

Nash Homecare Ltd

Nash Homecare

Inspection report

Nash House, 15 Sovereign Park
Cleveland Way, Hemel Hempstead Industrial Estate
Hemel Hempstead
Hertfordshire
HP2 7DA

Tel: 01442824137

Website: www.nashhomecare.co.uk

Date of inspection visit:

16 August 2017

17 August 2017

18 August 2017

Date of publication:

08 September 2017

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

The inspection of the office location took place on 16 August 2017. On the 17 and 18 August 2017 we contacted people who used the service and staff to obtain feedback about the service they received. Nash Homecare provides personal care and support to people living in their own homes. There were 69 people being supported by the service at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

This was the first inspection since the service was registered on 7 September 2015.

People told us they received care and support that met their individual needs. People were involved in the development, planning and review of their care. Staff knew people well and treated them with dignity and respect. Care plans were personalised and contained detailed information about people's support needs and risk assessments were detailed and provided staff with appropriate information to ensure risks that were managed effectively to help keep people safe. Staff were aware of how to safeguard people and respond to any concerns in relation to suspected abuse. Medicines were managed safely.

People were supported by sufficient numbers of staff who had been recruited through a robust recruitment process which helped ensure staff were suited to work in this type of service. Staff received an induction when they commenced their employment at the service and received on-going training and support. Staff were well supported through individual supervisions, team meetings and had regular contact with office staff.

People were encouraged and supported to make their own decisions and to retain their independence where possible and their choices and views were respected. Their views were obtained through various processes which were in place to obtain feedback. People's complaints were recorded and investigated along with many compliments.

The provider demonstrated they had systems and processes in place to monitor and improve the service to achieve a consistently good standard of care and support for people who used the service. There was a call monitoring system in place and spot checks were carried out which ensured visits to people were provided at the planned times.

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

Staff were aware of abuse and knew how to report any concerns.

People were supported by staff who had been recruited through a robust recruitment process.

There were sufficient numbers of staff available to meet people's needs at all times.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received support that was effective and met their assessed needs.

Staff received training and support relevant to their roles.

Staff sought people's consent before providing care. Staff were aware of MCA principles.

People were supported to eat and drink sufficient amounts to maintain their health and well being.

People were supported to access health care professionals when required.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and in a caring way.

Staff knew about people's individual needs and wishes.

People's privacy was respected and they were treated with dignity and respect.

People had been involve din the development and review of their care plans.

Is the service responsive?

The service was responsive.

People were supported to be involved in decisions about their care where possible.

People were supported to engage in social events that were of interest to them.

There was a complaints process in place and people's concerns were acted upon and people felt listened to.

Good ●

Is the service well-led?

The service was well-led.

People, their relatives and staff felt the management of the service was good.

The provider had systems and processes in place to monitor the quality of the service.

The provider operated a service which was open transparent and inclusive.

Good ●

Nash Homecare

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 is 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 16, 17 and 18 August 2017 and was announced. The inspection was undertaken by two inspectors.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with three people who used the service, and three relatives, received feedback from six staff members, spoke with the directors and the registered manager. We received feedback from one health care professional from the Clinical Commissioning Group (CCG).

We reviewed care records relating to six people who used the service three staff recruitment files, staff training records, support arrangements and quality assurance systems.

Is the service safe?

Our findings

People told us they felt safe cared for by staff from Nash Homecare. One person said "I don't have any concerns about my safety". Another person told us "Yes I do feel safe. They are lovely girls".

People were cared for by staff who had received the appropriate training and knew how to identify and report potential abuse. One staff member told us "I would report any concerns I had straight away to [name]. Another staff member confirmed they had undertaken safeguarding training which they said "The training gave me all the information I required to help think about different types of abuse". There were contact details displayed in the office and staff regularly visited the office so were constantly reminded about who to contact if they were concerned.

Staff were aware of potential hazards in people's homes and we saw that detailed risk assessments had been completed. Where any potential risks had been identified measures were put in place to help reduce and mitigate risks to help keep people safe.

Risk assessments were in place for people in areas such as mobilising independently and risks associated with the person's home environment. We asked staff how they ensured they minimised the risk to people within their own homes. One staff member told us, "We look at the care plan and risk assessments. They tell us about any risks and how we should manage them. We are aware of risks in people's homes because we get to know the people and their living environment".

We saw that risk assessments were kept under regular review and if any new risks were identified the risk assessment were updated. This meant that people were protected by information that was both up to date and accurate in order to protect and maintain people's health and welfare.

People received care and support from staff who were recruited through a robust recruitment process which ensured they were of sufficient good character to work in this type of service. We saw that staff had completed an application form, had a disclosure and barring check completed (DBS) and had references taken up which had been validated to check their authenticity.

People were supported to take their medicines safely. Staff had been trained in the safe administration of medicines and had their competency checked to make sure they continued to follow good practice. Staff had refresher training periodically when required. One person told us "They don't need to give me my meds but they always check that I have taken them". We found that medication administration records (MAR) had been completed correctly and audits had taken place to help ensure staff were administering peoples medications in accordance with the prescribers instruction.

Is the service effective?

Our findings

People received care and support from staff who had been trained and supported to help them to meet their needs effectively. Staff had an induction when they joined the service. One staff member told us "I had a three day induction and it included all aspects of the care handbook, such as moving and handling, safeguarding, medications, care plans, diary sheets, shopping. Nothing was left untouched, so when I started work I was knowledgeable, confident and completely prepared". Another member of care staff told us "Following the induction I had two days shadowing an experienced carer so I had hands on experience with service users, care plans, diary entries, and knew what was expected of me".

