

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

This inspection took place on the 6 of April 2016 and was announced. The inspection was carried out by one adult social care inspector.

Nexus Support Ltd is a service which provides personal care and support to adults in their own homes. Some of the people using the service had complex needs and the frequency of visits depended on people's individual requirements. Visits ranged from shorter visits of around 5 hours to 24 hour care. On the day of our inspection 22 people were using the service. Nexus supports people to undertake other activities, which could be anything from helping people to budget their finances or going out for day trips or holidays. This element of the service although provided by Nexus Support Ltd would not need to be registered with the Commission if this was their sole purpose. Because of this we have focussed our inspection on the people in receipt of personal care only.

There is a Registered Manager at this location. A Registered Manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe by staff that had a thorough understanding of their responsibilities to protect people they were caring for from harm or abuse.

People's needs were met and they were cared for by sufficient numbers of staff. The risks to people were identified and reviewed to ensure people remained safe. People received their medicines as prescribed and the management of medicines was safe.

People had positive relationships with their care workers and were confident in the service. There was a strong value base to ensure that workers were caring and compassionate. Family members' of people who used the service felt they were treated with kindness and said that their privacy and dignity were always respected.

Staff spoke positively about how the service was being managed and thought the service was well led. Staff members interacted with the people they were supporting in a professional, caring and friendly manner. All of the family members we spoke with were positive about the service and the quality of the support being provided.

People, who used the service, or their representatives, were actively encouraged to contribute to the planning of their care. Innovative methods were used to communicate with people who used the service and their families to promote involvement in care planning and delivery. People who used the service felt able to make requests and express their opinions and views which were acted upon.

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. Staff felt fully supported and motivated by the management team to provide a high quality service to people.

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.

The provider had robust systems in place to recognise and respond to allegations of abuse. Risks to people were identified and assessed.

Appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service.

Is the service effective?

Good 

The service was effective.

Staff received the training they required to help them carry out their roles and responsibilities effectively.

People received effective care as a result of highly trained and well supported staff.

The Registered Manager and staff understood and met the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good 

The service was caring.

People felt that staff always treated them with kindness and went above and beyond their roles.

People and their family members were pleased with the consistency of their care workers and felt their care was provided in the way they wanted it to be.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Good ●

The service was responsive.

People felt that the service promoted open and inclusive communication to ensure people's individual needs were met.

People were enabled to participate in activities with the active encouragement of staff and a focus within the service on helping people to achieve their goals.

People knew how to make a complaint if required and had confidence that any complaints would be acted upon by the management team.

Is the service well-led?

Good ●

The service was well led.

People had confidence in the management of the service which worked effectively to ensure people's needs were met.

The management promoted strong values which were embedded in the service and demonstrated by staff from the beginning of their employment.

There were processes in place to monitor quality and understand the experiences of people who used the service and improvements were made when identified.

Nexus Support Ltd

Detailed findings

Background to this 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection took place on the 6 of April 2016 and was announced, which meant that the provider knew that we were coming. The inspection was carried out by one inspector.

Before we visited the provider we checked the information that we held about the service, which included notifications, complaints and safeguarding concerns. A notification is information about important events the provider is required to send to us by law.

During our inspection, we focused on observing how people were cared for. A significant number of the people at the service had very complex needs and were not able verbally to talk with us, or chose not to, so we used observation as our main tool to gather evidence of people's experiences of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We observed how the staff interacted with people. We spent time observing the support and care provided to help us understand their experiences of using the service.

Nexus provide services to support people in their homes. We looked at records about how the service was managed. These included assessment records, care plans, medicine records, staff training, recruitment and supervision records, accidents, incidents, complaints, quality audits and policies and procedures. These records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

We also spoke with the registered manager, the family members of four people who use the service and three members of staff.

Is the service safe?

Our findings

People told us that they felt the service was safe. We were told, "I have never had any concerns, we have regular staff that we trust." People told us they were comfortable talking to staff if there was anything that made them feel unsafe and were confident any concerns would be responded to. All of the relatives we spoke with were confident their family member's was safe because they were provided with support by well trained and familiar staff.

We checked records and found policies and procedures in place in relation to safeguarding adults. Staff received regular training in safeguarding people from abuse. All of the staff we spoke with displayed a thorough knowledge of how to recognise signs of potential abuse and how to respond. They understood the process for reporting concerns and escalating these to external agencies if needed. One care worker said, "Safeguarding is about my duty of care towards the people we support. I have to try to ensure their safety; whistleblowing comes into this as well. If I had any concerns I would speak to someone and if needed to I would go to the CQC or the Police."

The provider operated an online system to which all staff had access. The system conveyed key message and information about any changes. Staff told us that they checked this every day before starting their shift. This helped staff to be aware of any changes to care delivery.

