

Nexus Programme Limited

Nexus Programme

Inspection report

Bournewood Stores
Hamstreet
Ashford
TN26 2HN

Website: www.nexusprogrammeltltd.co.uk

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06 February 2023

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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

About the service

Nexus Programme is a service providing care to people in their own supported living service. The service provides the regulated activity of personal care to young people with a learning disability and autistic people. At the time of our inspection of the 6 people receiving care from the service, only 1 was receiving the activity of 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

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 were encouraged to make their own decisions and staff supported them with this and adapted to meet the person's needs.

People were provided with the medicines they needed and accompanied to health care visits when required.

People were supported to learn new life skills, such as housekeeping, shopping and the preparation of meals. They were encouraged with their independence in that staff only supported them with the things they were unable to do by themselves.

Right Care:

Privacy and dignity was shown to people and staff understood people's individuality well. People were cared for by a consistent staff team who knew them well.

People's safety was maintained through staff knowledge and guidance. Staff knew what to look out for should they have any concerns about a person and they received appropriate training to provide a good level of care in a competent and confident way.

People were encouraged to live life in the way they wished, to express their views and wishes and develop their own routines. Staff adapted to people's wishes and respected their uniqueness.

Right Culture:

Management had developed a good culture within the service and the staff team. They led by example and knowledge and through their understanding of people and their needs, people were supported well by Nexus Programme.

Management worked with external health and social care professionals to help people live in the way they wished, with the correct support around them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This is the first inspection of this service which registered with us on 19 March 2018 and moved to new premises on 4 October 2021.

Why we inspected

This inspection was carried out as the service has not been inspected since it registered with CQC.

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?

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 Programme

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 was carried out by 1 inspector.

Service and service type

This service provides care and support to people living in 5 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 were 2 registered managers' in post, although 1 was due to de-register with CQC.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 6 February 2023 and ended on 7 February 2023. We visited the location's office/service on 6 February 2023.

What we did before the 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 reviewed information we held about the service since it first registered with CQC. This included notifications we may have received relating to incidents, accidents or any safeguarding concerns.

During the inspection

We visited and spoke with 1 person who received support from the service. We spoke with 4 staff members which included the out-going registered manager, the new registered manager and 2 care staff.

We reviewed documentation in relation to 1 person, 2 staff recruitment files, medicines records and other documentation relating to the service.

We spoke with 1 relative to obtain their feedback in relation to the service provided to their family member by Nexus Programme and we received feedback from 2 health and social care professionals.

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 registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff undertook safeguarding in both adults and children and could demonstrate they knew when to report a concern.
- A staff member said, "(If I saw any bruises or marks) I would report it immediately, I would photograph it and fill in an accident record. It would definitely be a potential safeguarding concern."

Assessing risk, safety monitoring and management

- People's safety was paramount to staff. Risk assessments had been drawn to help ensure staff knew what to do to keep people safe.
- Risk assessments covered the environment (an additional stair rail had been added to support with the stairs), going out into the community or specific household tasks such as cooking or using the kitchen. A staff member said, "If we are preparing the meal, I will grate the cheese as they (person) could get hurt, but they will spread it out."
- A relative told us, "The level of safety is good. They (staff) are very aware of their (person's) needs. They have adapted the house to keep him safe."

Staffing and recruitment

- People were cared for by an appropriate number of staff. Where needed, people were provided with 2 to 1 care both inside their supported living setting, as well as when they went out.
- People received care from a consistent staff team who knew them well. This helped reduce people's anxiety as they knew who would be caring for them. On occasions agency staff, who were fully checked and experienced, were used but we heard that this did not have an impact on people or stop them doing what they wished to do.
- Staff went through a robust recruitment process, which included providing evidence of their conduct in previous employment, their right to work in the UK and confirmation that they were fit enough to carry out the role.
- Each prospective staff member underwent a Disclosure and Barring Service (DBS) check prior to starting employment. A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Safe medicines management systems were in place. This included storing medicines in a locked, temperature-checked cabinet to help ensure they were stored in line with the manufacturers guidance.
- People had medicine administration records (MAR) which recorded the medicines they required and on

which staff signed to say they had administered the medicine.

