

Mr John Court

# Nexus Care Services

## Inspection report

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06 March 2019

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

### About the service:

Nexus Care Services is a small, local area domiciliary care agency registered to provide personal care to people living in their own homes. In addition to providing support with personal care, the agency also provided assistance with shopping, gardening, housework or transport including help to attend appointments at the doctors or hospital. At the time of the inspection the service supported 25 people with their personal care.

### People's experience of using this service:

- ☐ The provider's governance systems to check the quality of the service provided for people were not consistently effective and required some improvement.
- ☐ People and relatives told us they felt the service was safe and there were sufficient numbers of staff that were safely recruited to support people. Staff had completed their induction training that included safeguarding, medication, health and safety and moving and handling. Staff had access to equipment and clothing that protected people from cross infection.
- ☐ People were protected from potential risk of harm; risk assessments were in place and staff knew how to support people's individual needs to ensure they provided a consistent level of care. People's care and support needs were assessed.
- ☐ Staff received ongoing training they required to meet people's needs. People accessed healthcare services to ensure they received ongoing healthcare support. People, as much as practicably possible, had choice and control of their lives and staff were aware of how to support them in the least restrictive way.
- ☐ People were supported by kind and caring staff that knew them well. Staff encouraged people's independence, protected their privacy and treated them with dignity.
- ☐ People were supported by staff who knew their preferences. Complaints made since the service started had been investigated and resolved. People and their families knew who to contact if they had any complaints.
- ☐ People and their relatives' views were sought about the quality of the care being provided. Staff felt supported by the management team.
- ☐ People, their relatives and staff were happy with the way the service was managed and the provider worked well with partner organisations to ensure people's needs were met.
- ☐ The service did not meet some of the characteristics of Good in one area and more information is in the detailed findings below.

### Rating at last inspection:

This was the service's first inspection since their registration on 24 October 2017.

### Why we inspected:

This was a planned inspection. The site visit took place on the 06 March 2019 and telephone calls were made to people using the service on the 07 March 2019.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner

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

## 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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was well led

Details are in our Well Led findings below.

# Nexus Care Services

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is someone who has had experience of using or supporting someone who uses with this type of care support service.

#### Service and service type:

Nexus Care Services is a small domiciliary care agency registered to provide personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the management team is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

#### What we did:

We reviewed information we had received about the service since they were registered with us. This included details about incidents the provider must notify us about, such as allegations of abuse and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We contacted people and/or their relatives by telephone on 7 March 2019 and spoke with six people to gather their views on the service being delivered. We also spoke with the provider, the registered manager and five care staff. We used this information to form part of our judgement.

We looked at three people's care records to see how their care and treatment was planned and delivered. Other records looked at included three recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service. Details are in the 'Key Questions' below.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. One staff member said, "We do lots of things to keep people safe, make sure their needs are being met, there is adequate food and fluids for them, making sure their panic button is close and the keys are put back in the key safe." Another staff member told us, "We've (staff) all had safeguarding training and know to contact the manager or CQC, the policy is in the office."
- People we spoke with told us that they felt safe in the presence of care staff. One person said, "I am safe because the staff are regular and I know them all, they are all very good."

Assessing risk, safety monitoring and management

- Staff were knowledgeable about risks to people and risks had been assessed. One person told us, "I have a hoist and two staff come if I need to be moved somewhere. I have had a risk assessment about the hoist."
- Staff spoken with knew how to support people safely.
- Staff told us any changes in people's needs that could increase a risk of avoidable harm, was promptly referred to the appropriate healthcare professionals to ensure people's support needs would continue to be met.
- People had access to equipment such as walking aids, hoists and sliding sheets and people told us that staff followed safe moving and handling processes when supporting them. One person said, "The staff are very careful when moving me and there has never been an accident."

Staffing and recruitment

- There was enough staff to support people's needs. People were happy with the level of staffing provided.
- People told us staff generally arrived on time and would call if they were running late. One person said, "The staff arrive on time, might be five or 10 minutes late but they never leave early."
- Staff had been recruited safely to ensure they were suitable to work with people.

Using medicines safely

- Staff had completed training on how to administer medicines. At the time of the inspection most people did not require support with their medicines as they were able to self-medicate or required minimal support. One person told us, "I have a prompt for my medicines, the staff always say 'tablets' and they put drops in my eyes."