Potential risks to people who used the service and to staff members were identified and assessed. These included environmental risks and risks due to the health and support needs of each person. For example, we saw that risk assessments had been developed in relation to moving and handling and detailed information was recorded around how best to manage difficult or challenging behaviour. This helped staff to understand the best way to support people according to their needs and wishes.

Family members we spoke with felt that there were sufficient staff to meet their needs. Everybody we spoke with told us that they had never experienced a missed care call and that a member of staff had always been available when needed. One family member told us, "[Name] knows all of the support workers and these don't change very often." Another family member told us, "If there are any new support workers, they always come with somebody [Name] is used to and knows. Nexus won't send anyone that [Name] doesn't know."

All of the family member's we spoke with said that staff turn up to their shift and stay for the expected amount of time. The manager told us that the service builds the staff team around people's individual needs. Each person had a small cluster of carers which did not change. This helped rotas to be produced with minimal changes. The manager told us that ensuring people had the same carers enabled people to develop positive relationships and helped Nexus to deliver better care and support. Staff told us that there were enough people to enable them to carry out their job safely and that they worked well as a team.

We checked recruitment records and saw that the registered manager had taken the necessary steps to ensure people were protected from staff who may not be fit and safe to support them. Checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist

employers to make safer recruitment decisions.

People told us that they received the support they required with their medicines. Family members told us that the service managed medicines well. "I have never had any problems with the staff giving medication." Care plans showed who was responsible for people's medicines and we found that there were systems in place to ensure medicines had been stored, administered and reviewed appropriately. We checked records and found that that care workers had been trained in the administration of medicines and had their competency assessed. Staff told us that they had received medication training and that their manager observed them undertaking this task regularly.

We checked Medicine Administration Records (MAR) records, each one had a photograph of the person to help staff make sure that medicines were given to the correct person and were completed correctly.

Is the service effective?

Our findings

All of the people we spoke with and their family members told us the staff who cared for them were very competent, having received the training they needed to do their job.

A family member told us that they required support from highly trained care workers due to complex needs. They told us they felt reassured that staff were trained to provide the required support. One family member told us, "Most of the staff are 'naturals' with [Name] they know about health and safety, and safeguarding people's rights. Training is given to staff."

We found that the service offered staff good development opportunities and had a strong emphasis on encouraging them to continue with their professional development. The registered manager felt that this had helped the company to retain staff to the role. All the staff who we spoke with said that they were fully supported by the management team at the service. One staff member told us, "The training is really good; there is always training going on and we get reminded if ongoing training is due." Another staff member said, "I have been supported to do my various levels of training. I have now returned to adult education and Nexus have encouraged me to do this."

All new care workers completed an induction programme at the start of their employment that followed nationally recognised standards. Staff told us that the induction equipped them with sufficient knowledge and information to undertake their roles.

We checked records and found that new members of staff were working towards the Care Certificate. The Care Certificate replaced the Common Induction Standards in April 2015. This is designed to help ensure staff have a wide theoretical knowledge of good working practice within the care sector.

The Registered Manager told us that it was not uncommon for new members of staff to shadow people for anything up to six to eight weeks. Coaching support was built into the induction process. Experienced members of staff coach new recruits and share their views about how an individual is getting on with the job. Before a new member of staff completes their induction a meeting with the person receiving support and their family member's is held before a decision is made to permanently offer the person the job. One family member told us, "A new member of staff shadowed until I was comfortable for them to support [Name] on their own. We worked with the company to agree this time period." Another family member told us, "They are very strict about the training the staff have to do before they can work on their own. The training the staff is given is through and ongoing, which I am pleased about."

Staff received support to understand their roles and responsibilities through regular supervision sessions and peer group meetings. We saw records of peer group meetings with staff which were specific to each person being supported by service. Feedback was sought from the person or their representative, staff training needs and competency assessments were discussed and opinions gathered about the qualities they would seek in any new staff.

People confirmed that they had consented to the care they received and described inclusive communication with their care workers. They told us that the provider checked that they were happy with the support being provided on a regular basis.

One family member told us, "We have regular meetings with the registered manager. I know that staff have supervision and I have asked for this as well. The manager meets with me every couple of months so that we can discuss what's working and ideas I may have."

Most people who use the service lived with family members who provided food and hydration. Some people required support to prepare meals and access the shops. Pictorial shopping lists were available so that staff could help people decide what they wanted to eat. Staff supported people to go shopping and this was part of their day to day activities.

