

Nexus-Support Ltd

Nexus Support Ltd

Inspection report

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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?

Good ●

Summary of findings

Overall summary

What life is like for people using this service:

People continued to receive safe care. Staff knew how to keep people safe from harm and people told us they felt safe. There were enough staff to support people safely. People told us they were supported by consistent staff and received their medicines on time and in the right way. Staff had received training in infection control and had access to personal protective equipment. Accidents and incidents were noted and trends were monitored.

People continued to receive effective care, from a small team of staff who were, skilled and competent in meeting people's individual needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff supported people to maintain a healthy diet, in line with their assessed needs, and to access health care if this was needed.

People received care from staff who were kind and caring. People had positive relationships with staff and were confident in the service to be able to meet their needs in a kind and compassionate way. People were supported and encouraged by staff to make decisions as to how their needs were met. Staff understood the importance of respecting people's privacy dignity and independence.

Staff continued to support people in a responsive way. Assessments and support plans were in place which identified what was important to people and how they should be supported. The support people received was centred around them, and they were involved in any decisions made. The provider had systems in place to resolve complaints appropriately. The service needed to develop their approach toward end of life care. We have made recommendations about complaints and end of life care.

The service continued to be well managed. The registered manager was approachable and people knew them well. Spot checks and audits were completed to ensure the quality of the service was maintained. There was a strong value base to ensure that workers were caring and compassionate. People, and their family members were actively encouraged to provide feedback on the service and staff worked well as a team in an open and supportive manner. Everyone spoke positively about the service and the quality of the support being provided.

More information is in the detailed findings below.

Rating at last inspection: Good (06/04/2016)

About the service: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to adults, younger adults who may have had a learning disability or autism. At the time of the inspection 26 people were using the service. The

service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive, and will inspect the service again, if we receive information that indicates risk.

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?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Nexus Support Ltd

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 a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type Nexus provides personal care and support to people in their own homes. 26 people were receiving a service at the time of the inspection.

The service had a manager registered with the Care Quality Commission. This means that 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 24 hours' notice of the inspection site visit, because it is small and the manager may have been out of the office supporting staff or providing care. We needed to be sure that they would be in.'

Inspection site visit activity took place on the 18/12/18 and ended on 20/12/18. We visited the office location on the 18/12/18 to see the registered manager and office staff; and to review care records and policies and procedures. We conducted phone calls on the 20/12/18.

What we did:

We reviewed information we had received about the service since the last inspection. We assessed the information that providers are required to send us annually. This gives us key information about the service, what the service does well and improvements they plan to make. We used all this information and the previous inspection report to plan our inspection.

People receiving care at the time of inspection were not fully able to share with us their experiences of the service, so we spoke with their relatives or representatives. We spoke with 8 relatives, 3 members of staff, the deputy manager and the registered manager.

We reviewed three staff files around staff recruitment and various records in relation to training and supervision of staff. We looked at audits and quality assurance procedures relating to the management of the service, which had been developed and implemented by the provider. Some of this information was received following the inspection visit.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Systems and processes

- People told us they continued to be supported by staff which they felt safe with. One relative said, "I am relieved that [name] has such caring, genuine people to keep him safe."
- Policies in relation to safeguarding and whistleblowing were in place and staff continued to receive safeguarding training. Staff had a good awareness of safeguarding procedures and knew who to inform if they saw or had an allegation of abuse reported to them.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring, and management

- People's support plans contained risk assessments which gave detailed information to staff about what action staff should take to promote people's safety and ensure their assessed needs were met appropriately. The least restrictive and most enabling option was considered.
- People and their family members told us they had been involved in risk planning and these along with their care plans, were reviewed regularly.
- When people behaved in a way that challenged others, staff managed the situation in a positive way that protected people's freedoms.

Staffing levels

- People and their relatives told us there was enough staff to support them safely and that they had not experienced a missed visit. People were supported by small teams of staff.
- Rotas were not frequently changed, which meant that staff could provide people with consistent staff, that had been carefully matched to meet the person's assessed needs. The registered manager considered the skills and experience that each staff member needed when planning the rota to ensure people were supported by skilled and competent staff. One relative said, "It is very important that [name] has the same staff because their anxiety levels rocket. That is what is good about Nexus we do get consistent staff."
- The recruitment procedures were robust and to make sure that the right staff was recruited to support people to stay safe. If people were able to and wanted to be involved, they supported with the interview and recruitment process. One relative said, "The registered manager has really made an effort to recruit staff. They have the ability to diffuse any anxiety episodes that may occur."

