

West NAH Professionals LLP Nurse Agency

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Unannounced

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Service provided by:
West NAH Professionals LLP

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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 12 nurses registered and had been supporting up to 15 care homes.

About the inspection

This was an unannounced inspection which took place on 28, 30 & 31 October 2025. 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 five care homes utilising the service
- spoke with nine staff and management
- reviewed documents

Key messages

- People benefitted from consistent nurses who knew them well, promoted dignity, and provided person centred care.
- The agency was responsive and reliable, often providing cover at very short notice, which supported continuity of care.
- Nurses were proactive in supporting people's health and wellbeing, with clear processes for escalating concerns.
- Recruitment practice was safe and well organised, with all required checks in place, though the recruitment policy requires updating to reflect current guidance.
- Quality assurance systems were in place but not consistently reviewed or kept up to date, limiting their effectiveness.
- Nurses engaged positively with training, including condition specific sessions.
- Induction, supervision and team meetings needed developing to fully support reflective practice and ongoing competence.

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?	4 - Good
How good is our leadership and staffing?	3 - Adequate

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

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experienced care and support from nurses who understood the importance of dignity, respect and person centred practice. A number of services shared that nurses got to know people quickly, and in some cases carried out roles similar to permanent staff, such as participating in reviews and liaising with external professionals. This meant people benefitted from continuity and felt their needs and preferences were recognised.

The agency was responsive to late notice requests for cover, which gave services confidence that people's rights to safe and consistent support would be upheld. Services valued the consistency of nurses provided, with some choosing to use the agency exclusively. A care home manager shared "As a home manager I only use West NAH due to their reliability and the skills of the nurses."

The manager had taken steps to connect directly with care home managers to seek feedback and provide reassurance. Questionnaires were also used to gather views, follow-up contact was made where necessary. This demonstrated a willingness to listen and act on feedback, helping people feel their voices were heard.

It is important to continually assess the methods used to ensure they are varied and meaningful to encourage ongoing feedback driving forward improvement and developments.

There was an information booklet detailing the organisations aims and objectives. However this was limited in scope, as was not particularly relevant to the nurse agency. It would be beneficial to revisit this to ensure it is appropriate to all areas of the business, to ensure services have clear information about what to expect when using the services of the agency.

Whilst the management team have a knowledge of the services being supported by the agency, it would be helpful to develop a profile of each care homes, which is updated regularly. This would enable the management team to make well informed placement decisions based on peoples needs.

Each nurse had a profile detailing their training and experience, which was shared with services. This enabled managers to make informed choices when selecting cover, ensuring nurses were well matched to people's needs. Services told us that nurses developed an understanding of people's health and wellbeing needs and worked proactively to support them. A care home manager shared "we have consistent nurses and this benefits our home as the nursing staff know our residents well". Nurses also made effective use of other staff within services to ensure people's needs were met.

Nurses were clear about how to escalate concerns and changes in people's health, linking with senior staff where appropriate. This gave confidence that people's health needs would be recognised and acted upon promptly.

Almost all nurses had completed online training, and face to face sessions continued to be provided on medication and condition specific topics such as epilepsy. Nurses valued these opportunities, sharing that they felt they developed their knowledge and understanding. However, there was no evidence of a systematic evaluation of training requirements based on people changing needs. Requests for training were

not consistently recorded or followed up. Please see further information in "How good is our leadership and staffing".

All nurses were registered with their professional body, Nursing and Midwifery Council (NMC), giving assurance that professional standards were upheld. We did not see reference to the Health and Social Care Standards in policies or guidance. This meant nurses were not explicitly supported to make the link between their practice and the national standards which underpin quality care.

How good is our leadership and staffing?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses, which limited the effectiveness of quality assurance and improvement.

Recruitment practice was well organised, with a review of all recruitment files carried out and any gaps followed up. Files sampled contained all the required information, and all nurses had up to date Protection of vulnerable groups (PVG) checks in place, supported by a clear system for renewals. This meant people could be confident that staff were recruited safely and in line with safer recruitment principles.

A recruitment policy was in place, however it did not fully reflect the specific requirements of nurse recruitment and had not yet been updated to incorporate recent guidance on PVG updates and safer recruitment. We requested that the manager review this.

An improvement plan had been developed, setting out appropriate areas for improvements and intended impact. However, this had not been reviewed or updated to incorporate feedback or quality assurance findings. This meant there was no way to track the improvement journey.

An overview had been developed to monitor key activities such as recruitment, supervision, observations and training, but this had not been kept up to date. As a result, it did not provide an accurate overview of the service. Some key activities had been delegated to other directors, but there was limited evidence of the manager maintaining oversight to ensure consistency and quality.

(Please see area for improvement one).

There was a complaints procedure in place, setting out clear steps for raising concerns, both informally and formally. However, the email address used for complaints was accessible to several staff, which could compromise confidentiality.

Over the course of the inspection, we noted that some policies and information was not relevant to the nurse agency aspect of the service. It is important that the manager maintains oversight to ensure all key documents are accurate, up to date and tailored to the service. We also noted there were no direct references to the Health and Social Care Standards, which should be embedded across policies and guidance so that nurses are clear about their role in delivering care aligned to recognised standards.

(Please see area for improvement two).

Newly recruited nurses had completed almost all training requirements. However there was no clear induction plan detailing expected timescales for training, observations or initial supervision session. This

meant we could not be assured that all newly recruited Nurses would be appropriately trained prior to covering shifts.