Most people were supported by family members to access health services. One family member told us that staff would accompany them to health appointments if they required additional assistance. Staff members that we spoke to understood people's health needs and were able to explain how they would access additional support if this was needed.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. People's capacity to make their own decisions had been assumed in line with legislation unless there was an assessment to show otherwise. Care records

Showed that one person's relative was legally appointed to make decisions on their behalf and accordingly, we saw that the relative had provided consent on behalf of the person.

Is the service caring?

Our findings

Everyone we spoke with, without exception, told us they were treated with kindness and compassion by the staff who supported them. One family member told us, "The staff are very caring. I can't give them enough praise." Another family member said, "When they [the staff] go out with [Name] they talk to him about the things he wants to talk about. They include and treat [Name] as a person. They do a bit more than the average care company they look ahead and are inclusive."

We carried out observations, and saw staff talking to people in a caring and respectful manner. We observed staff who appeared to be motivated about their work and they told us they thought people were well cared for.

We saw staff being friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we saw many positive interactions. For example, we saw a staff member being patient, kind and encouraging when speaking to one person and used a communication pad to understand what they would like.

We observed natural interactions between people and the staff who supported them. For example one carer was supporting someone to make a cup of tea, they asked the person if they would like to help them pour the water, the person looked at the member of staff and said "No you're alright." Some funny banter was then shared between them.

We observed staff speaking warmly to people, and it was clear that staff knew lots of person centred information about how they liked to be supported. This ethos was shared by the staff that we spoke with. One staff member said, "We really get to know the individual. Knowing how to communicate with them is the biggest factor. Their response to us is what we have to look for. People are treated as equals."

The registered manager also checked that staff was demonstrating appropriate values in relation to the people they were supported during spot checks, which were carried out frequently. Spot checks included consideration of whether the client was given privacy, choice and allowed to make their own decisions. We observed that people were supported to have their privacy and were treated with dignity. Staff we spoke with showed a clear understanding of the importance of treating people with privacy and respect and were able to give us examples of this, for example, when we entered a person's home staff knocked and waited to be invited in. Staff asked the person if they wished us to remove our shoes before entering."

Everyone that we spoke with confirmed that they had regular care workers who visited them and that they were introduced to new staff prior to them delivering care. One family member said, "They won't send anyone that [Name] doesn't know. We have a core team of carers. The communication is very good, they wouldn't send a stranger. We always know who is coming."

People who used the service could be assured staff had a good knowledge of their needs and preferences. Staff we spoke to was able to describe in detail the needs of the people they supported. It was clear from our

observations that staff understood the individual preferences of people they cared for, and they spoke warmly about people.

We were told that only one person who was using the service required an advocate as most people felt able to speak for themselves or had family members who advocated on their behalf. We found that the provider had attended meetings with the advocate to establish the person's wishes. Advocates are trained professionals who support, enable and empower people to speak up.

Is the service responsive?

Our findings

People's care and support was planned proactively and in partnership with them. Family members we spoke with told us that, "We have meetings every two months where we go through how [Name] is getting on and if he is happy with the carers." Another family member told us, "They are helping us look for information about something separate to [Names] care. There is an out of hour's number and they keep me in loop about whatever is going on. Nothing is left to the last minute."

We checked records and found that care was planned after a thorough assessment of the persons needs had been carried out. Time was spent with the person and their relatives, finding out about their preferences and the support they needed. Most family members we spoke to said that the service was excellent; another family member said that the service was "very, very, very good."

Family members told us that during difficult times, staff had an awareness of the emotional and practical needs of the whole family. We checked records and found that the service was proactive in promoting open communication with people to ensure that the care being delivered continued to meet individual needs.

We observed that care workers had an excellent understanding of people as individuals; their hobbies and interests, and that they were supported to participate in activities they enjoyed. One family member told us, "Nexus does everything individually. They are very good at thinking outside the box. They make it happen. [Name] has been to music festivals, this wasn't in his budget but it was done."

Effective ways of communicating ensured that people and their families were involved in meetings and could share information and views with staff. Records showed that regular meetings were held to obtain people's views of the service and make sure that everyone who needed to be involved was.

One family member told us that the provider was responsive to their needs. One family member said, "This is a good a care company and they have not let us down. They are always willing to come over, even if we call them on days we haven't booked them. We are all individuals with different needs, and they meet these needs. Nexus encourages us all to move in the right direction."

People told us their views on how their care was delivered were valued and respected. We were given an example of people or their relatives requesting changes to staffing which were facilitated by the service.

Family members told us that care plans were in place and reviewed regularly. We checked records and found care plans contained detailed information about the person, their history, medical conditions and needs. Staff told us that if they needed to be aware of any changes or relevant information that this was communicated via the 'hub' which was checked before every shift.

Staff told us they had time to read care plans and complete the required records when working to support

people. We reviewed a number of records including daily records, support plans, risk assessments and found that they had been completed as required.

