Lewisham Nexus Service

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Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 29 March and 3 April 2017and was announced

Lewisham Nexus Service provides personal care and support to people with a learning disability who live in their own homes and supported living accommodation. At the time of the inspection the service was providing care support to twenty six people.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider was outstanding in its responsiveness to people's choices. People received an exceptional level of person centred support. The provider innovatively supported people to engage in the activities that were important to them. People's lives were enhanced by the support they received to work, socialise, share intimate relationships and participate in politics. Care records identified people's needs, celebrated their uniqueness and showed how highly valued they were to those around them.

The leadership of the service was outstanding. The empowerment and meaningful participation of people was evident in every aspect of the organisation. Staff viewed the senior management team as role models and said they led by example. Staff were enthusiastic about their work and were given the space by managers to independently discuss ways to improve the service. People actively participated in the provider's quality assurance processes. The provider worked in a highly collaborative way with a range of organisations including health bodies and other care providers.

Staff were trained in safeguarding people and knew about signs of abuse and the actions to take if they suspected it. People received information and innovative training from the provider to keep themselves safe. People's risks were assessed and they were supported to take positive risks. Staff providing support were safe and suitable as a result of the provider's robust recruitment processes and safe staffing levels were maintained. Staff administered people's medicines safely and in line with the prescriber's instructions. People were protected by the infection prevention and control practices of staff.

The service was highly effective in meeting people's communication needs. People received support from supervised and well trained staff and consented to the support staff delivered. People ate well and were supported with timely access to healthcare professionals.

People and their relatives told us staff were king and caring. People had positive relationships with a well-established staff team. People were encouraged to be as independent as possible and skills teaching was used to promote independence. Staff protected people's privacy and treated people with respect.

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. Staff understood how to recognise signs of abuse and how to protect people from it.

People received safeguarding training to protect themselves from abuse.

People's risks were assessed and plans put in place to mitigate them.

There were sufficient numbers of staff available to support people and they had been recruited safely.

People received their medicines safely.

Staff maintained a clean environment for people.

Is the service effective?

Good

The service was effective. People's complex communication needs were individually met.

Staff were trained to meet people's needs and were supervised by managers.

People consented to the support they received.

People had access to healthcare services as they needed.

Is the service caring?

Good

The service was caring. People told us that the staff were caring.

People were supported to maintain relationships.

People's independence was promoted.

People' privacy was respected

People were treated with dignity and respect.

Is the service responsive?

Outstanding ☆

The service was exceptional in its responsiveness. The provider actively sought people's views and responded them creatively.

People were creatively supported to participate in meaningful and fulfilling activities including work.

The service championed people's participation and involvement in their communities. People were supported to engage directly with politicians.

People were supported around their intimate relationships and sexuality.

People's care records were highly personalised and drew attention to promoted people's qualities and uniqueness.

Is the service well-led?

Outstanding ☆

The leadership of the service was outstanding. The empowerment and meaningful participation of people was evident in every aspect of the organisation.

Managers were held in very high esteem by staff who felt supported and encouraged to improve the support they provided and to develop their own careers.

Staff were passionate about providing high quality support to people and felt that managers listened to and acted upon their ideas and suggestions.

The provider had robust quality assurance processes which included people who used the service undertaking the role of quality checkers.

The provider worked collaboratively with other organisations and professionals to ensure the best outcomes for people.

Lewisham Nexus Service

Detailed findings

Background to this 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 was planned to check 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.

This announced inspection took place on 29 March and 3 April 2017. The provider was given 48 hours' advance notice because the location provides supported living and domiciliary care services and we needed to ensure the registered manager and staff were available. This meant the provider and staff knew we would be visiting the service and the supported living homes before we arrived.

The inspection was undertaken by one 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.

Before our inspection, we reviewed information held about the service. We reviewed statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We asked the provider to complete a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.
During the inspection we visited five supported living homes and the provider's office. We spoke with eight people and interacted with 12 people who did not use verbal communication. We also spoke with six staff, the head of inclusion, the registered manager and the chief executive.

We reviewed 11 people's support plans, risk assessments and person centred plans. We looked at nine people's communication passports, hospital passports, health action plans and medicines administration records. We also reviewed eight staff files which included pre-employment checks, training records and supervision notes. We read the provider's quality assurance information and audits. We reviewed the minutes of people's forums, staff forums, manager's forums and the annual general meeting. We looked at complaints and compliments from people and their relatives. We observed an anti-bullying workshop for people at the provider's office.

