

Nexus Trading Services Limited

Nexus Care (Staffordshire)

Inspection report

St Albans House Enterprise Centre
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ST16 3DP

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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 Care (Staffordshire) is a domiciliary care service that was providing personal care to 86 people living in their own homes at the time of the inspection. People could be supported with a range of support needs such as people living with dementia, 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; enablement and domiciliary care. For those receiving enablement support, this was short, intensive package of care, to support people when discharged 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 and what we found

People were very satisfied with the service provided by the agency and received safe and effective care and support to meet their individual needs.

People were protected from harm by staff who were confident to recognise, and report abuse, and processes were in place to support staff to share concerns. Senior staff worked efficiently and professionally with external professionals to ensure people were safeguarded.

People, who required support to manage their medicines received appropriate and safe support and risks to people's health and wellbeing were continually identified and reviewed. Risks were proactively managed.

People received largely consistent support from a staff team who were well trained and knowledgeable to meet individual needs. Staff provided a flexible and responsive service to accommodate people's changing needs.

Staff were safely recruited to ensure they were appropriate, and a good match, to support people who used the service. Staff were well supported by managers and colleagues to deliver good care.

People's needs were assessed and documented, and care plans were detailed so staff could deliver effective support based upon individual needs. People's individual cultural, social and dietary needs were assessed and supported effectively and in line with their preferences.

Staff worked with health and social care professionals proactively to ensure consistency and ensure people received appropriate and safe support.

Staff were kind, caring and respectful, promoting people's privacy, dignity and encouraging their independence.

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.

Staff sought people's consent before supporting them and decisions about people's care and treatment were made in line with law and guidance.

People knew how to raise a concern and felt listened to by staff and the registered manager. Information could be made available in different formats to make it accessible. Staff had regular opportunities to share their views about the service.

People, relatives and social care professionals felt the service was well managed. Systems and processes were in place to enable the provider, and the registered manager, to monitor the quality and effectiveness of the service.

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

Why we inspected

This was a planned inspection

Rating at last inspection

The last rating for this service was Requires Improvement (report published December 2019). At this inspection the service is now rated as good.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

Nexus 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 (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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an assistant inspector

Service and service type

This service is a domiciliary care agency that provides personal care to people living in their own homes. Some people receive a regular package of care and others use the service for short term support as part of their rehabilitation into independent living or a more permanent arrangement.

The service had a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted time to obtain contact details of people who used the service and relatives, where appropriate.

Inspection activity started on 3 March 2020 and ended on 25 March 2020. We visited the office location on 4 March 2020.

What we did before the inspection

We used the information we held about the service to plan the inspection. This included checking for any statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. We asked the local Healthwatch for any information they had which would aid our inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The

provider had submitted a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the area manager, five office-based staff and a community-based staff member. We viewed a range of records. This included extracts from five people's care records. We also looked at quality assurance records and three staff information files.

Prior to and following the inspection site visit, we spoke with ten people who used the service and two people's relatives. We spoke with three support staff and received written feedback from another.

We spoke with a social care professional for feedback in relation to joint and collaborative working.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt staff provided them with safe support. They were confident that staff could meet their needs safely. One person told us, "Oh yes, I feel very safe with them."
- People were protected from the risk of harm and abuse because staff were confident, they could recognise and report abuse, in line with the provider's policies and procedures. The registered manager was aware of their responsibility to raise concerns to appropriate health or social care professionals, including the police to protect people from the risk of potential abuse.
- Staff had received training to protect people from harm.

Assessing risk, safety monitoring and management

- People had risks to their personal safety identified and managed effectively. One person told us, "They help me to physically get up [with equipment] and I always feel safe with them."
- Staff were knowledgeable about risks associated with the people they supported and said that assessments and plans were in place to guide them to provide safe support. Staff felt risks were well managed.
- The registered manager reviewed risk assessments to ensure they reflected people's changing needs and they liaised with the person and, if necessary, their family, staff and other professionals to do this. Staff told us how the registered manager effectively and promptly reviewed risks and implemented revised and updated plans promptly to keep them safe. One staff member told us, "Risks are assessed. Risks change and [staff member's name] updates them."

Using medicines safely

- People received varying levels of support to manage their medicines. When people received support, they told us staff administered it safely and within the prescribed guidelines.
- Staff confirmed they had received training and competency checks before they could administer medicines. They felt that the training gave them the confidence to support people as they required with their medicines.
- The registered manager showed us how they reviewed medicines administration records and demonstrated what actions they had taken when improvements were identified. For example, where they identified gaps in recording, they had recorded they had followed this up with staff concerned.

Staffing and recruitment

- People received support from staff in sufficient numbers to meet their care and support needs safely.
- Overall people received their calls on time and for the correct amount of time. People did not think delays caused them a problem and they were always advised of time changes. One person told us, "My calls are not

always on time, sometime the carers are delayed, not often, but the office call me and let me know they are running late and what time to expect them to arrive."