People were actively encouraged to give their views on the service and raise any concerns or issues. Family members told us that senior members of staff maintained regular contact with them to check that they were happy with the service being provided.

Family members told us that they were aware they could make a complaint about the service if they needed to. The people and their relatives that we spoke with told us that they had not had cause to make a complaint about the service. One family member told us, "I am able to raise a complaint if needed to. I would speak to the directors or raise a complaint via the senior staff member. We meet so regularly that any issues are dealt with before it even becomes a complaint." Another person told us, "I know I can make a complaint but I don't have a problem with any of them [carers]." Another person told us, "I have never had to make a complaint."

The Registered Manager told us that the service had not received any formal complaints in the twelve months prior to our inspection. He said that he felt that this was due to good communication systems which ensured people felt comfortable to raise issues before they escalated into complaints.

People and their relatives told us that an out-of-hours service was available when the office was closed which was responsive if they had any issues. Staff also told us they were never without support. One staff member told us, "The on call system works well. There is always someone to talk to."

Staff members understood that people who received a service should feel able to raise concerns and were able to tell us how they would respond to any complaint raised. All of the staff members we spoke with felt that concerns were taken seriously by the management team and would be responded to. We found that part of the management team's ongoing responsibilities included the provision of regular meetings between themselves and people who used the service and their relatives. We saw records of these meetings and actions points which had been agreed with people or their relatives to address any concerns or issues raised.

We saw that people's concerns were being recorded and acted upon. For example, one person had raised a concern via the on call system, reporting that a person's water had not been left where it should have been. We found records which showed that this issue had been investigated thoroughly and taken seriously. Swift action and communication with staff member involved to make sure that this did not happen again.

The agency actively built links with the local community that enhanced people's sense of wellbeing and quality of life. People told us that the registered manager and care workers had an excellent understanding of their social and cultural diversity and needs. Care workers supported people to access the community and minimise the risk of them becoming socially isolated.

Is the service well-led?

Our findings

Everyone that we spoke to told us that they had confidence in the management of the service, and thought that the service was well led. One family member told us, "The management at Nexus are always looking at ways to improve. We have regular meetings because [the manager] wants to make the service better. Another family member told us, "He [the registered manager] has really supported us. He is approachable and always on the end of the phone. We always feel that we can call them any time. Communication is good."

Another family member told us, "This company is well led. They have worked on the ground themselves and so they care about the standards being delivered. They know their stuff."

People benefitted from a culture which was open, inclusive and supportive. Staff were motivated and told us that the morale was good and the service was well led. One staff member said, "I think the service is really well led. I know what I'm doing and I am supported in my role."

The staff we spoke with told us that the registered manager communicated well with staff and ensured that staff were happy in their work, passing on feedback and encouraging them to raise issues or make suggestions. This was confirmed by a member of staff who told us, "I really enjoy working here, I can make suggestions to my manager in supervision and they listen and give me feedback."

Staff were deployed effectively in the service so that people's needs were correctly identified and met. All referrals to the service were discussed by the management team to determine the most appropriate member of staff to carry out an assessment.

Staff members told us they were able to raise any issues or put forward ideas with the management team and felt they were listened to. They told us that the management team had an excellent knowledge of the people they supported and their staff. We spoke to family members who had similar views.

The management team were aware of the attitudes, values and behaviours of staff. One staff member told us that the registered manager had been very supportive and encouraged them to return to adult education. Another staff member expressed that the management team knew staff well which enabled them to provide effective and personalised support to people.

We saw evidence that the opinions of people who used the service or their relatives had been sought in respect of individual staff members. The feedback that we saw was positive. The service vision and values of upholding people's rights, giving people independence, choice and control was understood by staff and incorporated into recruitment processes as emphasis was placed on recruiting staff with the right values to ensure the service provided high quality care.

This was reinforced by a member of staff who told us, "Every [staff member] is of the same standard. The

service sifts out the people who aren't committed."

People who used the service and their relatives were regularly asked their opinions of the service either informally or by telephone contact. Views were also obtained during peer group meetings or through sending out surveys. The results of the latest surveys were reviewed by the inspection team and showed a high level of satisfaction from people who used the service and their relatives and supported the comments that we gathered during our inspection.

Internal systems were in place to monitor the quality of the service. A new electronic system had been introduced to reduce paper records. Audits which looked at the quality of the data being entered on to the system were being introduced. The registered Manager told us that he is going to improve this system further by introducing staff and professional feedback into their quality assurance processes.

Systems were in place to record and analyse adverse incidents or accidents with the aim of identifying strategies for minimising the risks to people. This showed that the registered manager and the provider were proactive in developing the quality of the service and recognising if any improvements could be made.