Following the inspection we spoke with six relatives. We also contacted 15 health and social care professionals to gather their views about the service people were receiving. Five responded.

Good

Is the service safe?

Our findings

People told us they felt. One person told us, "I feel safe." Another person told us, "The staff are very kind. They look after me." Relatives felt their loved ones were safe too. One relative told us, "I am perfectly happy with the safety side of things. Staff are clued up and I am regularly kept informed." We observed positive interactions between people who did not use speech and staff. We saw that people were comfortable in the presence of staff. People freely initiated contact with staff and engaged in activities with them in a relaxed manner. This meant people felt safe receiving support from Lewisham Nexus Service staff.

People were protected from abuse. People received care and support from staff who were trained to keep them safe. Staff undertook regular safeguarding training and were able to explain to us the different types of abuse people were at risk of. One member of staff told us, "Vigilance for signs of abuse is important here because so few people speak. Training helps us identify possible signs and we continuously discuss this in our meetings as a team." Staff told us they would inform a manager if they suspected a person had been abused or was at risk of abuse.

People were supported to keep themselves safe. The provider arranged training courses and workshops about keeping safe. We observed an anti-bullying workshop for people. The session included discussion about where bullying might happen. People told us that bullying could happen when socialising, at work, in the street or online. People were asked by the facilitator if they agreed or disagreed with the statement "Telling someone about a bully will only make things worse." We found that people had learned from the training session the importance of informing someone they trusted as soon as possible if they were being bullied in order to stop it. This meant people were supported and empowered to remain safe.

People's safety was enhanced because staff understood the provider's whistleblowing policy. Staff explained to us that whistleblowing was the practice of informing an external agency such as the local authority when concerns about people's safety had not been addressed by the provider. One member of staff told us, "I can't imagine the managers not addressing a report about abuse. But if they did I would be on the phone straight away to CQC." Another member of staff said, "Whistle-blowing is a part of safeguarding and whistle-blowers are protected by law."

People's risks of avoidable harm were reduced. Staff assessed people's risks and plans were in place to mitigate them. Staff ensured that risk management plans did not limit the range of activities people engaged in. A health and social care professional told us, "One of the key things that impressed me though was [the provider's] ability to balance complex risk assessments and engage in positive risk taking when in the best interests of service users." People's risk assessments were regularly reviewed and updated to meet changing needs.

People were protected from risks associated with their healthcare needs. Staff made referrals to healthcare professionals who undertook assessments and provided guidelines to staff to keep people safe. For example, one person at risk of sudden falls as a result of their health condition was supported to wear head protection. Where people may experience epilepsy staff had guidance in care records. These included

known signs of an impending seizure and actions to take during and following an episode. For example, staff had directions to phone an ambulance should a person's seizure last for or exceed a specified period of time.

People who were at risk of choking had their risks managed. Where staff identified that a person may have an unsafe swallow a referral was made to healthcare professionals for an assessment and guidelines were developed. Staff followed these guidelines to keep people safe. For example, one person's care records stated that they must be upright when eating their food and that their "food should be soft, moist and fork-mashable in consistency." Another person's care records stated that they may be at risk if they ate crisps and as a result, "a staff member should always be present in the same room [when the person is eating]." This people were protected against the risk of choking.

The staff delivering care and support to people had been recruited appropriately. The provider ensured that new staff satisfactorily passed the application, interview, reference and vetting stages prior their employment. Vetting involved checking applicants details against criminal records lists and registers of people barred from working with vulnerable adults. Additionally the provider obtained and retained copies of documents proving staff identities, addresses and eligibility to work in the UK. This meant people were supported by staff who were safe and suitable.

There were enough staff available to ensure people were safe. One person told us, "There's always someone around." A relative told us, "Not only are there enough staff, but I can't recall the last time I visited or called and didn't know them [staff]. Familiar regular faces are very important." Staffing levels were arranged with commissioners and based upon assessed needs. When people's needs changed the registered manager made referrals to social care professionals for reviews to be undertaken and staffing levels were adjusted accordingly.

People received the support they required to take their medicines. One person told us, "[Staff] help me with tablets and eye drops." People received medicines from staff who were trained to administer them. People's medicine administration record (MAR) charts were accurately completed by staff to show that the right medicines had been given to people at the right time and in the correct dose. Medicines were stored securely to protect people from the risk of misuse. Appropriate arrangements were in place to support people who required their medicines when they were away from the service.