Preventing and controlling infection

- Staff spoken with told us they had received infection control training and were given a plentiful supply of protective equipment such as gloves that they used when delivering personal care. This ensured people were protected from cross contamination and infection.

#### Learning lessons when things go wrong

- The service had not had any incidents or accidents to report at the time of our inspection. The provider had a system in place that could monitor incidents and the action taken to mitigate future risk.



# 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.

People's outcomes were consistently good, and relative's feedback confirmed this.

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

- Assessments of people's needs were completed prior to joining the service to ensure their needs could be met. One person said, "[The provider] visited me in hospital to make sure I have the right support when I came home."
- People we spoke with confirmed the service reviewed their support needs as required.

Staff support: induction, training, skills and experience

- Staff received training which was effective and relevant to people's needs. One person told us, "I have three or four of the best care staff they are perfect." Another person said, "It seems the care staff are trained, they (staff) are trained on the job."
- New staff received induction training to the service. One staff member told us, "I have completed all my training which included moving and handling, safeguarding and health and safety, a couple of months ago and when I first started (working at the service) I shadowed staff for three days."
- Staff told us they had received positive support through supervision, team meetings and spot checks on their working practices. This enabled them to maintain their skills, knowledge and ongoing development.

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

- Most people did not require support from staff to eat and drink to maintain a balanced diet because they were supported by their relatives. However, people told us staff would ensure they were left with plenty of fluids to drink between visits. One person told us, "The staff are always prompting about drinks."

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

- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's health needs. One staff member told us, "We check [person's] skin every time we visit and if there is any change we call the [district] nurse."

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 Act 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.
- Everyone currently using Nexus Care Services had mental capacity to make decisions about their care and

support and told us staff would always seek their consent before supporting them. One person said, "The staff always ask what would I like them to do."

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People provided consistently positive feedback about staff and the service confirming they were treated with kindness and the staff's caring attitude. One person told us, "The staff have a caring attitude and I care for them. This agency care staff are top of the heap. I am very happy with the care, it is the little things the staff do like cleaning my glasses. Anything I need doing they will help me." Another person said, "I have had three agencies and this agency is the best. The care staff are perfect as good as any relation."
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One member of staff told us, "I love my job and the people I am supporting."
- Care plans included details of people's life histories, wishes and preferences. Staff were knowledgeable about these and used this information to provide personalised care.

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

- People told us they were involved in the planning of their care and were actively encouraged to make their own choices. One person told us, "[The provider] came and wrote my care plan which is excellent and the staff keep to it. The staff always ask if they can do anything else."
- Care plans showed people were involved and consulted about how they wanted their care to be provided.
- Although everyone currently using Nexus Care Services could express their views, staff gave us examples how they would involve people if they were unable to make decisions regarding their care and support. For example, one staff member said, "You have to be patient, give lots of reassurance, recognise people's gestures, body language and facial expressions."

Respecting and promoting people's privacy, dignity and independence

- People told us staff protected their right to receive care and support in a dignified way. One person said, "The staff do treat me with dignity and respect."
- Care plans included people's preferred names or terms of address and people told us staff used these respectfully.
- People were supported to do as much as possible for themselves. Care plans included people's abilities. Staff told us they tried to encourage, where possible, people's independence. A staff member told us, "We always promote independence, giving people choices and giving them equipment to do things for themselves, it's important not to take over." One person said, "The flexible approach (of the service) means I can lead a normal life, I feel the agency has changed my life."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff were knowledgeable about people and their needs and people told us they received personalised support from staff. One person said, "This is what I would like to say. I have the three or four of the best carers, they are perfect, honestly they are very good to me."
- The provider ensured consistency of staff for people, so staff got to know people well.
- Staff knew how to communicate with people and ensured they used their knowledge about people when giving choices.
- Staff responded promptly to changes in people's needs. For example, staff gave examples if visits were taking longer than assessed, they would contact the manager who would request a review people's needs. This helped to ensure people continued to receive the right amount of care and support they needed.
- Staff understood their role in reducing the risk of social isolation for people and told us they spent time chatting and engaging with people during each visit. People we spoke with confirmed staff would spend time with them.
- Where required, staff supported people to go out into the local community, e.g. shopping.
- The provider and registered manager understood their responsibility to comply with the Accessible Information Standard (AIS) and had arrangements in place, for example, for people with limited sight to receive documents in large print. The AIS makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand the information they are given.
- Care plans documented how people communicated and received information. The registered manager told us, where people used specific communication methods or where English may not be their first language, they would provide staff that had the appropriate skills and knowledge to ensure information sharing was effective.