Nurses were increasingly engaging with training, with good uptake of online modules and continued face to face sessions on medication and condition specific topics such as epilepsy. Reflective notes from in person training last year demonstrated how learning would be applied in practice, which gave assurance of impact, although this was not evident from training opportunities this year. There was no clear process for checking how online learning was being embedded into practice.

Observations of medication administration had been carried out last year, but these had not been revisited, limiting ongoing assurance of safe practice.

Supervision had been carried out for some nurses, but this was not reflective or evidence based, and not consistently in line with organisational policy. Team meetings were also not as regular, reducing opportunities for peer discussion and shared learning.

(Please see area for improvement three).

Areas for improvement

1.

The provider should continue to develop and implement a robust and effective quality assurance process. This should include the manager having complete oversight of the service, key activities and identification of areas requiring action for the continuous improvement of the service.

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).

2.

The provider should ensure all service information, policies and guidance issued is relevant to each aspect of the organisation, including the Nurse Agency. Health and social care standards should be linked into guidance where appropriate to enable nurses registered with the service to make the connection between good practice and recognised standards.

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

"I use a service and organisation that are well led and managed" (HSCS 4.23).

3.

To promote the safety and wellbeing of people, the provider should ensure all nurses have the opportunity to reflect on and develop their practice. This should include but not be limited to:-

- a. regular and effective one to one supervision, which encourages reflection and demonstrates how learning is being put into practice
- b. regular team meetings should be arranged to encourage peer support and learning and
- c. observations of key areas of practice should be carried out regularly, consistent with organisational policy to give the manager assurances regarding practice
- d. training relevant to peoples care and support being undertaken, evaluated and implemented in practice.

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

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

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 people are protected through safe staff recruitment, the provider should ensure that safer recruitment guidance is followed for all nurses registering with the agency. This should include the ongoing monitoring of Protection of Vulnerable Groups (PVG) checks and registration with the regulatory body. This should include clinical involvement and oversight of a registered nurse.

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 area for improvement was made on 7 May 2024.

Action taken since then

A review of all recruitment files had been carried out, with any information not in place followed up.

Recruitment files sampled had everything in place that was required, following safer recruitment good practice guidance.

All Nurses had an up to date PVG check, with a clear system in place for renewals.

This area for improvement is met.

Previous area for improvement 2

The provider should continue to develop and implement a robust and effective quality assurance process. This should include the manager having complete oversight of the service, key activities and identification of areas requiring action for the continuous improvement of the service.

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 area for improvement was made on 7 May 2024.

Action taken since then

A development plan was in place, detailing appropriate improvement actions and the intended impact. This had not been updated including information from other quality assurance activities or feedback from others. The plan had not been reviewed, therefore we were not able to track the improvement journey.

There was a tracker in place, detailing key activities such as recruitment processes, supervision, observations and training. This had not been kept up to date, therefore the manager did not have clear and accurate information and oversight of the service.

There had been activities allocated to other directors within the service, however it was not clear that the manager had oversight of these and was assuring the quality.

This area for improvement is not met and will be re-instated.

Previous area for improvement 3

The provider should 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. All nurses registered should continue to have the opportunity to reflect on and develop their practice in

relation to current good practice guidance. This should include having access to quality training opportunities and regular effective supervision and observations.

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 5 May 2024.

Action taken since then

The newly recruited nurse had undertaken almost all training requirements, however there had been no observation of practice or introductory supervision or probationary meeting.

The uptake of online training had increased across registered nurses. Face to face training had continued to be provided around medication and some condition specific topics such as Epilepsy. In person training sessions previously included a reflective note detailing learning and how this will be put into practice. This should continue to give the manager assurances regarding the teams knowledge and understanding.

Supervision had been carried out by one of the Directors, for some Nurses. This however was not very reflective or evidence based. It would be good to see this developed to be more effective and regular, in line with the Organisations policy.

This area for improvement is not met and will be incorporated into a more specific area for improvement in "How good is our leadership and staffing".

Previous area for improvement 4

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

The manager shared that she has knowledge of the services, the agency is providing support to, particularly as over the past year they have predominantly been working with fewer. The manager had taken the

opportunity to connect directly with some managers to seek feedback and provide assurances regarding any concerns.

Questionnaires were being sent to services seeking feedback on their experience of the service. It may be helpful to explore the variety of ways that feedback can be captured, so it is meaningful and not repetitive. A number of care homes confirmed that they were regularly asked for feedback on the organisation and nurses provided, with follow up contact where this was necessary.

Supervision with Nurses was being used to gather feedback on their experience of the services, however this was not exploring practice or developments.

This area for improvement is met.

Previous area for improvement 5

The service provider should ensure they have an effective system to manage all concerns and complaints, in line 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

There was a complaint procedure in place, detailing each step of how to raise an issue both formally and informally and what to expect following this. As there had been no concerns or complaints since the last inspection we were not able to see this in practice.

It would be helpful to consider the email address which concerns are sent to, as a number of staff have access to this, which may compromise confidentiality.

This area for improvement is met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People's rights are promoted and respected	4 - Good
1.2 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership and staffing?	3 - Adequate
2.1 Safer recruitment principles, vision and values positively inform practice	4 - Good
2.2 Quality assurance and improvement is led well	3 - Adequate
2.3 Staff have the right skills and are confident and competent	3 - Adequate

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