Nexxus Trading Services Limited

Nexxus Care (Staffordshire)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service:
Nexxus Care (Staffordshire) is a domiciliary care service that was providing personal care to 79 people living in their own homes at the time of the inspection. People had a range of support needs such as people living with dementia or those who needed support with their mental health, older and younger adults, people with a learning disability and a physical and/or sensory impairment.

The service was split into two parts; reablement and domiciliary care. For those receiving reablement support, this was short package of care, typically lasting up to six weeks, to help people be more independent and to make improvements following coming home from hospital. Those in receipt of a domiciliary care needed longer term support to help them remain in their own homes.

People's experience of using this service:
Systems were not always effective at identifying omissions and the monitoring of people's experience of care was inconsistent. Notifications to the CQC were not always submitted as required. Some staff were confused about the management structure, however staff who did know the registered manager felt they were approachable.

There were not always enough staff which mean staff were having to cover additional calls. People liked their regular staff and felt treated with kindness and respect; however, people were not always supported by the same staff team. Improvements were needed in ensuring recruitment information was available.

People were supported to take their medicines but improvements were needed to 'as and when required' medicines and the recording of nutritional supplements.

There was mixed feedback about staff training, although plans were already in place to make the necessary improvements. There was also mixed feedback about how people were supported with their food and drinks.

People were supported to access other health professionals but improvements were needed to the information available to staff about people's specific health conditions.

Appropriate assessments were not in place to ensure people had the mental capacity to make certain decisions, although people did not raise concerns about being offered choices.

Care plans did not always contain information about people's end of life preferences and the reviews of people's care plans was inconsistent.

People were supported to retain and regain their independence. People felt able to complain, and complaints were responded to.

The service worked in partnership with other organisations. The provider was proactive in trying to improve the service and following feedback action was taken and plans were put in place to take further actions.

People were protected as staff understood their safeguarding responsibilities and following infection control procedures.

Rating at last inspection:
This is the first time the service has been inspected since registration.

Why we inspected:
This was a routine inspection planned on when the service was registered.

Recommendations:
• We have recommended staff are supported to improve their understanding of the Mental Capacity Act 2005.

Enforcement:
Action we told the provider to take can be seen at the end of the full version of the report.

Follow up:
We will continue to monitor the service and check improvements have been made at our next inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our Well-led findings below.

Nexxus Care (Staffordshire)

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:
The inspection was carried out by three inspectors. There was also an Expert by Experience who made phone calls to people who used the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger adults. It included those living with dementia, a learning disability or people with a physical or sensory impairment or people who had mental health needs.

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:
The inspection was announced. We gave the service one days' notice of the inspection because we needed time to gather information about people who used the service in order to gain their consent to contact them for feedback. The inspection site visit activity started on 23 January 2019. It included speaking with the registered manager and provider, speaking with office staff and care staff who visited the office; we also reviewed care records, records relating to the management and oversight of the service and policies and procedures. The Expert by Experience made phone calls to people who used the service and their relatives following this visit to the office. Phone calls to staff also took place following the site visit.

What we did:
We used the information we held about the service, including notifications, to plan our inspection. A

notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service.

We spoke with ten people who used the service, four relatives, a senior care staff member, five care staff, staff who worked in the office, an occupational therapist who worked for the service, the registered manager, the operations manager and chief operating officer. We viewed eight care files for people, some of which included daily notes and medicines records. We looked at documents relating the management and administration of the service such as audits, meeting records and surveys.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

• Staff recruitment needed improving. Staff did have two references checked with previous employers. However, when concerns had been identified about staff member's previous employment, it was not always evident that this had been explored to ensure they were suitable to work with people. An action plan was in place which had identified some missing items from staff files, and work was ongoing to rectify this. Checks had been made with the Disclosure and Barring Service (DBS) as required and assessments were made if someone had a conviction. The DBS helps employers make safer recruitment decisions.

• We had mixed feedback about staffing, the time staff attended calls and were told the service was short-staffed. One person said, "They are short-staffed. They need more. On their day off carers are often drafted in at short notice to do extra shifts."

• Staff were asked if they felt their rotas were achievable and there was mixed feedback. One staff member said, "Most of the time [rotas are achievable], they've given us more travel time now than they used to. We're so short staffed though so we're trying to fit clients in. It can be a bit frustrating but we just get on with it."

