

# West NAH Professionals LLP Nurse Agency

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Unannounced

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**Service provided by:**  
West NAH Professionals LLP

**Service provider number:**  
SP2016012773

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CS2016349858

## About the service

West NAH Professionals LLP is registered as a nurse agency for up to 30 registered nurses available for placement in registered care homes, hospices and NHS Boards in NHS Greater Glasgow and Clyde and NHS Lanarkshire area, NHS Lothian, NHS Forth Valley and in the care homes of one national private provider across Scotland.

The agency have recently relocated their office base to Paisley. The management and administration teams were based here with access to training and meeting rooms.

At the time of the inspection the registered manager was supported by a depute manager and a board of directors, most of whom were registered nurses with the agency. The agency had 16 nurses registered and had been supporting 32 care homes.

## About the inspection

This was an unannounced inspection which took place on 30 April, 01, 02 and 06 May 2024. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with nine care homes utilising the service
- spoke with 11 staff and management
- reviewed documents

## Key messages

- We received mixed feedback around the quality and knowledge of nurses from service managers we contacted.
- The management team should develop a robust system to match expertise and skills of nurses with the needs of the people supported by their customers.
- The service requires to ensure all nurses are recruited in accordance with safer staffing guidance and national policy.
- The management team should develop their quality assurance system, to give a clear understanding of key activities within the service.
- The service needs to develop ways to gather feedback and monitor quality.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership and staffing?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 3 - Adequate

We evaluated this key question overall as adequate, where strengths only just outweighed weaknesses.

The service operates via an app, whereby services (referred to as customers throughout this report) post their available shifts and the agency propose nurses to provide cover.

To enable customers to make informed decisions about the suitability of nurses for proposed shifts, profiles were completed detailing information relating to recruitment and training. These profiles were not always up to date or accurately matching the information held in relation to nurses, which may be misleading for customers (please see requirement 1).

People can expect to be supported and cared for by staff they know so they experience consistency and continuity. There was mixed feedback from customers in relation to their experience of consistency of nurses proposed for shifts. A customer shared with us "Predominately we use nightshift nurses and book well in advance. This allows us to book the same nurses for consistency. We heard from another customer "They are not very reliable, very often there is name changes several times of staff who will be picking up the shift. This causes issues as we need to create medication log ins for staff picking up the shifts". There should be a robust system in place to match the skills of nurses to the specific needs of the customer. This would ensure effective support is delivered by nurses who were responsive to individual needs (please see area for improvement 1).

It is important feedback is sought from customers, to ensure nurses placed are suitably skilled and reliable. Whilst there had been some attempts to gain feedback in relation to customers experience of nurses, the up take of this was low, with little evidence that this has been followed up. Where feedback had been received, we were not able to see that this had been discussed to develop practice. This was a missed opportunity for improvement (please see area for improvement 1).

There was a medication policy in place, which was outdated and not reflective of current guidance and required to be updated. Nurses were required to undertake in person medication training, however this had not been completed by all nurses registered. Competency assessments, which had some references to medication support, had been completed with only a small number of nurses. We were therefore not assured medication practice was safe across all nurses registered with the agency (please see requirement 2).

People should experience support that is courteous and respectful, with their care being the main focus of attention. We heard from customers that at times there were issues with nurses not instigating communication with residents in a proactive manner particularly when supporting people living with dementia. To enhance the experience of people supported, the agency should ensure all nurses have undertaken dementia training and are implementing the knowledge gained into practice (please see "How good is our leadership and staffing" for further information).

The agency has an on call system, accessible to nurses and customers which is available at all times when nurses are on shift for administration purposes. Whilst we heard from the management team that clinical support was available at all times from a registered nurse, we were not able to see this being communicated to the nurses or customers or when this has been utilised. To keep people safe the management team should ensure that nurses and customers have access to a registered nurse at all times, to seek advice and guidance or raise issues or concerns (please see requirement 3).

## Requirements

1. By 25 June 2024, the provider must ensure customers are enabled to make informed decisions, in relation to the suitability of nurses selected for shifts, all staff profiles should be updated, accurate and accessible.

