

## Nexus Trading Services Limited

# Nexus Care- Cannock

### Inspection report

6 Station Court  
Girton Road  
Cannock  
Staffordshire  
WS11 0EJ

Tel: 01543506045

Date of inspection visit:  
15 May 2023  
16 May 2023  
22 May 2023

Date of publication:  
27 July 2023

### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Nexus Care - Cannock is a domiciliary care agency providing personal care to people living in their own homes and flats. At the time of our inspection there were 106 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Medicines were not always administered safely. Where medicines were not administered within a required time period, set parameters on the provider's electronic system meant they could not be recorded accurately on the medicines administration record (MAR). One medicine had also been administered without leaving sufficient time between doses. Risk assessments were not always in place to guide staff how to manage clinical risks to people safely.

Audit checks in place were not always effective to check the quality of the service. Medicines audits did not identify where medicine administration had not been recorded accurately or within the correct time period. Statutory notifications had not always been submitted when needed despite the registered manager being knowledgeable about when they were required.

Where risk assessments were in place, they were thorough and clearly guided staff how to meet people's needs safely. Staff knew how to manage risk to people. A safeguarding policy was in place that was followed by staff, and they understood the types of abuse. People were supported by a sufficient number of safely recruited staff to meet their needs. People were supported by staff who wore appropriate PPE (Personal Protective Equipment) to meet their needs safely. Where things went wrong, action was taken to reduce the risk of reoccurrence.

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.

People's needs were assessed in a holistic manner that identified their likes, dislikes and life history. People were supported by staff who had completed appropriate training to meet people's needs effectively. Staff were required to complete a full induction before supporting people and the provider undertook competency checks when needed. People were supported to eat and drink in line with their dietary needs. People were supported by staff who monitored their health and escalated health concerns to relevant health professionals including physiotherapists and speech and language therapists.

People were supported by staff who treated them with kindness and respect. People were supported to express their own views regarding their care. Staff supported people in a way that promoted their

independence. People were supported by staff who treated them with privacy and dignity.

People were involved in implementing and revising their care plans. Staff were able to access information in people's care plans on their visit logs which gave clear and personalised guidance on how to meet people's needs. Communication care plans were in place that guided staff how to communicate with people to maximise their ability to understand. A complaints policy was in place and most people were confident their complaints would be addressed. End of life care plans were in place when people were at this stage of their life.

The provider promoted and disseminated to staff a person-centred ethos that focused on meeting people's needs. The registered manager understood the duty of candour and was open and honest when things went wrong. People, relatives, and staff were involved in the running of the service and questionnaires were sent out to enable them to input. The provider worked closely with other agencies and care commissioners to provide effective support to people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 12 April 2019 and this is the first inspection. The last rating for the service under the previous provider was good, published on 25 June 2016.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Nexus Care- Cannock

## 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.

#### Inspection team

The inspection team consisted of 2 inspectors and 1 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 service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 May 2023 and ended on 22 May 2023. We visited the location's office on 15, 16 and 22 May 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). 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 used all this information to plan our inspection.

During the inspection

During the office visit, we spoke with the registered manager, a care co-ordinator, the operations director, and the chief operating officer who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 7 care staff.

We looked at 14 people's care records and reviewed 8 people's medicines administration records (MARs). We also viewed 3 staff files and documentation related to the governance of the service.

The Expert by Experience spoke with 23 people supported by the provider and 18 relatives by telephone.

The provider sent us further documentation we had requested following the site visit including information regarding training and medicines.



# Is the service safe?

## Our findings

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

This is the first inspection of this service since it was registered. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People's medicines were not always administered safely. Records showed one medicine was administered without leaving sufficient time between doses on multiple occasions. This demonstrated that staff were not administering the medicine in line with the prescriber's instructions and had not sought advice beforehand to check if it was safe to do this." The registered manager took immediate action to reduce the risk of this occurring again.
- Staff recorded people's medicines administration on an electronic Medicines Administration Record (MAR). However, where staff returned later to a call to administer medicines to ensure sufficient time between doses, they were unable to record it on the electronic MAR due to pre-set time parameters. This meant medicines were not recorded on the MAR and the provider could not always be assured the medicines had been administered. We raised this with the provider who immediately amended the parameters to enable this could be recorded on the MAR at the time of administration.
- Protocols were in place to guide staff when to administer 'when required' medicines. Staff recorded when 'when required' medicines had been administered and the reason for administration.