The registered manager confirmed that had received the relevant training which included moving and handling, safeguarding, the safe administration of medicines, and health and safety. This ensured staff had the skills required to provide effective care and support to people. One relative told us "I do feel they have the skills to do their job, there have not been any concerns". Another person told us. "They definitely have training but I can't say what it involves". Staff were supported through team meetings, individual supervisions and had regular contact with office staff who supported them when required, for example to provide advice outside of office hours.

People told us that staff always obtained their consent and explained how they were going to assist the person before they commenced support. People were encouraged to make informed decisions about their care and support and to make choices about how they wanted their care to be provided. The Mental Capacity Act 2005 (MCA) 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.

We saw that staff had received training on the principles of MCA and had a good understanding of the Mental Capacity Act and how it impacted on their day to day work. One staff member told us "If a person lacked capacity to make decisions they should have the assessment completed, and staff should be aware of the outcome in order to support them appropriately". A staff member told us. "We covered this topic in our induction and it's also covered in our training so we know what is meant by people having capacity assessments and why they would have these assessment".

People were supported to eat and drink sufficient amounts in order to help maintain their health and well-being. Where required, people were assisted with meal preparation. One person told us "The staff always asks me if I want anything left before they go and make sure I have a drink before they leave". If care staff had any concerns these about people's nutritional intake these would be reported to the office for further action and some additional monitoring or referral to a relevant professional would be made.

People we spoke with told us that staff would assist them to access healthcare professionals such as their GP if they needed them to. However most people we spoke with had family members and told us they would usually arrange these appointments, on behalf of their relative. One relative told us, "I really appreciate the care staff helping out if I am not around"

Is the service caring?

Our findings

People and their relatives, told us they felt that staff were kind and caring and were happy with the care that staff provided. One person who used the service told us, "They are very kind and respectful to me". Another person told us "The staff are nice and kind, I'm really happy with the care. The carer goes beyond their duties". A relative told us, "They are very pleasant, yes they're brilliant."

People and their relatives told us that they were involved with planning and reviewing their care. One relative said, "I'm always invited to be involved and am kept well informed of any changes, we have a good relationship with the staff." Another person told us "It is very good care, they do what you ask".

Staff respected people's dignity making sure they supported people in the way they wished and encouraged them to remain as independent as possible. Staff spoke kindly and respectfully about the people they supported. Staff were able to demonstrate how they maintained and supported people in a dignified way. Staff told us they called out when going into people's home and knocked on people's doors before entering and whilst supporting people with personal care. Staff told us they helped to maintain people's dignity and privacy by keeping them covered and chatting with them to help take their mind of the task and try to make them feel comfortable.

People's individual care plans were personalised and the plans were developed around the individual. We saw that the care plans contained information about the persons history which helped staff to understand what was important to people and how they wished their care to be provided. Information contained in care plans included likes and dislikes along with peoples preferred routines.

People's care records were stored in lockable cabinets within a lockable office in order to maintain the dignity and confidentiality of people who used the service.

Is the service responsive?

Our findings

People and their family members told us that they felt staff knew them well and understood their needs. One person told us "Staff are all nice, friendly and speak to me very respectfully. I have one carer every morning. [name] knows what I need and we have a good chat. It's lovely when you get to know people". Another person told us "I have three calls a day and the staff stay for the time required. They have to log in and out of their phones, yes they take care of everything I need". Another person told us "Staff are pretty good with time keeping. Sometimes they are late but not very often. If they are late I don't always receive a call to let me know". A relative said "They are pretty flexible if you ask for a change of time they usually try to accommodate you".

People's care records contained personalised information about them, such as their preferences and routines, their health conditions, and life histories. This information enabled staff to support people in a way that was responsive to people's individual needs. The registered manager told us about several examples of where people were supported to participate in social events. For example one person who was able to attend a family wedding with the support of staff, while another person was accompanied to a concert to see a family member perform. This helped people to avoid social isolation and also demonstrated the service was responsive to people's individual needs and wishes.

We also saw other examples of where the provider had been proactive when a person's appetite had become suppressed. They put additional checks in place to make sure the person was eating and drinking regularly and liaised regularly with the person's relative to make sure everything was working well. In the case of another person who required specialist clinical input the provider involved the district nurse to help support the person and meet their needs in their own home.

People and their relatives were provided with a range of opportunities to feedback their views on the service provided. People were aware of how to raise a concern and we saw that where concerns were raised they were appropriately investigated and responded to. One person told us "They have rung and asked me if I was happy with the care". Another person told us "I have never had to make a complaint, but I would soon ring them if I needed to".

People and their relatives also told us they would feel comfortable to raise any complaints with the management team should they need to and that they were confident that appropriate actions would be taken to resolve any issues raised.

Is the service well-led?

Our findings

People who used the service and their relatives told us they felt the service was well run and knew who the registered manager was and how to contact them should the need arise. People told us they felt they could approach the registered manager and that they felt listened to.

Staff told us they felt well supported by the management team and also that the service was well managed. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, and family involvement and relationships.

Staff told us that there were regular staff meetings which enabled them to discuss any issues that arose in the course of their work and to discuss the people they supported. The minutes of these meetings showed that all areas of the service were discussed and that staff were encouraged and supported to contribute things to the agenda of issues they wanted to discuss.

The staff and management team had worked in a collaborative way to improve the service and it was evident that there was a focus on making continual improvements and to provide a good quality service. There were a range of checks undertaken routinely which ensured that the service provided was safe and effective. This included file audits, quality monitoring and spot checks to people who used the service. Quality monitoring surveys were in the process of being sent out in order to collect feedback from people who were being supported. Any feedback received was evaluated and any actions required were put in place to address and to avoid future repetitions. Once the completed surveys were received the provider collated this information and produced an action plan to address any shortfalls. We saw that previous feedback had been positive and all the people and relatives we spoke with during the course of this inspection were positive about the standard of care provided by Nash Homecare.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.