This is to comply with Regulation 4 (1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I am confident that people who support and care for me have been appropriately and safely recruited" (HSCS 4.24).

2. By 25 June 2024, the provider must have an effective system in place to ensure the safe management and administration of medication. To do this the agency should at a minimum ensure:

a) An up to date medication policy is in place, which all staff have confirmed they have read and understood.

b) Staff responsible for supporting people with medication should have undertaken medication training, as detailed in the organisations policy. They should clearly understand the process of and importance of recording and administering medication.

c) Observations of medication practice should be carried out and recorded consistently across the staff team and inline with organisational policy.

This is to comply with Regulation 4 (1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

3. By 25 June 2024, in order to keep people safe, the provider must ensure clinical on-call is available during the times nurses are placed in services. Staff must have access to a registered nurse employed by the agency who has suitable skills and experience to carry out the on-call support role. This should be clearly communicated to all staff, detailing who to contact in relation to clinical advice, guidance or to report incidents or concerns.

This is to comply with Regulation 4 (1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

## Areas for improvement

1.  
To ensure the service is providing care and support which meets service users' needs, the service should develop methods to gather and utilise feedback from customers, nurses and where possible individuals supported.

This information should also be utilised to ensure the skills of nurses are matched with the needs of the customer.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve" (HSCS 4.8).

## How good is our leadership and staffing?

**2 - Weak**

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the need to improve the management arrangements and practices within the service, we have made a number of requirements for improvement.

The agency had an aims and objectives statement, which was not up to date or relevant to the customers being supported. This should be revisited and updated to reflect the current situation.

People should be confident that staff who support and care for them have been appropriately and safely recruited. The recruitment policy required to be updated to reflect current safer recruitment guidance, which we shared with the agency. A number of issues were identified in relation to safer recruitment practices. There was no system in place for management to sign off recruitment files. This meant the management team could not be assured of nurses employment history and that they were safe to support people (please see requirement 1).

People should benefit from a culture of continuous improvement. The agency had an improvement plan detailing the development of policies and involving all staff and clients in feedback. There was no information in relation to specific actions to be taken, review dates or updates. To support the ongoing development of the service, we would expect a more robust improvement plan covering a wider range of improvement actions (please see requirement 2).

The service had sent a questionnaire to gain feedback from customers in relation to their satisfaction with the agency. However this had not been done consistently, when there was little response this was not followed up. An important aspect of management oversight, is seeking feedback regarding the agency's understanding of the needs of customers, responsiveness of the service and responding to concerns.

A small number of complaints were held on file. However over the course of the inspection we became aware of another issue that had been raised by a customer which had not been logged. There was therefore no information in relation to the investigation or learning and development. To protect people from harm, concerns and complaints should be handled in line with the agencies policies and appropriate notifications made to the Care Inspectorate (please see area for improvement 1).

A range of policies were in place and stored in the office, offering guidance and direction to nurses. However a number of these key policies were out of date and providing information that was no longer relevant. To ensure practice is safe and up to date with up to date guidance all policies should be regularly reviewed and updated by an appropriate person.

We were not able to see effective management oversight of the key activities of the agency which identified and developed areas for improvement (please see requirement 2).

People should have confidence in their support because staff are trained, competent and skilled. A range of mandatory training was provided, mainly online and some in person. There were gaps in key training such as dementia, medication, infection control and moving and handling across the team. The management team require to implement a clear system in relation to training requirements and expectations, which is implemented across the registered nurses. To ensure nurses are equipped to safely support people, developments are required in relation to condition specific training such as epilepsy, managing stress and distress and more in-depth dementia training. This is particularly relevant as the service aims and objectives state the agency will work with frail adults and dementia patients (please see requirement 3).

A small number of observations of practice had been carried out, however these were not specific in relation to what was being observed, feedback or action planning. There was no management overview of when these were carried out and when next one was due. Supervision and team meetings with nurses were inconsistent meaning there was little opportunity for reflective practice or development discussions. The management team had little oversight of the practice of nurses being placed with customers (please see requirement 3).