Improving care quality in response to complaints or concerns

- People we spoke with knew how to raise a complaint and were confident that if they did make a complaint it would be dealt with quickly and professionally. "I would speak with the owner (provider) if I had a complaint. The staff are good at sorting out anything."
- The provider had procedures which outlined a structured approach to dealing with complaints in the event of one being raised. The provider and registered manager saw complaints and concerns as an opportunity to review and improve the service. The service had not received any complaints.

End of life care and support

- The provider had processes in place to support people who required end of life care and support.
- Staff were due to complete training in end of life care. The provider worked in partnership with other

agencies to ensure people received care in line with their needs and wishes.

- There were no people using the service who required this level of support at the time of our inspection.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The provider was in the process of transferring their paper records to an electronic system. This meant the records in the office did not consistently reflect the information contained within the records in people's homes. For example, risk assessments did not always reflect risks, however, staff knowledge of people's risk was good and people did not raise any issues with us concerning staff practice. The provider told us they were planning to introduce a 'rolling risk assessment' that would be reflective of people's needs and updated regularly.
- Although everyone on the service had mental capacity and could tell staff if they were, for example, in pain; we noted there were no protocols in place for staff to follow when administering 'as required' medicine. Protocols provide clear guidance to staff when people may require their 'as required' medicine. It is good practice to have such protocols in place.
- The provider's quality assurance systems monitored feedback and complaints and we could see action had been taken where appropriate. However, there was some improvement required to monitor trends when analysing the information.
- Although there was a complaints process, provider's policy required a clearer end to end process and contact information for independent agencies. For example, the Ombudsman in the event of people being dis-satisfied with the outcome of an investigation.
- The provider conducted checks to ensure the quality of care was monitored. These included spot checks on the support provided by staff and regular checks made by the provider and the registered manager to people to check they were happy with the quality of the service being delivered.
- The provider had a clear vision for the development of the service and strong values centred around personalised care with the person as the focus of the service and the centre of decision making. These values were clearly shared by staff we spoke with.
- Staff were clear on their roles and responsibilities and felt supported to work as individuals and as a team. One staff member told us, "Everyone working here is knowledgeable in all areas, we're really quite close."
- The provider had ensured contingency arrangements were in place to ensure the service delivery was not interrupted by unforeseen events. For example, in the event of severe weather, there were plans in place to ensure staff would attend their visits.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Peoples' relatives and staff told us they felt listened to and that the management team were approachable. One person told us, "I am happy with the service and that is all that matters."

- People and staff we spoke with were positive about the leadership of the service. People knew who the provider was. One person said, "I have [the provider's] personal mobile number that I can call if needed." Other comments included, "This agency is top of the heap I would recommend them." "The service is brilliant and it changes people lives, I would recommend the agency."
- The provider and registered manager spent time with people in their homes and led by example to demonstrate how people should be supported with respect.
- Staff spoke highly of the leadership and management of the service and confirmed the provider held 'Staff Welfare Meetings' every six months. One staff member told us, "[Name of provider] is the nicest boss I've ever had, if you need anything they'll get it."
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that required registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The provider was working in accordance with this regulation within their practice.

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

- People and relatives were supported to share their views about their care and the service through direct contact with the provider and registered manager via regular telephone conversations and visits to people's homes. Discussions with people showed people were very happy with their care and support they received and praised the provider, registered manager and staff for the service provided. Comments from feedback surveys included, 'Nexus staff deserve to be held in the highest regard,' 'Thank you for finding such friendly carers.'
- We were told the provider and the registered manager were contactable if people and relatives needed to talk to them. One person told us, "[The provider] is very good and I would speak with them." Another person said, "It is a well led and well run agency and I would not change them, the quality of care is exceptional."
- Staff we spoke with felt involved in decisions about the service and were provided with information during staff meetings.
- Staff told us the provider operated an open-door policy and there was always a senior manager available to contact when they needed support or had queries.

Working in partnership with others; continuous learning and improving care

- The service had worked in partnership with other health care organisations for people's benefit. For example, the staff told us that working relationships were good with the district nurses, the local GP and community health teams.
- The provider displayed a commitment to improving care and support where possible. They had taken responsibility for their own learning and development to improve the service. They shared this knowledge with their staff which helped to ensure staff were up to date with current best practice guidance.