

Nash Alliance Ltd

# Nash Alliance Ltd

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Nash Healthcare Ltd is a domiciliary care agency. The service provides personal care to people living in their own homes in Derby City and surrounding areas. At the time of our inspection there were 17 people using the service.

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

People were protected from the risk of harm as staff knew the procedure to follow to report concerns. Assessments were completed and followed as staff had guidance to support people safely and records were up to date and completed. Incidents were reviewed to help identify lessons learnt.

Where needed people were supported in a safe way to take their prescribed medicine. The staff's suitability to work with people was established before they commenced employment. Enough staff were available to support people, and protect them from the risk of an acquired health infection, as PPE was worn when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The quality and safety of the service was monitored on an ongoing basis. People's views were gathered to help improve the service. The registered manager and staff team worked well with health care professionals.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

The last rating for this service was good (published 09 May 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Nash Alliance 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

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. The expert by experience did not attend the office. They spoke with 1 person and 5 people's family members by telephone.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 2 days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider who is also the registered manager would be in the office to support the

inspection.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the integrated care board (ICB) who commission services from the provider. We used all of this information to plan our inspection.

#### During the inspection

We inspected the service on the 24 November 2023. We looked at 2 people's care records to check that the care they received matched the information in their records. We spoke with the registered manager and 6 care staff and reviewed 4 staff files to see how staff were recruited and supported. We reviewed a range of medication administration records and records relating to the management of the service. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

We spoke with 1 person and 5 people's family members and 8 members of staff including the registered manager and administrator.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People were safeguarded from abuse and avoidable harm.
- Staff were knowledgeable on how to identify the signs of abuse. They confirmed they would report any concerns to the registered manager. Staff were also able to explain what whistleblowing meant. Whistleblowing policies protect staff from being treated unfairly by their employer if they have raised genuine concerns about a person's care
- People and their relatives told us they felt safe with staff. One person said, "Yes, I'm safe, the care has been fine." One relative told us, "I think [relative's name] is very safe. The carers are friendly, and nothing is too much trouble".

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risk assessments were completed to help ensure care was provided in a way that reduced risks to the person and staff.
- People were assured of safe support, as staff had access to people's care records and people confirmed these were followed.

Staffing and recruitment

- There were enough staff employed to meet people's needs. People and their representatives confirmed that on the whole staff arrived at the agreed times. Some people stated traffic could have an impact on this but this was out of the staff's control.
- The provider operated safe recruitment processes.
- All the required checks were completed before staff commenced employment. This included Disclosure and Barring Service (DBS) checks. These provide details about convictions and cautions held on the Police National Computer. We also saw police checks from a person's country of origin were in place were applicable. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines safely.
- Staff recorded when medicines had been administered. Records showed people were supported to take their medicines as prescribed and this was confirmed by people. For example, 1 person said, "There is a sheet that will tell you when to give all the medication. Everything is followed at the right time".
- Staff told us they had received medicine management training and records were in place to demonstrate

this.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff had been trained in infection prevention and control. They had been provided with regular updates on how to work safely, including the use of personal protective equipment (PPE).
- Staff confirmed they were provided with a supply of PPE that was replenished as needed.
- People and their representatives confirmed staff followed safe practices. One said, "The staff are very clean, I have seen them wash their hands". Another said, "They wear aprons and gloves".

#### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- A system was in place to track when staff arrived and left calls. This supported the registered manager to monitor this and take action as needed if there were any delays in care calls.
- Ongoing monitoring and audits were in place to support the registered manager and staff to learn from incidents.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and open culture at the service.
- Staff told us the manager was supportive and available to answer any questions or concerns.
- The provider had systems to provide person-centred care that achieved good outcomes for people.

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 was aware of, and there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- Quality assurance systems and processes were in place, which enabled the registered manager to monitor the safety and quality of the service. Audits were undertaken to enable the provider to identify areas for improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Surveys to collate feedback from people and their relative were undertaken. As the feedback was positive no improvements were identified.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- People were cared for by staff that received ongoing support and training, Relatives told us they had no concerns regarding staff competence. Some however felt there was a language barrier with some staff. They

confirmed this didn't impact on care, but they did at times find this frustrating. We fed this back to the registered manager to review. We did not identify any language barriers with staff we spoke with.

- Staff confirmed they received ongoing training that supported them in providing quality care to the people they supported.

Working in partnership with others

- The provider worked in partnership with others.

- The registered manager worked with commissioners to ensure the service developed and people remained safe.

- The registered manager worked with staff to promote good practice and drive improvement.