- Only trained staff carried out medicine administration and there was evidence that medicines competency checks routinely took place. A staff member said, "We do medicines training and then we get watched by someone who is trained to check that we do it properly and we are competent."

Preventing and controlling infection

- Staff underwent infection prevention and control training and had access to sufficient personal protective equipment when they needed it.
- A relative said, "When there was a case of COVID (19) staff undertook testing and were very careful."

Learning lessons when things go wrong

- Accidents and incidents were recorded in detail and reviewed by management for any learning or sharing of information.
- Regular monitoring of accidents and incidents was carried out to look for trends or themes and as a result of this 1 person's medicines had been reviewed and adjusted which had reduced the number of incidents.

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 for this registered service. This key question has been rated Good. This meant people's outcomes were consistently good.

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

- People were supported to transition between services. We were told however that 1 person had moved from an emergency setting at the tail end of COVID-19, so the information transferred with the person was limited. Staff had worked hard to ensure this person's needs and choices were supported and maintained.
- A professional told us, "He was incredibly unsettled before he moved in, but they (the service) have developed care that is bespoke for him."

Staff support: induction, training, skills and experience

- Staff received sufficient and appropriate training to be able to provide care to people in a competent and confident manner.
- When starting at the service, staff went through an induction programme and shadowed more experienced staff. A staff member said, "I watched the first time when care was being provided."
- Training included first aid, safeguarding, autism, learning disability, positive behaviour support, food hygiene and moving and handling. A staff member said, "We have done restraint training although we only use it when we absolutely need to and it is to stop him harming himself."
- Staff had the opportunity to speak with their line manager on a 1 to 1 basis. This enabled them to discuss their role, concerns, progression or training requirements.

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

- People were encouraged to participate in planning and shopping for their meals as well as preparing the food. A staff member said, "He gets things out ready and we prepare the meal together."
- We saw that people developed their meal planners for the week with foods they liked and staff were supporting people with life skills. For example, 1 person was able to independently make their own sandwiches or their breakfast.

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

- Staff worked with external healthcare professionals to help maintain people's health and wellbeing. This included the GP, learning disability nurse and mental health team. There was evidence people were accompanied to dental and optician appointments.
- People had hospital passports in place. This provided important information about the person should they need to be admitted to hospital.
- A relative told us, "They (staff) take him to doctors appointments" and a healthcare professional said, "He has regular contact with the GP surgery and the staff collect all his prescriptions fine."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to the Court of Protection were being met.
- There were evidence of a capacity assessment and best interests decision, involving other people and professionals, in relation to 1 person which covered areas such as locked doors and seat belts when going out in a car.
- Staff had a good understanding of the Mental Capacity Act 2005, with one staff member telling us, "The MCA is about someone's capacity to understand things and make a decision." Staff told us how they let people they cared for make decisions were they could.

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 for this registered service. 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's individuality was respected by staff. It was clear people drove their care and staff accommodated their wishes. A professional told us, "When I visited he was asking to go out for a drive and staff said, 'that's fine, we can do that'."
- People indicated they were happy with the staff providing care to them. We saw them engage with staff in a relaxed way, sitting with them working on an activity together. We asked if they were happy living in their supported living setting and they nodded to say they were.
- There was a relaxed atmosphere between people and staff and it was clear good relationships had been developed. This was helped with the consistent staff team. Staff spoke with fondness about people, referring to them in an affectionate way.
- Professionals told us, "It has been wonderful for him" and, "I last saw him in August 2022, he was really chatty and calm and the staff were calm with him too."

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

- People were able to make their own decisions on a daily basis. A professional told us, "He leads on his routine which is what he needs." A staff member said, "I respect his routine."
- People's supported living settings reflected their personality. We saw walls displayed drawings and paintings and there was a large arts and crafts area that had been created by staff in one setting. A professional told us, "The home is personalised to him."

Respecting and promoting people's privacy, dignity and independence

- People had independence but in a safe way. People could choose where they wished to spend their time and staff respected their privacy. A staff member said, "When he is getting dressed, I will come out of his room and leave him. If he goes into the bathroom, I'll give him some privacy."
- Staff were supporting and prompting people with life skills. A relative said, "He now helps with his laundry and maintains his room." A staff member told us, "He will help with his room. I'll suggest that I Hoover the hall and then ask him if he will do his room."

