

Nexus Support Limited

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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 

Overall summary

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.

The last inspection took place on 21 November 2013, during which, we found there were no breaches in the

regulations. This inspection was announced. We contacted the provider two days before our inspection to ensure that someone would be available to meet with us at the registered office.

There is a registered manager in post at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

Nexus Support Limited provides personal care for people living in their own home and who have a learning disability or multiple complex needs. At the time of the inspection 20 people were using the service.

People received support to meet their needs and this ensured their welfare and safety. Relatives of people who used the service told us they were very happy with the care and support provided by the service. Relatives told us that the support provided was flexible to meet their family member's needs.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that people who used the service had their capacity to make day-to-day decisions about their care formally assessed.

Staff were supported to perform their role and responsibilities to support people safely and to an appropriate standard. We found that appropriate systems were in place to ensure that suitable staff were recruited and employed at the service to meet people's needs. Newly employed staff received an induction, supervision and received opportunities for training.

Planning and delivery of people's care met their needs and ensured their welfare and safety. People's personal care needs were assessed and recorded. People's care plans showed how risks to their health and wellbeing were being minimised to ensure their safety. We found that people's healthcare needs were considered and people were supported to access relevant healthcare professionals where required.

Relatives and staff confirmed that people's privacy and dignity were respected and upheld at all times.

There were appropriate systems in place to deal with comments and complaints. The service had a complaints policy and procedure in place and this included a system for recording and responding to any complaints received. Relatives told us that they felt confident and able to raise issues or concerns.

People knew the provider and found them to be approachable. Relatives and representatives of external organisations told us that the service was well-led. There were systems in place to check the quality of care and service that people received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Relatives told us that their member of family was safe and that they had no concerns about the support provided from the service.

Staff were able to demonstrate a good understanding and awareness about how to recognise and respond to abuse or any potential abuse correctly.

The provider and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This meant that the service ensured that people's rights were protected.

Recruitment and selection procedures were appropriate. This meant that there were sufficient numbers of appropriate staff to meet peoples needs.

Good



Is the service effective?

The service was effective. Staff received appropriate opportunities for training. They were able to deliver support to people who used the service safely and to an appropriate standard.

All newly employed staff received a suitable induction. In addition, staff received regular supervision. This meant that there were formal support arrangements in place for staff to receive one-to-one support.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

Good



Is the service caring?

The service was caring. Relatives were positive about the care and support provided at the service by staff for their member of family. The provider and staff spoken with demonstrated a good knowledge and understanding of the people they supported.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Good



Is the service responsive?

The service was responsive. The support needs of people who used the service were assessed and planned so as to ensure that the delivery of care met the needs of the people being supported.

Relatives told us that people were supported to participate in social and leisure activities of their choosing during the day, evening and at weekends.

The service had appropriate arrangements in place to deal with comments and complaints.

Good



Is the service well-led?

The service was well-led. The provider was clear about their roles, responsibility and lines of accountability. People knew who the directors were and found them to be approachable. Relatives and representatives of external organisations told us that the service was well-led.

Systems were in place to monitor the quality of the service.

Good



Nexus Support Ltd

Detailed findings

Background to this inspection

One inspector carried out this inspection to the registered office. This was completed on 13 August 2014.

Before our inspection we looked at and reviewed the Provider's Information Report (PIR). This is information we have asked the provider to send us to evidence how they are meeting our regulatory requirements. We also reviewed the information we held about the service, such as, notifications. A notification is information about important events which the service is required to send us by law.

We were unable to speak with people who used the service as a result of their limited communication and complex

needs. We spoke with the registered provider, who is also the registered manager, and three members of staff.

Following the inspection we received comments about the quality of the service provided, via email from four relatives of people who were receiving care and three professionals who worked alongside Nexus Support Limited supporting people who used the service.

We looked at three people's care plans. We looked at staff recruitment records, staff induction, staff support and training records. We also looked at the service's arrangements for the management of complaints and compliments and quality monitoring information.