Using medicines safely

- The service had systems in place to manage medication and people were supported to take their medication safely. Records showed people's medicines had been administered as prescribed.
- Staff completed medicine training and was observed on a regular basis to make sure they were competent to assist people.
- When people needed medicine on an, 'as and when required', there were clear guidelines in place about when this should be taken, the dosage and the reason it may be required.
- Since the last inspection, changes had been made to the Medicine Administration Records (MAR) records, which mean they no longer met requirements. We highlighted this to the registered manager, before the end of the inspection, they had provided evidence that these had been updated and provided assurances that the new MARs, had been implemented.

Preventing and controlling infection

- People were protected by the prevention and control of infection and were supported by staff who had completed training in infection control. Personal protective equipment (PPE), such as gloves and aprons were given to staff. The registered manager checked that staff used PPE when they completed their spot checks.

Learning lessons when things go wrong

- Small group meetings were used to help facilitate an open culture of learning. The registered manager proactively sought out staff views and used this to develop staff understanding. This had led to improved outcomes for people. One staff member said, "We have group meetings. This is an opportunity for us to share practice and ideas and support each other. We are encouraged to share our ideas and solutions." Peoples relatives and/or their representatives were invited to attend these sessions as well.

Is the service effective?

Our findings

Effective – this means 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 people's feedback confirmed this.

Staff skills, knowledge, and experience

- People were supported by skilled and competent staff, who had been trained to meet complex needs. During the assessment process, the registered manager considered what additional training, staff may require to enable them to competently support people with specific additional needs. Such as epilepsy, conflict management, and Buccal Midazolam.
- Staff had been trained in a range of mandatory subjects. They were competent and applied their knowledge and experience which led to good outcomes for people.
- Staff was required to complete a comprehensive induction. They did not work unsupervised with people until they had been assessed as being competent to do so. Coaching sessions were offered to staff to develop their understanding and increase their knowledge if this was needed
- Individual and group supervision and appraisals were used to support and review staff progress.

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

- Detailed assessments which involved the person, their families, and wider networks and health professionals were carried out. This enabled staff to understand how to support care in line with best practice guidance. A behavioural therapist working with other health care professionals supported the assessment and care planning process by offering specialist guidance and support, to the staff team in order to find the most effective way to support people.
- Support plans contained information about people's diverse needs and included their preferences in relation to culture, religion, and diet. Staff received training in equality and diversity.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff supported people to maintain a balanced diet in line with their assessed needs and preferences. People told us that they chose what they wanted to eat. One relative said, "It is very important that [name] lives as normal a life as possible. So regularly they plan together, what they need for lunch, and go to the shop to get the stuff. They prepare it together."
- Staff was aware of people's food allergies and when people needed their food to be prepared in a specific way, this was catered for.

Staff providing consistent, effective, timely care

- Regular reviews were carried out with people using the service and relevant professionals to ensure

people's needs continued to be met.

- Staff understood people's health needs and knew how to access additional support if this was needed. Support was offered to people and their families to attend healthcare appointments if this was in line with their assessed needs.
- People's care records showed the involvement of health and social care professionals and we saw evidence staff had worked with various agencies and made sure people accessed other services, in line with their assessed needs, or in cases of emergency, or when people's needs had changed. For example, GP's, occupational therapists, mental health team and social workers. Records reflected the advice and guidance provided by external health and social care professionals. This meant staff had the correct information available to work with professionals to ensure the individual needs of the people 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 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 the mental capacity to take 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 with appropriate legal authority. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- Consent had been obtained and recorded within each person's care plan. Where a person had a lasting power of attorney in place, it was clearly recorded with copies of relevant documents retained within the care plan. A lasting power of attorney (LPA) is a way of giving someone the legal authority to make decisions on a person's behalf if they lack mental capacity. When a person did not have a lasting power of attorney in place, records relating to the court of protection was retained with in the file. We noted that when an independent mental capacity advocate (IMCA) had been involved, their involvement was recorded within the care plan. An IMCA provides statutory advocacy and gives some people who lack capacity a right to receive support from an IMCA.

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

- The staff treated people in a kind and compassionate way. This was reflected in the feedback from people who used the service, their relatives or representatives.
- People's relatives were consistently positive about the caring attitude of the staff. One relative said, "All the staff from Nexus are genuinely caring people. I feel that its more than a job to them every day is different and none of us know what to expect but and whatever is thrown at them its sorted with a smile"

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

- People and their relatives were supported to access additional sources of advice and referrals had been made to independent advocates if this was needed. An advocate ensures that the individual is central to any decisions made and that their rights are upheld.
- The ways in which people communicated had been considered. This included how people may choose to express themselves and their emotions. It considered how information should be provided in a way that could be understood. One relative said, "The care and genuine support we have been given is second to none. They have put strategies in place to help [name] cope with emotional issues."
- People had the choice about what they wanted to do in line with their assessed needs. People were encouraged to be as independent as possible.