### Assessing risk, safety monitoring and management

- Risk was not always assessed and managed safely.
- Risk assessments were not always in place to guide staff how to manage risk related to people's clinical needs. However, staff we spoke with were knowledgeable about how to manage these risks and there had been no impact on people. The registered manager immediately implemented the missing risk assessments to mitigate risk to people going forward.
- Risk assessments in place for people's nutritional and mobility risks were thorough and provided clear guidance for staff to follow to manage these risks to people.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe. One person told us, "I feel safe and happy".
- Staff had completed safeguarding training and a safeguarding policy was in place that was followed by staff.
- Staff knew the types of abuse and understood how to raise safeguarding concerns. One staff member told us, "I would report abuse to the office write a statement and then the branch would raise it as a safeguarding."
- Safeguarding referrals had been made to the local authority when needed.
- Accidents and incidents were recorded by staff. Accidents and incidents were reviewed by managers and

action was taken to reduce the risk of any further reoccurrence.

- The provider was proactive when things went wrong. For example, where medicines errors were identified, the provider informed the person's relatives, and the staff member was required to undergo further competency training.

#### Staffing and recruitment

- People were supported by a sufficient number of staff to meet their needs. Call records showed people usually received their calls on time and there was no evidence of any missed calls. One relative told us, "They inform us but they are rarely late."
- People were supported by staff who were recruited safely. Staff were required to provide satisfactory references and Disclosure and Barring Service (DBS) checks before they could start work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- People were supported by staff who understood how to prevent and control infection.
- Staff wore Personal Protective Equipment (PPE) in line with current guidance.
- Where people were at increased risk of infection, care plans identified where additional PPE was required and staff followed this guidance.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this service since it was registered. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to the commencement of their care package. People's assessments were holistic and considered their life history and likes and dislikes.
- People's diverse needs under the Equality Act 2010 were considered such as their religious needs. We did not find any evidence where the people required support from the provider to meet their diverse needs but the registered manager gave examples of how they had supported people in the past to meet these needs.
- Staff knew people well and understood how they liked their care to be delivered.

Staff support: induction, training, skills and experience

- People were supported by staff who were adequately trained to meet their needs effectively. One person told us, "They are excellent and we cannot fault them." Staff were supported to complete additional training related to specific clinical needs when needed.
- People were supported by staff who were required to complete an induction before they supported people. One staff member told us, "The induction was very, very good."
- Competency checks were undertaken to ensure staff were competent to meet people's needs. For example, where medicine errors were made, staff were retrained and competency checks were completed.
- Staff told us they had supervisions and team meetings which they found useful and helped to assure the provider of their competence.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink in line with their dietary needs.
- Where people had Speech and Language Therapist (SALT) assessed diets, care plans were in place to guide staff how to support people to eat and drink in line with their needs.
- Staff supported people to prepare meals in line with their preferences and encouraged them to drink fluids.
- Where there were concerns regarding a person's nutritional and fluid intake, staff monitored and recorded people's input so any further concerns could be escalated.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who escalated health concerns to the relevant professionals when needed. For example, staff had made referrals to occupational therapists, doctors and physiotherapists when needed.