- People told us they usually received consistency in relation to who supported them and as a result they felt safe and reassured with staff.
- Staff had been recruited safely and records reflected evidence had been obtained and reviewed to demonstrate their suitability prior to them working with people.

Preventing and controlling infection

- Staff had received training in safe practices to control the risk of infections.
- Staff used personal protective equipment (PPE), such as disposable gloves and aprons to enable them to protect people, and themselves, from risks of cross infection. One staff member told us, " During spot checks staff check we are using them (PPEs) appropriately." They also said they had access to supplies when needed.

Learning lessons when things go wrong

- The registered manager told us they always reflected on situations to see what they could have done differently or better. The operations manager reflected on learning from the last inspection process to drive changes and improvements to protect people.
- Staff told us they reflected on practices and discussed incidents in team meetings or with the senior staff team in order to look at how things could be done better. One staff member told us, "Things go wrong but they are sorted very quickly."

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and identified before a service was provided to them. Some people only received a service for a short time as part of an enablement plan. Their plans were developed over a short period of time with goals identified. This meant the staff had appropriate information about how to meet a person's needs safely and effectively. One person told us, "I was involved in my care planning, I told them what I needed and how I like it. The carers all seem to have read the care plan and know what to do." A relative also described the assessment process as being 'very good.'
- People were involved in the development of their care plans. One person told us, "I told them at the beginning what I wanted, and they made a care plan for the carers to look at, but I am more than happy to tell them."
- Staff told us how the registered manager passed information on to them about people's assessed needs and people reflected positively on staff's ability to meet their needs meaning the assessment process was effective.
- The service has specialist staff who can do assessments relating to mobility and equipment. This meant they could promptly assess and reassess people to ensure their needs are met effectively. They also had input from external agencies to ensure health and welfare guidance was followed to deliver appropriate and safe care.

Staff support: induction, training, skills and experience

- People told us staff were well trained and knowledgeable about their individual needs. Relatives said that overall, they felt staff were well trained. One relative told us senior staff reviewed their family member's support and only sent staff to them who they were confident could meet the person's complex needs. One person said, "I think the staff are well trained, I don't have any concerns about their ability to help me. The carers always stay for the whole call, we have a chat, sometimes they are the only person I see all day. They are always on time, they are well trained and know how I like things done, they know me well."
- Staff spoke very positively about training opportunities that equipped them for their roles. They also said they received ongoing and refresher training to ensure their knowledge was current and in line with good practice guidelines. One staff member told us, "Training is good, and some training is overseen by the district nurse and this is reassuring." Written information was available to support knowledge around some health conditions and the registered manager told us more specialist training could be considered to meet complex individual needs.
- Staff received a thorough induction when they started working for the agency. People told us new staff worked alongside existing staff until they were confident to work unsupervised. One staff told us their

induction was 'good,' and they had requested additional time to shadow existing staff until they felt confident to work alone. They said this had been actioned.

- Staff felt well supported by their colleagues. Staff told us they had one to one meetings to discuss their personal and professional development. They said spot checks were carried out to ensure they were working effectively and safely. One staff member told us, "We have great teamwork, training and the support is good."

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

- Where people received support from staff to prepare and serve meals, they received appropriate help to ensure they maintained their health.
- Staff knew people's dietary needs and preferences, and this enabled them to promote a healthy and varied diet in line with individual tastes as required.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with outside agencies to ensure people's needs and changing circumstances were shared when appropriate. For example, they worked closely with the local authority as they supported people who had been discharged from hospital, to enable them to readjust to living independently. They also consulted with community nurses when they had concerns about people's skin condition or their changing mobility.
- One social care professional spoke positively about the joint working with the agency, sharing essential information to ensure the person's experience was positive. Records of discussions with external agencies were recorded in care plans and in records maintained at the office.
- Staff and managers worked closely with the local fire authority to raise awareness and offer people support in their own homes in relation to fire safety. Staff spoke very positively about this initiative that enabled them to help keep people safe in their homes.

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

- People receiving complex care and support were supported by staff to access medical support for them to remain in good health.
- People told us staff promoted their good health by encouraging them to follow medical advice and seek support when their needs changed. People's oral health care needs were identified as part of the person's individual support plan.

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 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA and found that they were.

- People were supported to be involved in decision making as far as they were able. When people were unable to do so, appropriate support was sought. This usually meant from an identified family member.
- People were supported to make day to day decisions using their preferred communication methods and

staff respected decisions made to ensure positive outcomes for people.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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 were very satisfied with the support they received from their regular staff. One person told us, "My regular [staff] on the round are the best in the county". Another said, "[Staff member's name] is my carer and I am very happy with them. [They] are the best carer I have ever had. The registered manager told us they aimed to deliver consistency wherever possible reflecting they recognised people's preferences for staff who they knew and trusted.
- Staff respected and promoted people's equality and diversity by treating people as individuals and enabled people to express their individuality and cultural identity. One person told us, "They do things my way, which I like."
- Care plans reflected a personalised service that was based around individual needs and wishes.
- Staff were aware of people's individual needs, including their, sexual, cultural and religious needs. Assessments identified people's protected characteristics and any information staff would need to deliver an appropriate service that considered people's individual needs and wishes.