Managers routinely monitored the medicines administration competence of staff. We read records of manager's observations of staff as they supported people with their medicines. These records included confirmation that people were willing to take their medicines and that staff had checked the prescriber's instructions before administering. Manager's also checked staff knowledge. For example, staff were asked questions including, "Why is the timing of medicine administration important?" and "What action would you take if a [person] refused their medicines]. This meant that managers assured themselves that staff had the skills and knowledge to administer medicines safely.

People and their relatives told us their homes were clean and hygienic. One person told us, "The kitchen is clean. [Staff] hoover every day in the morning and the toilets are clean too." A relative told us, "[Staff] maintain a high standard of cleanliness. The house is always clean and fresh smelling." Staff used personal protective equipment (PPE) when supporting people with their personal care. For example, staff wore disposable gloves when supporting people with their personal care. This meant people were protected against the risks of infection and cross contamination.

Good

Is the service effective?

Our findings

People and their relatives told us that staff were skilled and effective. One person told us, "The staff are very good." A relative told us, "The staff understand [my relative] in a very meaningful way. They understand autism and how to support [people]." Another relative said, "The staff are calm under pressure and really motivated. If you speak to them they know the technical terms and the theories. They obviously do training."

People received care and support from staff who were trained to meet their needs. Staff undertook core training in areas including, fire safety, food safety, safeguarding and administering medicines. One member of staff told us, "The training is good. It's done on a rolling basis so within a couple of months the whole team have done a course and we all have the knowledge." Staff received training to meet the specific needs of people they supported. For example, staff completed training in autism, behaviours which may challenge, dementia awareness and epilepsy. The provider used a training Matrix to identify which training staff members had attended and when refresher training was scheduled for. This meant staff training and knowledge was kept up to date.

People's care was improved because staff received specialist training. Healthcare professionals from the local multidisciplinary team delivered training to staff concerning the specific needs of individual people. For example, staff were trained by a speech and language therapist to support a person to eat and drink safely. In another example, an occupational therapist trained staff to support a person's complex moving and handling needs.

New staff were inducted into the service. The provider delivered training to new staff and supported their completion of the care certificate. The care certificate is a nationally recognised qualification designed to ensure essential standards are met during the induction phase of new staff. New staff were supported to shadow experienced colleagues and observe how support was effectively delivered. Staff completing their induction familiarised themselves with people and their care records. When staff moved between the provider's supported living services they were supported with a two week induction into their new service. This meant people were supported by staff who knew their needs and were capable of meeting them.

People received support from supervised staff. Managers of each of the supported living homes held individual supervision meetings with staff. In turn these managers were supervised by the registered manager. Supervision meetings were used to discuss people's changing needs and the career progression of staff. For example, in one staff member's supervision record there was discussion about developing a liaising role with a landlord. In another staff member's supervision it was agreed that the staff would assume the role of ordering and recording the receipt of medicine. This meant that staff were encouraged to gain experience and expand their skills. Where there were issues with staff performance this was addressed by their line manager in supervision meetings.

Staff had the quality of the support they delivered to people appraised by their managers Appraisals were used to identify gaps in staff skills and knowledge and to plan personal development. One member of staff

told us, "I like appraisals. I like to feel appreciated and to have new goals to aim for." Annual appraisal meetings included agreement on plans ensure staff were confident and effective when providing support. This included training plans for the forthcoming year. Appraisals were also used to ascertain staff satisfaction. Staff completed pre-appraisal questionnaires and self-evaluations. These contained questions such as "What has been your greatest achievement in the past 12 months?" and "What has caused you the most stress at work?" This meant staff were encouraged to reflect on their practice.

People who did not use speech had their communication needs supported. People were supported to develop communication passports. These were easy to read documents produced with people and their relatives which provided staff with information about people's non-verbal communication. For example, one person's communication passport explained, "When I have a good day I look up and smile. When I am having a bad day I will rock from side to side in my chair and make loud noises". Another person's stated, "When I am having a good day I will give 'thumbs up' and I will give good eye contact. When I am having a bad day I will "stamp my foot on the ground." Within another person's communication passport we read, "[Person's name] has autism, which means they may not recognise laughter, jokes, irony, sarcasm, or what different facial expressions might mean." This meant staff had guidance on effectively communicating with individual people.