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 for this registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; end of life care and support

- People's support plans were comprehensive and included all necessary information about the person and the care they required.
- Staff knew people well. They were able to describe calming and distraction techniques in line with a person's support plan as well as specific information about the person. A relative told us, "They (staff) are very aware of his needs."
- There were positive behavioural support plans in place which detailed potential triggers and early warning signs for a person's anxiety or upset and how staff should respond to these.
- One person struggled with new situations and their support plan stated, 'repeated visits to the same environment reduces his anxiety'. Staff had worked hard with this, enabling 1 person to attend an appointment. A staff member said, "He had a dentist appointment and he was so calm and went in straight away which he had not done before."
- The service provided care to young people and as such end of life care plans had not yet been developed or discussed with them.

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 support plans in place and a staff member told us, "The best thing we can do for him is communicate with him. I can also do some Makaton (a type of sign language) and he understands what I am saying."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to live their life in the way they wished and encouraged to develop their interests and skills.
- One person liked arts and crafts as well as using their electronic device and we saw staff encouraged all of these. A staff member said, "He will come down in the morning saying he wants to make or draw something. He knows exactly how he wants it to look. He knows which staff to go to - who are the drivers, who is good at colouring and who is good at drawing."

- One person showed us some plant pots where they had gone with staff to buy seeds and had planted them on their return. They told us they had to water them and wait for the sun to make them grow.
- People attended college during the week and staff were working with professionals to increase the hours they attended. A staff member told us, "He leads a happy life. He does what he wants. He makes the decisions."

Improving care quality in response to complaints or concerns

- The service had a complaints policy which outlined all the information someone needed should they wish to raise a concern.
- No complaints had been received by the service since its registration with CQC and a relative told us, "I have no issues, worries or concerns." Staff told us how they always checked people were happy and encouraged them to talk if they seemed concerned about anything.
- We read a compliment received by the service which stated, 'thank you for all your help and hard work over the last year or so. The process with him has definitely been made easier with your help and support with him and school'.

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 for this registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Management had a strong ethos and it was evident when they spoke about people they did in a way that demonstrated their needs came first. They used endearments to describe people and spoke with passion about the progress they had made to help ensure people's lives had improved through their care and support.
- A relative told us, "He has settled in well. They (staff) take him out a lot and try so hard with him." A professional said, "He is very happy."

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

- Management assumed their roles with ease and confidence. They had a good knowledge of the service and people they provided care to.
- Management understood their regulatory requirements, for example, when statutory notifications to CQC were required and when potential safeguarding concerns should be reported. They also knew when to speak with family members. A relative said, "They keep me informed."
- Governance arrangements were in place to monitor the quality and safety of the service. Routine MAR charts audits were completed, together with regular support plan reviews, cleaning and finance audits. In addition, the provider carried out monthly review visits.

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

- Staff and relatives felt involved and supported. A relative told us, "Management are accommodating. I can always see the manager if I need help with anything."
- Staff told us they were happy working for Nexus Programme. They said they felt valued and supported. Staff told us, "I feel very supported through the managers and head office. We can talk about things" and, "It's really good here. I feel very supported and valued. We had a meeting recently with the mental health team and they said how well we've done. I think that is down to the training we do, what management have put in place and the consistent staff team. We have a really good staff team now." We saw staff were invited to complete an employee welfare check on a regular basis to discuss with their line manager.

Continuous learning and improving care

- Management were keen to improve their service. They told us, "We hope to go paperless eventually. We have this new electronic system which is constantly being changed and updated to adapt it to our service."
- They went on to describe how they were planning to support someone with a holiday and in choosing new sofas for their supported living setting. They said, "We are also working with [health care professional] to help [person] accept the vaccines they need."

Working in partnership with others

- Management and staff worked with a range of external professionals and agencies to assist with a person's care. This included the local mental health team and the local authority social worker team.
- There was evidence of staff working with other professionals in relation to a person transitioning from school to college. A professional told us, "Nexus Programme supported with that."