

Mr John Court

# Nexus Care Services

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Nexus Care Services is a large domiciliary care agency registered to provide personal care to people living in their own homes. The service provides personal care to both older and younger adults, people with dementia or who have a physical disability. At the time of our inspection there were 97 people using the service.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

### People's experience of using this service and what we found

People told us they felt safe with staff. Staff were recruited in a safe manner and pre employment checks were completed. People had risk assessments in place to reduce known risk and staff were aware of these. People were supported to take their medication by staff. Staff received medication training and regular competency checks. Staff understood how to mitigate the risk of cross infection and staff told us personal protective equipment was readily available. Following incidents and accidents the management team carried out investigations and carried out action plans to reduce the risk of reoccurrence.

Staff had received an induction before they started working with people and there was evidence on-going training was taking place. Pre-assessments were completed with people and their relatives when they joined the service. The provider would work with other health professionals when needed. Staff supported people with their eating and drinking.

People said staff were kind to them and encouraged their independence. People knew how to make a complaint if they were not happy and we saw evidence when a complaint was made an investigation was carried out. Care plans outlined people's needs; however, they were not regularly reviewed.

People and staff views were sought regarding the service and quality of care received. Staff felt supported by the provider. The provider had effective governance systems in place and audits were regularly completed.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Last rating and update

This service was registered with us on 22 February 2021 and this is the first inspection.

The last rating for the service at the previous premises was good, published on 9 April 2019.

#### Why we inspected

We were prompted to carry out this inspection due to concerns we received about the lack of detail in risk assessments, care plans not being up to date and concerns regarding staffing. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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.

### Is the service effective?

Good ●

The service was effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was well led.

# Nexus Care Services

## 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 2 inspectors, 1 assistant inspector and an Expert by Experience.

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

Nexus Care Services is a large domiciliary care agency registered to provide personal care to people living in their own homes.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### 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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

During the inspection

Inspection activity started on the 18 January 2023 and ended on the 9 February 2023. We visited the location's office on the 26 January 2023.

We spoke with the registered manager and the managing director. We spoke with 13 staff members, 7 relatives and 10 people using the service. We reviewed a range of records. This included 7 care records and 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 newly registered service. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse; Assessing risk, safety monitoring and management

- The provider had safeguarding policies and systems in place to ensure people were safe.
- Staff we spoke to confirmed they had received safeguarding training and were confident to report if they suspected someone was at risk. One staff member said, "If we feel people are being abused or neglected, then we take it further and speak to the office."
- People told us they felt safe, one person said, "Yes, because I have had other care agencies and this one has proven very adapted to my complex needs."
- Risks to people's health had been identified and the necessary risk assessments were completed.

Using medicines safely

- Medication was administered safely and in line with people's individual requirements.
- Staff had received training to administer medication safely and received regular competency checks. One staff member told us, "We are checked by the senior, they get you to do the medication and check your competency."

Preventing and controlling infection

- The provider had an up to date infection control policy.
- Personal protective equipment (PPE) was available in the office which staff could access.
- Staff said they had received infection control training. One staff member said, "Wearing PPE, washing your hands, making sure you're wearing your mask, removing all PPE and cleaning everything that needs to be cleaned."

Learning lessons when things go wrong

- The provider had effective processes in place to investigate incidents. Any learning was shared with staff to mitigate risk of future reoccurrence.
- We saw an example where an incident had occurred and the steps which the provider had taken to reduce the risk in the future. To share the learning with the wider organisation they will publish the lessons learnt so all can learn from it.

Staffing and recruitment

- Staff had been recruited safely. Pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment

decisions.



# 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 of this newly registered service. We have rated this key question 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

- There was mixed feedback from people regarding regular reviews, one relative said, "Yes, the agency did a review of my wife's needs somewhat 2 months ago." However, a number of people said they were awaiting a review from the agency. We discussed this with the provider who gave assurances and said, "A new system has been put into place where care managers go out weekly to carry out reviews in people's homes. This is completed every week for different people and people would be reviewed every 6 months unless it was needed sooner."
- People's needs were assessed prior to them using the service and the provider explained the process when new people would start using the service, someone from the service would go and meet the person and their family to discuss the needs. Once an agreement has been made a care plan would be put together. Reassessments would be completed if the person's needs were to have changed.
- Protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any religious or cultural needs so these could be met.

Staff support, training, skills and experience

- Staff had the training and skills to support people effectively. The registered manager had a training matrix in place for staff and they had oversight of when training was required.
- All care staff had to complete the Care Certificate if it has not already been completed. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The registered manager had a spreadsheet which monitored when staff's supervision was due. We saw evidence staff supervisions were taking place and staff were able to raise any issues they were experiencing. New staff had regular check where they were able to discuss any issues they have experienced.

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

- People were supported to maintain a balanced diet.
- Staff had received training in food hygiene, this enabled them to meet people's nutritional needs and to prepare food safely.
- People said staff would support them with meal preparation if it was required. One person said, "The morning carer prepares the mid-day meal and the lunch time carer cooks it. I always have glasses of water by my chair and have cups of tea at both meals."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked in partnership with other healthcare professionals to plan and deliver an effective service. This included district nurses and the memory team.