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

- People told us, and assessments and reviews reflected, they were involved in making decisions about how their care and support was delivered.
- Staff told us how they always offered people choices and delivered care with consideration for people's personal preferences and routines.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person told us, "[Staff member] is very kind. They always knock the door and shouts who they are before coming in."
- Staff told us how they considered people's dignity while offering personal care by being discreet and supporting people to remain covered as far as possible.
- People were encouraged to do what they could for themselves and staff offered support when needed. As part of some people's enablement plan, we saw how they were supported to do more tasks for themselves with less support and more prompting and reassurance. A care record showed how one person had been supported to manage their own medicines after initially being fully supported. This meant people could regain their skills and go back to living independent lives. One person told us the care staff, "Are the people who have kept me living in my own home and for this, I am grateful."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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

- Care and support was responsive to people's individual needs and wishes and people said that support was adapted to accommodate their changing needs. People told us they were involved in reviewing their care. One person told us, "I have received a review of the care, they [senior staff] came and went through it with me."
- People, and their relatives, were involved in the development of care plans and plans were flexible and personalised. One person told us, "I haven't had a review, but I was involved in planning my care and it hasn't changed." Plans were reviewed as needs changed so staff could respond to these changes promptly.
- Due to the nature of the service staff are required to deliver a responsive service to enable people to return to independent living. They use short team care plans which, evolve regularly as people's skills and confidence developed. Staff told us these plans were effective to support their understanding about how to deliver people's planned outcomes.
- A social care professional told us, "We [the service] work well together. They [the service] are responsive." They said they held regular meetings with the registered manager to discuss people's support needs and any changes were promptly shared, so care can be reviewed and changed accordingly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the accessible information standard. The manager told us that information could be made available in different formats, including large print, should this be required.

Improving care quality in response to complaints or concerns

- People told us they had not formally needed to complain about the service they received. People were confident they could contact the office if they had a concern or suggestion. This meant they were confident their concerns could be promptly dealt with. One person told us, "I haven't made a complaint, but I would certainly know how to if I needed to." Another said, "I haven't made a complaint as such, I have called the office to change a call time and they did this for me."
- The complaints procedure had been shared with people in the service user guide.

End of life care and support

- At the time of this inspection no-one was receiving end of life care. People's care needs assessments however detailed any special arrangements people had in place.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People received a good quality service that met their needs and wishes. One person told us, "I am happy with the standard of the service."
- The registered manager and the provider were aware of their duty of candour. Duty of candour means the organisation has a duty to be open and transparent in relation to care. People who used the service, and staff told us the registered manager was always open and honest.

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

- The registered manager understood the responsibilities of their role and acted in accordance with them. They were aware of the need to send notifications of incidents, events or changes that happen at the service to us within a reasonable timescale and as required by law.
- Staff were clear about their roles and knew when they should share information to ensure people's safety and protection.
- Audits were carried out by the registered manager, and senior managers, to identify areas where improvements could be made, and we saw how the registered manager produced action plans and took action to address issues identified.

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

- People's views and opinions were valued, and people told us they felt listened to by the registered manager.
- The registered manager had systems in place to gather information as to the quality of the service provided. People told us they received questionnaires about the quality of the service provided and senior staff carried out spot checks and requested feedback on the quality of the service received.
- People were engaged in the assessment, planning and review of their care, meaning that people's individual characteristics could be considered and accommodated during care delivery.
- Staff had opportunities, both informally and formally to discuss issues and make suggestions for improvements and changes. Staff felt valued and that their views were listened to. Staff told us they attended staff meetings where they were consulted, and information was shared with them about developments and changes.

Continuous learning and improving care

- The registered manager told us how any incidents or accidents would be reviewed and discussed in staff teams to see if anything could have been done differently to make the person safer and the care more effective.
- Care reviews identified how care could be done differently to better support people and changes implemented had positive outcomes for people who used the service.

Working in partnership with others

- The registered manager worked in partnership with health and social care professionals to achieve good outcomes for the people who received a service. A social care professional told us that this joint working was effective to ensure people's needs were met.
- Staff told us they had good relationships with health and social care professionals. and shared examples of how joint working and valuable information sharing had a positive impact on people. For example, working with social care professionals meant people could have a care package arranged promptly to support a timely discharge from hospital.

Leadership and management

- The service was well managed and well led. People told us the registered manager was approachable and professional. One person told us, "They are prompt, efficient, thorough and professional." Another person said, "Full marks to them, they are like my friends."
- Staff spoke positively about their registered manager who they found to be supportive and accessible thus enabling them to respond to people's care and support needs appropriately.
- People said they received information they needed to ensure effective communication could be maintained and a system was currently being rolled out to staff that would enable information to be shared even quicker to enable the service to remain responsive.
- Social care professionals also spoke very positively about the management and leadership of the service which, they considered enabled positive outcomes for people who used the service.