

West NAH Professionals LLP Nurse Agency

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Type of inspection:
Unannounced

Completed on:
6 August 2024

Service provided by:
West NAH Professionals LLP

Service provider number:
SP2016012773

Service no:
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, NHS Lanarkshire area, NHS Lothian, NHS Forth Valley and in the care homes of one national private provider across Scotland.

The agency has an office base in Paisley, where the management and administration teams are based 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 15 nurses registered and had been supporting up to 32 care homes.

About the inspection

This was an unannounced inspection, to follow up on requirements from the inspection finalised on 07 May 2024. The inspection took place on 06 August 2024 between 09:30 and 13:40 and was carried out by one inspector from the Care Inspectorate.

This follow-up inspection focused on three requirements made at the previous inspection and evaluated how the service had addressed these to improve outcomes for people. During this follow-up inspection, two of the requirements were met and another extended to September 2024.

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

In making our evaluations of the service we:

- spoke with three staff and management
- reviewed documents.

Key messages

- The service had improved the accuracy of profile information available to customers, enabling informed decisions regarding selection of nurse to cover shifts.
- Communication in relation to expectations regarding medication support had improved. The manager had begun observations medication support, which gave improved assurances regarding staff practice.
- Clinical on-call support had been clearly defined and circulated to all staff, ensuring appropriate support was available when required.
- Improvement was evident in all required areas made during the previous inspection. As a result people were being supported more safely.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 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)

This requirement was made on 7 May 2024.

Action taken on previous requirement

All nurses had verified and updated their profile, ensuring information was accurate. From the profiles sampled information recorded relating to the uptake of PVG checks, appropriate references being in place and training completed was cross referenced accurately with information the service held.

This meant customers were able to make an informed decision regarding selection of nurses to cover shifts.

Met - within timescales

Requirement 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)

This requirement was made on 7 May 2024.

Action taken on previous requirement

The agencies medication policy was updated in May 2024. This referenced up to date guidance and good practice, giving clear guidance and direction to nurses, both in relation to their organisational responsibilities and the service. The policy should be updated to include expectations in relation to training and observations timescales. All nurses had signed to confirm they have read and understood the updated policy.

Face to face medication training was provided in June 2024. This was attended by most nurses, all other nurses attended in November 2023. Discussions were held with staff following the training in June 2024 to confirm their learning and understanding.

The manager has began the process of observations of practice. At the time of inspection observations had been carried out with three nurses. There was a plan in place for this to be rolled out over the coming months.

An extension to the requirement was agreed to 24 September 2024.

Not met

Requirement 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)

This requirement was made on 7 May 2024.

Action taken on previous requirement

An on-call rota had been developed, detailing who was on call for both administration and clinical support. This had been circulated to all nurses, each week. The on-call logs and manager confirmed that there had been no need to utilise the clinical on-call, since the initial inspection. However there was now a clear distinction detailing how support would be provided by a registered nurse, out of hours.

Met - within timescales

Requirement 4

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)

This requirement was made on 7 May 2024.

Action taken on previous requirement

Requirement not assessed at this inspection, due to timescales for completion.

Not assessed at this inspection

Requirement 5

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)

This requirement was made on 7 May 2024.

Action taken on previous requirement

Requirement not assessed at this inspection, due to timescales for completion.

Not assessed at this inspection

Requirement 6

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)

This requirement was made on 7 May 2024.

Action taken on previous requirement

Requirement not assessed at this inspection, due to timescales for completion.

Not assessed at this inspection

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 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)

This area for improvement was made on 7 May 2024.

Action taken since then

Not assessed at this inspection.

Previous area for improvement 2

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)

This area for improvement was made on 7 May 2024.

Action taken since then

Not assessed at this inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

To find out more

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