Is the service safe?

Our findings

People who used the service were unable to tell us whether they felt safe due to their complex communication needs. However, people's relatives responded to us via email. One relative wrote, 'I do feel that (relative's) safety is paramount to Nexus and that to date no risks to my knowledge have been taken to place them into an unsafe situation.' Another relative commented in their response, 'Health and safety is discussed and I am satisfied, as much as I can be, that (relative) is kept safe.'

The PIR submitted to us prior to this inspection and information held by the Care Quality Commission (CQC) recorded that there had been no safeguarding concerns raised about the service in the preceding 12 months.

The service had safeguarding policies and procedures in place and this provided guidance to staff on their responsibilities to ensure that people were protected from abuse. The provider and staff we spoke with, were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. This is where a person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

People who used the service were protected against the risk of receiving support that was inappropriate or unsafe. A relative wrote, 'They (Nexus Support Limited) have strict procedures in place to help protect (relative's) safety.' Staff we spoke with demonstrated a good understanding of the risks involved for the people they supported. Risk assessments were completed. The assessments included information relating to the specific risk, the risk rating level and the actions to be taken to minimise the risk. For example, a risk assessment was in place for one person in relation to a specific medical condition. This focussed on the person's individual risks and the risks associated with activities outside of the home environment and how these should be managed to ensure the person's safety and wellbeing.

The service understood and had an effective system in place to support people with behaviours that presented a risk to the person who used the service and others. Behaviour support plans were detailed and gave staff clear guidance and directions on the best ways to support the

person. Staff spoken with were able to demonstrate a good understanding and knowledge of people's specific support needs so as to ensure theirs and others safety. Staff confirmed that they had received appropriate training on 'understanding and responding to challenging behaviour.'

The provider understood and advised us that restraint was not routinely carried out with people who used the service and that when needed they supported people in a way that respected people's dignity and protected their human rights. Practices such as the use of 'distraction' were used where appropriate. When 'physical intervention' was required the provider discussed and agreed these actions with the person's relatives, commissioners of the service and the local Behaviour Advisory Service.

The provider and staff we spoke with told us that they had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. The provider and staff were able to demonstrate a good awareness and understanding of MCA and DoLS and how these would apply to people who used the service. The service had policies and procedures in place to support staff's practice and understanding. The provider told us that no applications to deprive a person of their liberty had been made to the supervisory body (Local Authority) for their consideration. This meant that the service made sure that people's rights were protected.

The provider told us that each person who used the service had been assessed as to their capacity to make day-to-day decisions. Records showed that people's relatives had been involved in this process. For example, the care plan for one person showed that an assessment had been completed in relation to the person's ability to make independent financial decisions. This decision had included the involvement of the person who used the service, the person's relatives, commissioners of the service (a Commissioner is a person or organisation that plans and funds the services that are needed for the people who use the service, and ensures that services are available) and Nexus Support Limited.

Suitable arrangements were in place to ensure that the right staff were employed at the service. We looked at the staff recruitment records for two members of staff appointed within the preceding 12 months and this showed that the provider had operated a thorough recruitment procedure in line with their policy and

Is the service safe?

procedure. We spoke with two members of staff and they told us that the interview process had been thorough and that the relatives of one person who used the service were on the interview panel.

Relatives told us that people's care and support needs were met in a timely manner and there were always sufficient staff available to provide the care and support they required. The Provider Information Return (PIR) told us that at the time that the PIR was submitted to the Care

Quality Commission, no one who used the service had had a missed call. One relative commented, 'The staff are consistent and reliable.' The provider told us that in order to provide consistency to individual people, people received care and support from a set 'core' team of staff. Staff spoken with confirmed that they worked as part of a team and that individual people who used the service were allocated a 'core' team of staff. This meant that people received continuity of care from the same care staff.

Is the service effective?

Our findings

People's healthcare needs were clearly recorded in their care plans and showed that each person had access to local healthcare services and healthcare professionals where required for their health and wellbeing. One relative told us that as a result of their relative's behaviours that challenge they had asked the provider to attend their relative's next GP appointment so as to discuss their medication regime.