• Rotas showed staff had time to travel between calls and staff were not rostered to be in more than one place at the same time. However, staff were having to pick up extra calls due to staff shortages and sickness which had an impact on their ability to get to calls on time and having a set run of people to support. This meant there were not always enough staff; however, the provider was using agency staff and was trying to recruit in order to have more staff available to cover calls.

Using medicines safely

• The management of people's prescribed medicines required strengthening. People could not be assured that all of the medicines or prescribed supplements that they were prescribed would be recorded on the Medication Administration Record (MAR) charts meaning that there was a risk they would not always receive them. Following our feedback, we saw that staff were informed that supplements were to be included on people's MAR charts.

• Medicines that are needed 'as and when required', also known as PRN medicine, did not always have additional guidance for staff to help them identify when it may or may not be required. This left people at risk of not always having their PRN medicine when they needed it. However, we saw that people were offered the choice of having their PRN medicine and there were count sheets in place for boxed medicines which showed that balances matched the records.

• Despite this, people and relatives told us people were supported to have their medicines. One person told us that staff 'prompted' them to take their medicines. A relative said, "They [staff] always log that [my relative] has had their medication. They encourage [my relative] to take it."

Assessing risk, safety monitoring and management
• People told us they felt safe; one person said, "I feel safe with the carers."
• However, some risks were not always assessed and planned for. Some people were identified as being at risk of falls however the risk assessments were poorly completed with minimal guidance for staff to know what equipment to use or what assistance the people would need. This meant there was a risk people may not always be supported appropriately by staff.
• Following our feedback, the registered manager carried out an audit for one person's file and identified what needed improving and a review was planned in. Risk assessment training was also planned for senior staff to help them improve in their assessments.
• In another example, risks had been assessed and planned for as it gave details of a person's behaviours that challenged and how staff should respond to these. Staff we spoke with knew about these behaviours and how to respond. This meant that despite some risks being planned for, this was not always consistent.

Systems and processes
• People were protected from potential abuse, when concerns had been identified these were reported to the local safeguarding authority, as required.
• Staff understood their safeguarding responsibilities and knew to report their concerns.

Preventing and controlling infection
• People told us staff wore personal protective equipment (PPE), such as gloves and aprons, when necessary. Staff confirmed they were provided with PPE and were all able to give us appropriate examples of when they wore it and changed their PPE.
• This meant people were protected from the risk of cross infection as appropriate measures were in place and being used by staff.

Learning lessons when things go wrong
• Lessons had been learned when things had gone wrong. For example, if there had been a medicine error or a missed visit, the cause of these were investigated staff were supported to improve to try and avoid a reoccurrence.

Requires Improvement

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance
• The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.
• We checked whether the service was working within the principles of the MCA, we saw that people were consenting to their own care. However, the capacity assessment documentation in place was not fit for purpose as they did not include all of the principles of the MCA. This meant people's capacity may not always be assessed appropriately, when required. Following our feedback, new capacity assessment documentation was put in place.
• There was also insufficient documentation to be able to record decisions taken in people's best interests.
• Some staff we spoke with were not able to tell us anything about the MCA or what capacity meant. Whereas other staff had excellent knowledge of the MCA.
• We recommend the service assesses staff competency and provides guidance to improve staff awareness of the MCA.
• People did not raise any concerns about staff offering choices. One person said, "I am able to tell them what I want them to do."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Staff working with other agencies to provide consistent, effective, timely care
• Plans were not always in place to support people with their health conditions. Some people had heath conditions that would mean there may be visual signs that they were becoming unwell. However, some plans did not detail what these signs would be, or the action staff should take if someone became unwell. This meant there was a risk people may not always be supported appropriately. The provider told us training was being developed, however this was not yet in place. • Prior to starting to support people, the service would usually get an indicative plan from health professionals or the local authority which detailed people's overall needs. This was then used, along with input from people and relatives, to develop a care plan for staff to follow for people. One person said, "They came to see me on the day I came out of hospital. I came out at 2pm and they did the assessment at 4pm. The senior carer came and made written notes."
• The service was able to directly link to the local authority care recording system, so they could update social care staff immediately if there had been changes in need or if longer term care was required for those receiving reablement support. It also meant they could get information about people to assist in supporting people. This assisted in avoiding delays in arranging ongoing support.

Staff skills, knowledge and experience. Supporting people to eat and drink enough with choice in a balanced diet

• Staff did not always have sufficient training to support people effectively. There was mixed feedback about staff knowledge and ability. One person said, "They sent two staff who just didn't know what to do. They [staff] should have proper training before they come to us."