The provider used a wide range of person centred methods to communicate meaningfully with people. One person was supported to use an IPad upon which staff had loaded pictures of the person engaging in activities. This enabled the person to scroll to the image of the activity the wanted to participate in and show it to staff. Staff used objects to support communication with people. For example, headphones were used to suggest listening to favoured music, a boot used to propose going for a walk, a toy car was used to indicate along care drive and a carrier bag denoted a shopping trip. A member of staff said, "By consistently using objects to inform people what is going to happen next we create anticipation. Once that connection is made people can make choices. It's brilliant." Staff also used Makaton signing with people. Makaton is a system of signs and symbols, based upon natural gestures to support people to communicate.

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.

People gave their consent before staff delivered care and support. One person told us, "They ask before they help me." Another person said, "They ask me and I tell them what I want." People's care records used pictures extensively, were written in an easy to read format and detailed how people agreed or gave consent. Where people lacked capacity to make a decision they were supported with a best interests meeting. For example, a person requiring dental treatment had a best interests meeting with a relative, staff and a healthcare professional to discuss and determine the least restrictive option to support their treatment.

People were supported to eat nutritious meals and told us they enjoyed them. One person said, "I like the food. It's nice. I like the taste." People were supported to choose the meals they ate and participate in making them if they wished. We saw fresh fruit on display and within easy reach of people in each of the services we visited. Care records noted people's food preferences. For example, One person's care records stated, "I like steamed vegetables." Another person's care records noted them as saying, "I dislike spicy food", and "I must have dessert after an evening meal." One person we spoke with told they liked to eat Caribbean dishes including, plantain, ackee and salt fish. This meant people's cultural dietary needs were

met by the provider.

People were supported to maintain good health. One person told us, "I go to the doctor in the car." Another person told us, "I see a dentist. I'll go to the optician next." People had hospital passports. These easy read documents which contained information under clearly defined headings including, "Things you must know about me" and "How you will know I am in pain." Hospital passports identified the healthcare professionals involved in people's care and highlighted people's allergies and phobias. For example, one person's hospital passport stated, "I do not like needles and need to have a general anaesthetic for blood tests and dental treatment." People were supported to attend annual health checks. People who presented with specific health needs including diabetes and epilepsy were supported to have regular appointments with consultants.

People were supported when they were in ill health. Care records guided staff as to the signs that a person who did not use verbal communication was feeling unwell. For example, one person's care records said "I will go quiet and withdraw myself. I may take myself to bed." Another person's records care records said, "I will go off my food. This is a very sure sign, as I love my food." When staff observed these behaviours they took action including contacting the GP.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring. One person told us, "The staff are nice." Another person said, "I feel cared for." Whilst a third person told us that, "Staff are kind. They're caring." A relative told us, "I respect the staff, maximum respect. They have my [relative's] best interest at heart. They do their level best. I am happy and thankful." A health and social care professional told us, "[Staff] are caring and considerate, always trying to ensure that people are supported in the best way that is appropriate for them."

People and staff had developed positive relationships. A member of staff told us, "I think as a team we take the view that time together with people is a precious thing. It means you interact and go along at the [person's] pace and it allows people to be who they want to be." Another member of staff said, "We have fun together. [Person's name] and I have the same sense of humour." Staff knew people well. Staff we spoke with had worked with people over many years and were able to describe their preferences and individual communication methods.

People were supported to maintain the relationships that were important to them. Staff supported people to visit and receive visits from relatives and friends. Relatives told us they were always made to feel welcome when they visited people. One person told us, "My friend comes every Friday. We play games together and have dinner together." One relative told us, "Visiting is never a problem. I don't need to make an appointment or anything like that. The staff are always chatty when I'm there." Another relative told us, "I can't go there [the supported living service] as much as I would like but the staff are good at keeping me updated about how [person's name] is getting on." People were supported to contact their families whenever they wanted. One person told us that staff supported them to, "Skype with my [relative] in Jamaica."

People were supported to develop their Independence. A member of staff told us "when it comes to skills teaching, we start from the position of what is important to people." For example, we found that for one person it was important that they completed transactions independently when in a shop. This entailed the person handing over cash to buy items of their choice and staff supporting them to check their change. Another person wanted to travel independently. Staff supported the person to build their skills and confidence buy walking with the person initially and later at a distance, but within line of sight, behind the person. The person progressed to travelling along specific routes without staff support. Staff ensured they remained safe by reminding the person to only cross at traffic lights when they saw a green man and to talk to a police officer if they were worried about something or someone.

The provider used assisted technology to promote people's independence. For example, one person was supported to use a speaking microwave oven so they could prepare warm snacks without assistance. Another person used a talking clock so they would know the time and plan accordingly. We found that people had skills teaching plans in place to support them to develop their independence in areas that included, cooking and ironing.