People who used the service and those acting on their behalf could be assured that people's needs would be met by appropriately trained staff. A relative wrote, 'I feel happy with the current services that Nexus provide to (relative). I feel that they look at their care needs and that they (staff) are appropriate for my relative's age and ability.'

One member of staff told us that their induction had included the opportunity to 'shadow' and work alongside experienced members of staff and to read information held about the people they supported. The member of staff told us that their induction had been thorough and they had not been allowed to work independently until they had been assessed as competent and felt confident to do so. In addition, staff told us that there was an out of hours on-call system in operation that ensured that management support and advice was always available to them when they needed it. The staff records we looked at confirmed what staff had told us.

Staff told us that they received training opportunities appropriate to meet the needs of the people they supported. Staff told us that their training was comprehensive, had provided them with the skills and knowledge to undertake their role and responsibilities and met their personal training and development needs.

Formal support arrangements were in place for staff and this showed that people who used the service benefitted from a well supported and supervised staff team. We spoke with three members of staff and they told us that they felt supported by the organisation and received formal supervision at regular intervals. Staff told us that this consisted of both group supervision and one-to-one supervision. Staff told us that they found supervision to be a two-way process.

The care plans we looked at included details of people's dietary needs. The care plans recorded people's food likes and dislikes any allergies they might have and if they required assistance with eating and drinking. Staff spoken with demonstrated a good understanding and knowledge of these and the support required to ensure that people had their dietary needs met. This meant that there were suitable arrangements in place to ensure that the dietary needs of people who used the service were clearly understood.

Is the service caring?

Our findings

Relatives told us that the care and support provided by the service was to a very high standard. Relatives wrote, 'I feel that Nexus gives a holistic service to all and would recommend the service to others', 'We are pleased with the support that Nexus provides for (relative)' and, 'Since my relative's support has been provided by Nexus the service has been second to none. The organisation only has my relative's best interests at heart which is all a parent could ask for. Most importantly, I know that they are there and that if I want or need anything they will do whatever it takes to try and make it happen.'

The provider and staff we spoke with demonstrated a good knowledge and understanding of the people they cared for and supported. Relatives commented that, as far as possible, their member of family was always involved and included by staff in making decisions about their care and support however, this was dependent on their communication skills and abilities. Staff were able to tell us about people's personal preferences, likes and dislikes,

their individual healthcare needs, their life history and their communication needs. For example, one member of staff was able to tell us about one person's specific communication needs using a communication aid called PECS (Picture Exchange Communication System). Another member of staff told us that one person they supported used Makaton and objects of reference to aid their communication with staff and others. Makaton is a language programme which provides people with the opportunity to effectively communicate through the use of speech and signs or speech and graphic symbols. Objects of reference refers to an object which has a particular meaning associated with it.

Relatives told us that staff respected people's privacy and dignity. One relative wrote, 'As far as we are aware the staff respect (relative) privacy and dignity when providing personal care.' Staff we spoke with described how they ensured that people were treated respectfully. They told us they gave people choices and treated them in the way that they would wish to be treated.

Is the service responsive?

Our findings

A commissioner wrote and told us, 'Nexus is one of the most professional service providers I have worked alongside. They always place the person at the centre and ensure everyone works within an holistic approach that's for the best and meets with their needs and requirements.' Social care professionals told us that the organisation were proactive in caring for people with complex needs and behaviours that challenged. For example, the provider worked closely with external agencies, one person who used the service and their family to help with their transition into a supported living scheme. They told us that the service supported the family very well and were responsive to the family's feeling of loss because their relative had left the family home. In addition, an external organisation told us that the provider always responded to telephone calls, emails and attended all scheduled meetings.

We found that the service had appropriate arrangements in place to assess the needs of people prior to the service being agreed. This ensured that the service had taken into account all available information and was able to meet the needs of the person being considered to receive a service.