Respecting and promoting people's privacy, dignity, and independence

- People could be assured staff had a good knowledge of individual needs and preferences and staff could describe the needs of the people they supported.
- People's confidentiality was protected. Guidance was in place to ensure staff checked the content of shared information to support people's rights.
- Staff understood people's social needs and supported people to maintain and develop their relationships with those close to them, their social networks and community.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

Improving care quality in response to complaints or concerns

- A complaints procedure was in place but needed to be reviewed to ensure that it was up to date to reflect the current requirements. For example, it needed to include details of how to raise a complaint to the local authority and the CQC. We recommend the provider updates their policy to reflect current requirements.
- Systems were in place to deal with complaints appropriately. People and their relatives said they felt able to raise any concerns they had with the registered manager or staff. When a complaint had been made it had been dealt with appropriately. Robust investigations had been carried out by the registered manager.
- People and their relatives that we spoke with said, they had never needed to make a complaint because they had regular communication with the registered manager. Staff was aware of the signs that would alert them to any dissatisfaction people may have if they were unable to tell staff about this.
- People were asked about their views during meetings with the staff team and care plan reviews. Staff were aware of the signs they would look out for to alert them to any dissatisfaction people may have, if they were unable to tell staff about this. One relative had said, "I have never needed to complain. Nexus are very open to talking about any concerns I may have to do with anything that could affect [name]. They are happy for me to ring at any time I am never fobbed off."

How people's needs are met

- People were provided with a flexible service that responded to their needs. Detailed care plans were in place that identified how people's assessed needs were to be met. This included information on their background, hobbies and interests and likes, and dislikes.
- People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals. Any changes to people's care were discussed at handover meetings. Staff told us this was important and helped them to keep up to date with any changes.
- People, their families and/or carers were involved in developing care and support and treatment plans regularly, or when people's needs had changed. Relevant health and social care professionals were involved when required. One relative said, "[Name] has a very detailed care plan and we have meetings to discuss it, very regularly."

Personalised care

- People's social needs were understood. People were supported to maintain and develop their relationships with those close to them, their social networks and community. People were supported to engage with their loved ones and local communities in line with their preferences and needs.
- People's care records included an assessment of their needs in relation to equality and diversity. The

provider looked at ways to meet people's cultural and religious needs. The staff could explain that they understood the importance of maintaining people's privacy and human rights.

End of life care and support

- Since the last inspection, the service has not supported anyone at the end of their life. The registered manager spoke sensitively about the needs of people who were at the end of life and explained that the people who were currently using the service were still vibrant and that families preferred to focus on their relative living a good life. They explained there had been a reluctance to consider this aspect. The provider did not have policies and procedures in place, relating to end of life care. The registered manager explained that after this inspection, they would develop this aspect of the service.

We recommend the registered provider continues to develop their approach to end of life care, in line with best practice guidance.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

- People, their relatives, and staff had continued to have confidence in the way the service was managed and thought the service was well led. One person said, "I get regular phone calls from the management to check that we are happy with everything that they are doing."
- The registered manager continually looked at ways they could review, develop and learn where possible. The registered manager spoke about how they were planning to further develop the well-being of the staff and improve staff retention and recognition.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on the duty of candour responsibility when things go wrong

- The culture of the service was caring and focused on ensuring people received person-centred care that met their needs in a timely way. It was clear staff knew people well and put these values into practice. When things had gone wrong the event had been used to look at ways the service could be developed.

Managers and staff are clear about their roles and understand quality performance, risks, and regulatory requirements

- A defined governance and management structure was in place, which provided clear lines of responsibility and authority for decision making about the management, and direction of the service. Staff had defined roles and were aware of the importance of their role within the team.

Engaging and involving people using the service, the public and staff

- The registered manager had a clear vision around the registered activities and plans for improvement moving forward. The management team was receptive to feedback and keen to improve the service. People were asked for their views about the service and this information was used to ensure that people received a service that they were satisfied with.

Continuous learning and improving care

- Systems continued to be in place to monitor the quality of the service. The registered manager continued to carry out a range of audits, which looked at key areas and checked the quality of the service.

- Spot checks were completed on a regular basis, to ensure the quality of service people received. This helped to ensure staff was competent to carry out their role and highlight any additional training or development areas.

Working in partnership with others

- The registered manager promoted person-centred, high-quality care and good outcomes for people, by working in partnership with others and involving people using the service. The service worked in partnership with other organisations to make sure they were following current practice. These included GPs and community health professionals. One person said, "All the management and staff works hard to ensure we have a smoothly run consistent care programme."
- Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events which happen in their services. The registered manager had informed CQC of significant events and understood their responsibilities.