• People particularly fed back there were issues with some staff knowing how to prepare food and drinks. One person said, "They [staff] need training on cooking and food preparation. Some can't cook. They have no idea if they can't do it in the microwave." A relative said, "My relative told me 'I had to show them how to make tea this morning.'"

• However, people also fed back that if they needed particular support with a specialist diet or with specific health equipment, they were supported with this. A relative told us, "They [staff] have to mash up my relative's food. They [staff] have to feed my relative and more often than not they do this." In another example, one person was supported to have a specific meal that they had never tried before, care staff heled them to try this meal which made the person very happy.

• This meant there were inconsistencies in how well staff were trained and the support people received with their meals. Staff told us they had their mandatory training, however the provider had recognised that staff had different amounts of training and a plan was put in place to ensure staff had consistent training.

• Staff who had recently moved from another company to work for Nexxus Care (Staffordshire) had not yet had any training form the service, but they told us they had received training at the previous company and this would be refreshed by Nexxus Care (Staffordshire). Some staff were also being supported to attend further training regarding common health conditions, to further improve their knowledge.

Supporting people to live healthier lives, access healthcare services and support

• People were supported to access other health professionals. One person told us staff had spotted a concern in relation to the person's skin which staff reported to the office and then district nurses began visiting them.

• The service had access to occupational therapists who helped identify how people could improve after returning home and remain as independent as possible.

Requires Improvement

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.

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; equality and diversity
• People's experience of being supported was impacted upon because they were not always aware of who would be providing their care and they were not informed of changes to the staff scheduled to support them.
• One person said, "It's nicer if you have the same one [member of staff] over a few days. The weekends are problematic." A relative told us, "There are lots of different carers and they don't look in the book. They ask my relative and my relative doesn't know. My relative says they are ok but they aren't."
• People had some of their protected characteristics, such as gender and religion considered. We saw when religion was important to a person, staff knew how the person liked to be supported, in line with their cultural preferences. However, details were not always obvious in care plans and it was not evident that people were offered the opportunity to discuss their sexuality.
• One staff member we spoke with said, "They are asking some of the right questions, but what is the point of asking if you're not going to do anything with it? Sexuality, religion and spirituality is very important. We need to identify how people need to be supported."
• Following our feedback, the care plan template was amended to include more protected characteristics, such as sexuality and ethnicity, to prompt conversation about this and give people to opportunity to disclose this, if they chose to.
• Despite this, people felt they were treated with kindness and staff were caring. One person said, "I would be lost without them. I can talk to them." Other comments from people included, "They [staff] are pleasant, helpful and chatty" and, "I can't fault them. They are friendly and up for a laugh."

Supporting people to express their views and be involved in making decisions about their care
• People being asked for feedback about their care was inconsistent. Those in receipt of reablement were encouraged to feedback about their support and they had consented to their care plans; however, some people had only recently moved over to the service and had not yet had the opportunity to feedback. Plans were in place to review all of these people's care plans with them.

Respecting and promoting people's privacy, dignity and independence
• People told us they were treated with respect, were helped to maintain their dignity and were helped to remain independent. One person said, "We can joke about it (personal care). Originally I was embarrassed but not any longer." A relative told us, "They [staff] usually keep my relative covered up until the last minute possible when they are washing them."
• All staff we spoke with could give us examples how they would support people to maintain their dignity. For example, during personal care the door would be kept closed and people covered as much as possible.

• The reablement service was established to help people improve following coming home from hospital. For example, one person was supported to have their mobility improved following support from reablement staff, as their confidence had improved.

Requires Improvement

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Personalised care
• When people had their regular staff, people told us they were supported in a way they liked. People and relative told us they had their care plans reviewed and were asked if their care was suitable. One relative said, "One of the senior carers comes in on an annual basis and takes away the care plan. It gets re-done."
• However, some people had not been with Nexxus Care (Staffordshire) for very long, as they had transferred from another company. They had not yet had their care reviewed but plans were in place to transfer people's care plans onto new paperwork. We saw only one person had this completed and it was not done with the person present which meant changes to the person's preferences or needs may not have been identified. A plan was put in place to update people's care plan ensuring face to face reviews so people and relatives could be involved.

End of life care and support
• No one was imminently near the end of their life at the time of our inspection, however one person had anticipatory measures in place for when the time came. There was no detail in the person's plan about their end of life wishes or how they would like to be supported. This meant there was a risk they may not be supported in a way they liked at the end of their life.
• Following our feedback, the care plan template was updated to include prompt questions about people's end of life wishes, such as spiritual needs, who to contact in the event of becoming poorly and if a person needed pain management support.

