They said, "They helped when [person] was discharged from hospital too early, it was what they called a 'failed discharge.' The GP wouldn't help, social services wouldn't help, but Nash stood up to the job and sorted it all out for us, top class."
- Relatives were overwhelmingly positive about the staff and support their family member received. One relative told us, "All [person's] needs are met it has literally changed our lives; we couldn't be more thrilled. They have given [person] their confidence back. I couldn't have lived my life without them." This person needed support with their personal care and medical condition. A previous company had not supported this person with their needs, which left them unwell and with poor skin condition. Nash Homecare spent time referring for specialist support, encouraged regular bathing, creaming and footcare. This person was now much happier and healthier, which had reduced the concern for their relative.
- The provider's ethos placed people at the heart of the care provided. Staff told us that the core aim of the company was to provide care that was person centred, making the person feel special and valued. People and relatives supported this view in their feedback to us. One person said, "I am very happy with the carer, they are excellent, really good. They follow all instructions very well indeed sprinkled with humanity and care." A relative said, "I think the whole set up is excellent quality from training to caring and to the office."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Everyone spoken with did so in glowing terms of how staff supported their privacy, dignity and independence. One person said, "I am [physically disabled], and they have managed to make me feel safe and secure again in my home." A second person said, "Always very careful and [staff] does things without me even having to ask or always tell them, it has made such a difference to me life. I really can't imagine life without them."

- All staff understood the importance of valuing people's privacy and dignity and promoting their independence. One staff member encapsulated the approach of others and told us, "I can't stand the thought [person] doesn't look their best, so rather than just the daily washes, I will make sure I spend time with them and give them a pamper. They say they are 'the duchess' and that's how I make them look. We try to focus on things that are important to [person], that's how I promote dignity to all my ladies and gents."

- A second staff member gave us an example of how they had over time supported a person to regain their independence. They told us, "[Person] had [surgery] after a fall. They came home and were stuck upstairs, unsure of getting up on their feet. They said they didn't have the confidence. I spent time reassuring them, over a few weeks to gradually get them downstairs, into the garden, then the shop, and now goes for a walk alone down the road. [Person] was then able to reduce the calls from four times to three times a day. Now they can now go and visit neighbours and socialise. They feel they are getting back to normal and are so much happier."

- People and relatives repeatedly told us they felt listened to and valued, that they were part of a wider family, and that there was a social side to the care provided. One person told us their experience and said, "They always listen and are very understanding, there really isn't a single thing they could do to improve; they are just perfect as they are, and it all runs like clockwork for me."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; 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

- Staff were aware of people's needs and provided care in a way that met people's individual needs and wishes. People spoken with confirmed this. One person said, "They seem to respond so well to my changing requirements." A second person said, "They are always very careful with me, they don't ever make assumptions, they are excellent."
- People told us staff were sensitive to any concerns that people had and would listen and support them in the way they preferred. For example, one person asked to be supported with eating by a staff member from their cultural background. This person had not been eating as staff used gloves, and in this person's culture they used hands so they could touch the food, without gloves. A staff member was identified who could support this person in this way, ensuring they maintained cleanliness, but also then able to support in the way the person wished.
- All staff described to us from a person-centred perspective the support people needed and what their preferences were. Although care records required some development to capture this information, staff clearly knew the care people needed and how they wanted it provided.
- People told us they liked staff who cared for them and many reported having formed close attachments to staff. Throughout the pandemic and since, staff recognised the value of talking and socialising with people to avoid isolation. One person said, "I don't really want to go out due to COVID, so the carers are brilliant and are my lifeline with the outside world." One relative told us, "[Person] likes it, they have got a social life with them. Something they have missed so much during lockdown and it's the chatting [person] so enjoys."

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met people's communication needs. People at the service had specifically requested support from carers who could speak a specific language which they spoke. The provider had identified someone who was multi-lingual and could speak with the person in the language they preferred.
- Information was available to people if they needed it in an accessible format. Staff told us also that they were happy to print larger text items and would seek external support around communication needs, such as translation, if the need arose in the future.
- Staff were aware of people's individual communication needs and adapted their approach accordingly. For example, where people were hard of hearing staff ensured they wore their hearing aid and spoke slowly and clearly to ensure they were heard.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint, but many felt there was no need. One person told us, "The office staff are very helpful, and I have no complaints at all. There is nothing they need to do to improve, they are doing very well as it is."
- A complaints policy and procedure was in place and made available to people when they first began receiving the care. The manager told us they would follow their policy should they receive a complaint and would view it positively as a means by which to improve the service.
- Where people did raise concerns or complaints, these were quickly investigated, and actions taken to address them. People told us they were kept informed and were happy with the outcome.

End of life care and support

- At the time of our inspection no one required end of life support. We discussed the importance of recording people's end of life wishes.
- Some staff had received additional end of life training with a local hospice, which they told us was extremely valuable as it gave them an additional level of insight and understanding. The provider had plans to continue to develop their training around end of life care, so they were skilled and able to meet people's end of life care needs in the future.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 provider had a quality assurance system. This included regular audits of care plans, care delivery, training and feedback from people and staff. The provider was aware that improvements were needed to the detail in care plans, training and organisational governance systems. Work was already underway to address this, and the manager had contacted a local training and development service to begin implementing the improvements required.
- Managers were clear about their role and responsibilities and staff were aware of who their line managers were and what was expected of them. The provider understood the responsibilities of their registration with the Care Quality Commission. The previous ratings were on display and notifications had been submitted to us, as required by law in a timely manner.

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

- All people, relatives and staff spoken with were positive about the registered manager. They told us they were supportive, approachable, kind and professional. One staff member told us, "I have been supported by [registered manager] to build my confidence to succeed. [Registered manager] has just been brilliant, they have believed in me when others didn't, and I am so grateful to them."
- The provider and management team promoted a positive, person-centred culture. All staff felt supported and told us they enjoyed working for the company. One staff member said, "I lost my job due to COVID. I spoke to a few care companies and Nash was the one that stuck out. They helped me feel at ease and they still do. We, the staff, are treated in the same way as the clients, [provider] and [registered manager] just want the best for us and that makes us work hard for them."
- Staff told us morale was good and they worked together as a team. One staff member said, "Managers have been brilliant, I have had to take time out for various reasons, there is none of that nastiness, they just listen to me and change it and we as a team cover and swap things."
- Staff told us they felt they were treated as individuals, and that their views and feedback was important. Staff received supervisions and spot checks, and there were meetings where staff had the opportunity to raise any questions or concerns and be kept informed of developments.
- Staff felt valued and acknowledged they thought the provider appreciated the work they did. One staff member said, "The office awarded me with a certificate for carer of the quarter. I feel appreciated by management who acknowledge the hard work we have done."

- People and relatives all told us they felt the management of the service was open and transparent, and the good care people received was due to the organisation of the company. One person told us, "I speak to the office and they simply couldn't be more helpful, just incredible."

Working in partnership with others

- Staff worked with healthcare professionals to meet people's needs. The manager and staff provided a number of examples to demonstrate how they worked with other agencies to improve the health and well-being of people, leading to positive outcomes for the person and their family.

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 provider and manager were aware of their responsibility in relation to the duty of candour.
- People, relatives and staff all told us the provider and manager were open and honest with them. When things went wrong, they investigated what happened and looked for ways to develop and improve.