Staff protected people's privacy. One person told us, "I have privacy in my room." People told us that staff knocked their bedroom doors and waited to be invited in before entering. One person told us that when leaving their bedroom staff, "Ask if I want the door shut. I say "Shut please."" Care records guided staff about people's privacy needs. For example, one person's care records stated, "Sometimes I just want silence and privacy. I will take myself to my room if this is the case."

One person presented with a health need that required staff periodically monitored their wellbeing through the night. However, the person told staff that they did not like them coming into their bedroom at night time. Following consultation between the person, a healthcare professional and staff it was agreed that a sensor would be used to alert staff if the person required assistance during the night. This meant the person's privacy and choice were respected.

People were treated with respect. One person told us, "They [staff] treat me with respect." A relative told us, "The staff are always respectful to my [relative] and the other [people within the service]." We observed staff speaking calmly and respectfully to people in each of the supported living homes we visited. Care records noted people's need for dignity. One person's care records stated, "Sometimes I will get upset if you mention my name in a conversation when I am in the room."

People were supported to making decisions about their care and support. People decided how they spent their time and the activities they wanted to participate in as well as how they received their personal care. People chose how their environments were arranged. For example, one person chose blinds in addition to the curtains in their bedroom. Advocates were used to support people to make complex decisions. For example, advocates supported people around important issues including medical matters and moving home.

Outstanding ☆

Is the service responsive?

Our findings

The service was exceptionally responsive to people's individual needs. One healthcare professional told us, "My experience was that the [staff were] very responsive resulting in an improved quality of life." The provider supported people with their lifestyle choices. For example, people shared the view that they wanted to stay up late and engage in social activities during the evening and late into the night. The provider responded by supporting people to go to nightclubs. People told us that they attended the 'Kisstory' event at the O2 Arena in London and returned home at 3am. When people feedback to the provider that they wanted to enjoy dance culture and the festival experience they were supported to attend the Moondance festival. A relative told us, "I'm hugely impressed by the way staffing is about what activities people are doing and not some fixed shift system that suits staff but means my [relative] has to be in bed for 9pm or something ridiculous." A member of staff told us, "Many of our activities start and finish later. It breaks the taboo that people with learning disabilities have to go to bed early and do boring things."

People were supported to share their views widely and to participate in democratic process locally. The provider supported people to participate in the Lewisham People's Parliament. This is a forum for people with a learning disability to meet directly with their elected representatives including councillors, the MP and Mayor. People who attended these forums were supported to share information about them to other people through provider led forums and the provider's easy to read newsletter. Prior to elections the provider supported people to understand their voting rights and the ballot process through workshops and large print pictorial information.

People were sensitively supported around their sexuality and relationships. When required, people and staff discussed issues related to people's intimacy needs. For example, discussion took place about matters including people's privacy, consent and safety. Staff had guidance from the provider stating, "People who have learning disabilities have a right to fulfil their sexuality either alone or with consenting others, of the opposite or same sex." A member of staff told us, "The support people require is unique to them and led by them. It could be about the appropriateness of privacy or something like contraception. It depends on lots of things including people's understanding."

People's desire to work was championed by the provider. People told the provider they wanted support to work. The provider responded by supporting people to find employment. People told us and records confirmed that people were supported to participate in a range of paid and voluntary jobs as well as work experience opportunities. We found that people worked in roles which included receptionist, recycling, concierge, catering assistant and roles in restaurants. One person told us, "I feel very good working. Very proud of myself."

People were supported to engage in the things they loved to do. We read in the care records of two people that they were passionate about music. We visited their supported living homes and found that the provider had created an activities room for musical expression. People had instruments including drums, guitars, keyboards and a microphone to play when they chose. Another example a person's care records noted that they were an enthusiastic rambler. A member of staff told us, "[Person's name] loves long, long walks. But

[they] walk so fast. Trust me you need stamina to match them. But it is worth it. They love it." Records showed this person was regularly supported with this hobby.

People were supported to be active. One person told us, "I do lots of things I like." A relative told us, "There's no chance of boredom, that's for sure. There is always something happening or about to happen. I wish my life was as exciting." A member of staff told us, "We support active and energetic people. It means we have a lot going on all the time. There is always a high tempo of activities. Rain doesn't stop activities." Records showed that people had recently been to a Turkish bath and spa, a local football club, the gym, cinema, bowling, pubs and restaurants. This meant the activities people engaged in were person centred and meaningful.