- Staff worked alongside other agencies to ensure people received the care they needed. One staff member told us they raised concerns regarding a person's health and office staff contacted the GP and Speech and Language Therapist (SALT) to ensure the person's needs were met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments had been undertaken when needed.
- Staff had completed mental capacity training and applied their knowledge effectively when supporting people. Staff asked people for their consent prior to providing care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this service since it was registered. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them with kindness and respect. One person told us, "They are all very supportive and respectful. They always listen to me." Another person told us, "The care staff are perfect."
- Relatives provided positive feedback regarding how care staff treated people. One relative told us, "I really appreciate what they do. We are pleased with what the carers do. It is very good."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their preferences and make decisions regarding their care.
- People were involved in reviewing their care plans to ensure they were able to make decisions about their own care.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who promoted their privacy and dignity. One staff member told us, "I shut the curtains, put a towel across people when washing them and ask them what they'd like. I don't allow anyone else in the room to preserve their privacy and dignity."
- Staff supported people to do what they could for themselves and promoted their independence where possible.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this service since it was registered. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- A complaints policy was in place. Complaints were responded to in line with the complaints policy.
- People and relatives told us they knew how to raise concerns and complain and most were confident their concerns would be addressed.
- People provided mixed feedback regarding whether their concerns had been addressed to their satisfaction. Some people told us they had complained about call times but were unable to change them. We discussed this with the provider and it had been considered but time changes were not always possible due to rotas.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were detailed and personalised to their individualised needs. People's care plans considered what was important to them and how they would like their care delivered.
- Staff had access to visit logs on their mobile devices which detailed each aspect of the care call and how the care needed to be delivered including how to mitigate risk to people. Staff told us this provided all of the information they needed to meet people's needs.
- People and their relatives were involved in implementing and reviewing their care plans and people felt in control of how their needs were met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication plans in place which guided staff how to communicate with them most effectively.
- Where people had sensory needs, care plans guided staff how to communicate with them in a way they understood. For example, where one person wore hearing aids, their care plan guided staff to speak loudly and also to ensure they charged their hearing aids overnight.

End of life care and support

- Where people were at the end stage of their life, their wishes and preferences had been discussed with them and care plans were in place.

- People's care plans identified where they had RESPECT forms in place and also where staff could find the RESPECT forms. A RESPECT form is a Recommended Summary Plan for Emergency Care and Treatment.

# 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.

This is the first inspection of this service since it was registered. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Statutory notifications had not always been submitted to the CQC when needed. We discussed this with the registered manager who was knowledgeable regarding when they should be submitted. However, we found 2 instances where there had been an oversight and despite safeguarding referrals being made, the statutory notifications had been missed. The registered manager submitted retrospective notifications immediately when this was raised.
- Quality checks were not always effective in identifying errors. For example, medicines audits failed to identify where MAR charts had not been completed correctly and where medicines had not been administered as prescribed according to the MAR chart. The registered manager immediately reviewed medicines audits to ensure they were effective in identifying errors so they could be addressed.
- Visit log audits did not always identify where all of the visit tasks had not been completed. For example, one person's visit log guided staff to record the number of transdermal patches remaining. Staff had failed to record this, and this was not identified by the audit.
- Audit checks did not always identify where care plan documentation was inconsistent. For example, documentation in people's care files had not always been updated so some information was contradictory. This did not have an impact on people as staff were specifically guided by the visit logs which were up to date and accurate to ensure they met people's needs safely.
- The registered manager and staff were clear about their roles.

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

- The provider promoted a positive culture at the service which was disseminated to staff.
- The provider was focused on providing person centred care to people that enabled them to achieve good outcomes.
- Staff felt supported by the registered manager and the office staff team. One staff member told us, "I feel supported by the senior staff and registered manager. If I did have any issues, I'd go to the registered manager and she would deal with it."

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 understood the duty of candour and was open and honest when something went wrong. For example, where a medicine error took place, relatives were contacted to make them aware.

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

- People and relatives were encouraged to provide feedback to the service. One relative told us, "They send a feedback form and ask is there anything I need to say."
- Staff were sent questionnaires and were given the opportunity in supervisions to be involved in the service. The provider used the information collated to identify patterns in terms of staff satisfaction and address any concerns.

Continuous learning and improving care

- The registered manager was passionate about improving care.
- Where gaps in learning were identified, action was taken to ensure the provider and staff improved their knowledge and met people's needs safely and effectively.

Working in partnership with others

- The provider engaged positively with healthcare professionals and commissioners to promote positive outcomes for people.