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.

- People confirmed staff asked for their permission before carrying out any tasks. One person said, "Yes, they do listen and act on what I ask them to do."
- Staff received training in Mental Capacity which allowed them to help and support people make their own decisions or are as involved as much as possible in decision-making.
- Staff could explain what they would do if a person refused care. One staff member said, "I would report and document it. I can't force them."

# 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 of this newly registered service. We have rated this key question 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; Supporting people to express their views and be involved in making decisions about their care

- People were treated and supported well by staff.
- People said staff treated them kindly. One relative said, "Carers speak kindly to my husband and he loves to chat with them."
- The provider undertook an additional role outside of supporting people with personal care needs organised monthly events such as coffee mornings and luncheons. People were complimentary about the events and told us how much they enjoyed them. Feedback received was positive and 1 relative said, "She enjoyed it so much that she's already saying she'd go out on another trip."
- People told us staff involve them in the care receive. One person said, "Yes, they always enable me to make choices."
- A person using the service had an advocate to support them. An advocate is getting support from another person to help a person express their views and wishes and help them stand up for their rights.

Respecting and promoting people's privacy, dignity and independence

- The provider promoted people's privacy, dignity and independence.
- In recognition that for some people they had limited opportunities or access to go shopping and in order to facilitate their independence The provider had put together a catalogue called Nexus Home Retail. This was a suppliers of mobility & sensory impairment products which aim was helping to make everyday life easier. The catalogue included two handled cups and adapted cutlery.
- People were encouraged to maintain their independence, one person said, "They know my limitations and encourage my abilities."
- People's privacy and dignity were maintained. One person said, "They close the curtains in the lounge when doing any personal care tasks."
- Staff understood the importance of confidentiality, one staff member said, "Not to disclose any client information to anyone. Inform the office if there is anything that the office needs to know."

# 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 of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

### Planning personalised care

- People received personalised care; care records contained clear information for staff on how to support people's needs. One person's care record reviewed showed how this person needed to be hoisted and detailed how staff should support them to ensure they remain comfortable.
- The registered manager explained the process when new people would start using the service. Once an agreement has been made a care plan would be put together. Reassessments would be completed if the person's needs changed. This allowed staff to have the information they needed to meet people's needs.
- The provider explained they would try and ensure people were matched with carers who can communicate in the same language if English wasn't their first language. However, the provider explained to the person and families this is not always possible but ensured the care plans contained the information needed to support people.

### Improving care quality in response to complaints or concerns

- The provider had a robust complaints process in place. Complaints were investigated and appropriate action taken. Measures were put in place to mitigate risk of future reoccurrences.
- People we spoke to knew how to make a complaint if they weren't happy with something. One person said, "Yes, I have complained about switching carers about, especially what was becoming my wife's main carer. It was resolved by the carer remaining."

### End of life care and support

- The provider had an end of life policy in place to support people effectively to ensure they would meet their preferred wishes. The provider was not supporting anyone at the time of the inspection.
- Staff had received end of life training and knew how to support people should the need arise. One staff member said, "Everyone has their wish list so respect this."

### 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.

- The registered manager explained how they would provide information in different formats if this was required.

# 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 of this newly registered service. We have rated this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems in place were not always effective in ensuring all required incidents were consistently reported to CQC. The managing director took immediate action and notifications were submitted during the inspection.
- The provider had good oversight of the service. Systems included monitoring for trends such as falls, safeguarding's, incidents and accidents.
- We saw evidence regular spot checks of staff performance had taken place. We saw when standards weren't to the organisation values, appropriate action was taken, and this was clearly evidenced.
- The provider had a contingency plan in place to ensure the delivery of the service was not impacted by unforeseen circumstances. During our onsite visit, they were discussing the upcoming strikes and the potential impact this could have on the service and what steps needed to be taken to ensure the service was not interrupted.

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

- The provider sought people's and staff views through surveys, supervisions and meetings.
- The feedback from people and relatives was a mixed response. Surveys were sent to people and their relatives. One comment was Nexus service is reliable, flexible and endeavours to meet the individual's needs. However, one comment was there needs to be greater consistency between carers and practices within home care setting. The registered manager explained the time frame is still open for surveys to be completed, once this comes to an end, they will analyse the results.
- The provider engaged with staff and took on board their feedback. Staff told us they were able to voice any concerns and they felt listened to and the management team took action in response to their feedback.

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

- There was a positive culture as staff were able to raise any suggestions and there was good morale between staff. The staff and management team felt supported, 1 staff member said, "We are very passionate about our clients and about our carers."
- Staff we spoke to felt supported in their role. One staff member said, "If I have a question/concern there is somebody at the end of the phone to talk to. They give you the advice that you need."
- The majority of people we spoke with knew who the registered manager was and felt they were able to

approach them.

- The registered manager understood duty of candour. They said, "It requires us to be open and transparent whether we have done something wrong or not."

Working in partnership with others; Continuous learning and improving care

- The provider took immediate action when noticing CQC notifications had not been submitted when required and ensured appropriate steps were taken so this would not happen in the future.
- The provider worked alongside the local authority and health professionals when required.