Relatives told us they had been involved with their member of family's care plan and contributed to the information recorded. People's care plans covered all aspects of a person's individual care needs, the support they needed and how these were to be met. People's care plans showed that the content of their support plan had been agreed with them or those acting on their behalf. The provider told us that individual care plans were reviewed annually. However, where there was a change to a person's needs,

their care plan records were reviewed and updated. This meant that arrangements were in place to ensure that the planning and delivery of people's care met their individual needs and ensured their welfare and safety.

Relatives told us that as part of people's personal budget arrangements, people were supported to participate in social and leisure activities of their choosing during the day, evening and at weekends. One relative told us that the service assisted their member of family to attend college courses, life skill projects, leisure activities and to maintain friendships with family and friends. Another relative told us that their member of family had participated in camping weekends.

We saw that the provider had a complaints policy and procedure in place and this included a system for recording and responding to any complaints received. The PIR recorded that within the preceding 12 months no complaints had been received. The provider confirmed that they were developing a way to log the service's compliments so as to capture their achievements. Three relatives confirmed to us that any anxieties or worries raised with the provider had been quickly dealt with and resolved to their satisfaction. For example, one relative wrote, 'They (Nexus Support) are very good at discussing our concerns and do everything they can to help us address the issues. Another relative commented, 'We have always been comfortable in discussing problems with Nexus.' Another relative wrote, 'I have raised concerns with Nexus around the care of my relative's clothing. These have all been addressed on every occasion.' This meant that there were appropriate systems in place to deal with comments and complaints however, consideration should be given to logging people's minor anxieties and worries so as to maintain an accurate record.

Is the service well-led?

Our findings

Information from relatives and external organisations were very positive about the quality of the service provided. Relatives wrote, 'I strongly believe that the service is well managed. We believe we are very fortunate to have our relative's care undertaken by Nexus and we would wholeheartedly recommend Nexus for anyone that has a relative with severe behaviour problems', 'Nexus Support is a service that go above and beyond', 'I feel that Nexus is well lead at this time but hope that the company does not grow to the extent that they lose the personal touch that have made them successful.' Six people told us that they would recommend the service to others. 'I would recommend Nexus Support to others for their high quality of service and their flexibility.'

We spoke with three members of staff and they told us that they felt valued and supported by the management team. They told us that the manager and director of the service were approachable and there was an 'open culture' at the service. Staff confirmed that the manager and director of the service were 'hands on' and provided much valued support and advice. Staff confirmed that they enjoyed working at the service. One member of staff told us, 'It has been an amazing journey so far and it has completely changed my perception and understanding of people who have a disability.' Another staff member told us, 'Nexus is a very good organisation as they put people at the centre of the service to be provided. The organisation makes you think about people as an individual and not as a group of people.'

We found that arrangements were in place to assess and monitor the quality of the service provided. The provider

told us that the information was collected and recorded in a variety of ways. This included regular meetings with families, outcomes of formal reviews with people who used the service and those acting on their behalf, the results of customer satisfaction questionnaires and observations of staff practices. The provider told us that this helped them to drive improvements and to ensure that the service delivered high quality care.

The provider confirmed that the views of the people who used the service and those acting on their behalf were sought in July 2014 and 13 responses were received. A report of the findings was collated. This told us that overall, relatives impression of the service was either 'excellent' or 'good.' This referred specifically to staff's relationship with the people they supported, staff's effectiveness to deal with people's behaviours that challenged and the consistency of the service provided.

Spot check visits by senior members of the management team were carried out to observe the staff as they went about their duties. The purpose of these was to ensure that staff supported people in line with their care plan and care support needs. Records showed that these were carried out every three to four months for individual staff members. These looked at how the staff member communicated and interacted with the person who used the service, how consent and support choices were respected and delivered, how people's privacy, dignity and independence was valued and how risks were managed.

Staff told us that regular team meetings were held. They told us that the meetings were useful and enabled them to raise issues, to discuss care practices and to have input in the service.