## Requirements

1. By 24 September 2024, to ensure that people are protected through safe staff recruitment, the provider must at a minimum ensure the recruitment, policy, procedures and practices are aligned with best practice and legislation. This should include clinical involvement and oversight of a registered nurse.

This is to comply with Regulation 9 (1) (fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I am confident that people who support and care for me have been appropriately and safely recruited" (HSCS 4.24).

2. By 24 September 2024, the provider must ensure that robust and effective quality assurance processes are in place. They must ensure the identification of areas requiring action and the continuous improvement of the service. This should include but not be limited to:-

- a) Devising and implementing a robust improvement plan, clearly detailing outcomes to be achieved, actions required and review periods.
- b) The registered manager has complete oversight of the service and ongoing key activities including complaints and incidents.
- c) Quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service, utilising feedback from customers and any relevant others.
- d) Service management have an up to date overview of training and gaps identified are actioned.

This is to comply with Regulation 4 (1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

3. By 24 September 2024 the provider must ensure that newly recruited nurses undertake a robust induction process. This should include access to support, shadowing opportunities, probationary meetings and training appropriate to their role.

The provider should also ensure all nurses registered have the opportunity to reflect on and develop their practice in relation to current good practice guidance. To do this the provider must at a minimum ensure:

- a) Monitoring of staff competence through training, supervision, and direct observations of staff practice.
- b) Accurate records are kept of all training and development opportunities completed to evidence that staff have the required skills, knowledge and qualifications for their role.

This is to comply with Regulation 4 (1)(a)(d) (Welfare of users) and Regulation 15 (a) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

## Areas for improvement

1. The service provider should ensure they have an effective system to manage all concerns and complaints, inline with good practice and the organisation's policy and procedure. Communication for complaints should maintain confidentiality. Notifications should be made to Care Inspectorate as appropriate.



This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me" (HSC 4.21).

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To ensure that the service is operating effectively, the provider should ensure that the service uses robust quality assurance and improvement processes. This should include, but is not limited to:

- monitoring of staff compliance including required training - provision of staff profiles to all service users
- seeking regular feedback from all service users and staff
- analysis of all information received through feedback, incidents and complaints
- development of an improvement plan that shows any actions taken and improvements made within the service, on an ongoing basis.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) and "I use a service and organisation that are well led and managed" (HSCS 4.23).

**This area for improvement was made on 3 May 2022.**

#### Action taken since then

There were some training gaps detailed on the overview, some including moving and handling and medication – we were not able to clearly ascertain if the training matrix was fully up to date, therefore not able to be confident that all staff had been trained as required.

Staff profiles were in place, however we were not able to match up some of the information detailed in relation to recruitment or training completed with the information stored on file.

We saw a small number of complaints, with details of investigation and outcome. We were not assured however that all complaints or concerns were recorded with clear information detailing lessons learned and improvement actions required.

The agency has requested feedback from service users, in relation to the agency and staff members, however this hasn't been consistent or followed up when there has been a poor response.

There is a very brief improvement plan in place, which doesn't give any dates or information regarding review dates or actions to be taken. This didn't cover many of the areas of development required and was therefore not effective.

**This area for improvement has not been met and will be incorporated into requirement 2, "How good is our leadership and staffing?"**

## Previous area for improvement 2

To ensure that staff develop and remain up to date with best practice, the provider should provide regular staff meetings to discuss and share practice, and access to all policies and procedures.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

**This area for improvement was made on 3 May 2022.**

### Action taken since then

Policies and procedures are stored in the office, which staff have access to. However whilst most policies stated that they had been updated in the previous year, many were out of date and required updating with current information.

We were able to see sporadic team/board meetings that were called, but these were not regular and didn't involve all of the staff team.

**This area for improvement is not met and will be incorporated into requirement 3 - "How good is our leadership and staffing?"**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People's rights are promoted and respected	3 - Adequate
1.2 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership and staffing?	2 - Weak
2.1 Safer recruitment principles, vision and values positively inform practice	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
2.3 Staff have the right skills and are confident and competent	3 - Adequate

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