Improving care quality in response to complaints or concerns
• People told us they felt able to complain. One person said, "If I wasn't happy with anyone I would get straight on the phone." Another person told us, "I had problems at first with mornings. They were coming at all times. I complained to them and it has been fine since." Another person said, "I speak to the carers if I need anything." A relative said, "She doesn't like it when there are different ones. Consistency is so important. We have requested it and they do try to keep them to a minimum."
• We saw a complaint that had been received which was investigated and dealt with and the complainant received an update as to the action taken.

Requires Improvement

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.

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

• Notifications were not always submitted as required. Notifications contain information about incidents the CQC are required to be informed about by law. These could include allegations of abuse, serious injuries and incidents involving the police.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

• Following our feedback, we saw a process was put in place to remind staff to submit a notification regarding allegations of abuse, however that did not include other types of notification that may be required, so there was a risk we may have continued to not be notified.
• Systems were in place to monitor people's care, such as auditing care notes and MAR charts. One person told us, "Sometimes a senior carer comes and checks the notes and takes them back to the office."
• However, these checks were inconsistent between the two types of care being delivered from the service; short term reablement and longer-term support. People being supported by the reablement team had their care notes reviewed weekly to check progress. However, those who had transferred from another service to Nexxus Care (Staffordshire) did not yet have embedded systems in place to ensure care records were reviewed more frequently. This meant there was a risk that concerns or changes in people's needs may not always be identified in a reasonable time.
• Care plans did not always contain enough detail. For example, some people needed support with their catheter. People told us they were satisfied with the support they received, however people's care plans did not include details about how people needed to be supported with this. Due to agency staff being used, or different staff having to cover calls, there was a risk that people did not always receive the correct support. Details about people's specific health conditions were not always included in people's care plans which left people at risk of receiving inconsistent care.
• Systems had failed to identify that mental capacity assessments were not fit for purpose and did not comply with the MCA 2005. This meant there was a risk that people may not always be supported appropriately. Following our feedback, a new template capacity assessment was introduced.
• There was minimal analysis of accidents and incidents which had occurred. There was an analysis of the numbers of different types of incidents, but no further evidence of looking at particular trends such as the staff involved, day of the week or specific type of accident or incident. For example, an incident had been documented on the system, however there was minimal detail and it could not be determined what the outcome was. This meant trends may not be identified so improvements may not be made.
• Whilst plans were in place and action was being taken to support staff to receive more training, this was

not yet fully implemented. People were also not always having a consistent team of care staff, due to staff shortages whilst recruitment was ongoing, which meant some people had a differing experience of their care.

The above constitutes a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• The provider was proactive in trying to identify areas for improvement and had realised there were areas for improvement. The chief operating officer said, "We've put some measures in place [to improve] but I think we have a way to go. It has heavily improved but there is still room [to improve]. We have an overarching action plan."
• The provider had asked an external consultant to carry out an audit of the service to identify areas for improvement. A follow up visit had taken place to ensure improvements were made. It identified some improvements had been made, however some things which had been identified had not yet been completed and we found them still to be an issue, such as some risk assessments not always being followed through and some missing information from staff files. The chief operating officer had also devised an action plan following them identifying things to change and our feedback was also added to this to ensure action were taken forward.

Engaging and involving people using the service, the public and staff
• Systems in place to monitor people's experience of their care were inconsistent. People who had reablement support for a period of approximately six weeks were contacted at the end of their support for feedback and to check the support had been effective. However, those who were receiving longer term support had not yet been contacted to check they were satisfied with their support since Nexxus Care (Staffordshire) took over their care.
• There had been a lot of changes within the service since they took over people's care from another company. There was some confusion about the management of the service. However, staff who knew who the registered manager was felt positively about them. One staff member said, "The registered manager is very approachable, very easy to talk to, I never feel uncomfortable around them."

Continuous learning and improving care
• Staff had competency checks to ensure they were supporting people effectively and to help staff improve. One staff member said, "I had feedback straight away [about the spot check] and it was useful. I'd rather have feedback so I can improve; if don't get told then can't improve." However, these checks had only been conducted with reablement staff; the staff supporting people with longer-term care who had transferred from the other company were awaiting their competency checks.

Working in partnership with others
• The provider worked in partnership with other organisations and other health professionals. For example, they had an integrated system with one local authority for those who were receiving reablement support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not always in place or were not always effective at identifying when improvements were required.