People were supported to go on holiday to destinations of their choice. Staff supported people to go abroad to countries such as France, Belgium, Greece Barbados and America. Domestic destinations including Dorset and Blackpool. We saw the photographic record of one person's cruise around the Mediterranean. A relative told us, "The holidays are really well thought out. It's not simply a case of 'right, everyone off to Butlins'. They're relevant and special like holidays should be. And I must say, the staff are great at taking pictures so I can see what a good time [person's name] has had."

People who were at risk of social isolation had planned support. The provider's senior leadership team had a member of staff specifically tasked with supporting people's social inclusion. The provider had untaken an innovative community mapping project to identify activities for people to participate in. Maps included the locations of people's supported living homes and the activities that were available nearby.

People with dual sensory loss were supported to identify and recognise individual members of staff. For example, one deafblind person was supported to differentiate between staff through the use of touch. Each member of staff wore a unique object around their wrists. These included bracelets, scrunchies and wrist bands. Another person with visual and hearing impairments was supported to differentiate between the different days of the week by the staff's use of different aromatherapy scents to fill the home on each day of the week. A lavender scent was used to support the person to distinguish night time from day time. A member of staff said, "It's about orientation. We have different smells for each day and different activities on each day. It means [person] can feel grounded and confident because they know what is going on."

People were supported with detailed assessments prior to receiving a service. This was to ensure that the provider was able to meet people's needs effectively. For each identified need the staff developed care plans with people. Care plans were often innovative in how they guided staff to meet people's needs. For example, one person became extremely anxious before going to unfamiliar places. Care records guided staff to download photographs from the internet of the inside and outside of buildings due to be visited and to use the images to reassure and orientate the person. This meant the person was able to enjoy a wide range of new experiences because of the creative way in which their needs were supported.

People's personalities and preferences were celebrated in care records. People's care records were highly personalised and contained a section entitled "What others like and admire about me". Responses included for one person, "Tidy, lovely smile, charismatic". Another person's care plan read "infectious laugh, not afraid to show emotions". A third person's said, "Sense of style and neatness". A fourth person's noted, "Good dancer, willing to try new things, great sense of safety". This person centred approached was reflected in guidance to staff. For example, in the care records of one person who experienced hay fever it stated, "Please cut the grass when I am out." We read in two peoples' care records that it was important to them to dress smartly for special occasions. We saw a number of photographs on display of both people wearing suits and ties at events when we visited their homes.

People and their relatives understood the provider's complaints process. One person told us, "I'd go to the office and speak to [the registered manager]." The complaints process was produced in an easy to read format so that people could more readily understand it. Complaints were dealt with in line with the provider's policy.

Outstanding ☆

Is the service well-led?

Our findings

People's care and support was planned and coordinated by an outstanding leadership team. One relative told us, "The managers are brilliant. They really understand what supporting people in the community is all about." A healthcare professional told us, "I worked closely with [a member of the provider's leadership team] and I found her to be an inspiring leader. She was able to maintain positivity, hope and aspiration for service users, even in very challenging situations, and communicate this passion to support workers in the organisation."

People were at the heart of the organisation. The provider's management team championed a culture of inclusion throughout the organisation. In accordance with its vision and values people were involved in all aspects of the organisation. People participated in the recruitment of all staff by directly asking questions to candidates at interview. People were involved in delivering elements in each training session that staff received and were also involved in the provider's quality assurance processes. People and their relatives attended the provider's annual general meeting and shared their views. All documentation produced by the provider was available in an easy read format with large print, few words along with illustrative pictures and photographs. This included the contracts of people with a learning disability who were paid for working in roles such as training and quality checking.

People were empowered. The provider supported people to develop skills that meaningfully impacted upon their lives. For example, people were supported to deliver safeguarding training to other people who received a service from Lewisham Nexus and other providers. These sessions included people performing 'role play' scenarios and covered safeguarding areas including 'mate crime'. Mate crime is a term given to crimes in which a people with a learning disability are befriended by criminals with the intention of financially, physically or sexually abusing them. This meant the provider empowered people to keep themselves and others safe.

Staff were supported by the registered manager and the leadership team. One member of staff told us, "Managers have supported my dyslexia brilliantly. Other organisations could learn from them. When new documentation is produced, for example a new policy, they talk to me about it and explain it on a one to one basis. They have given me a dictaphone for when I do reports and they set really clear goals for me in my supervision and appraisal." Another member of staff told us, "My line manager is 100% I just can't fault [them]. It always feels to me like we are continuously developing individually and as a team. I think the [registered] manager has set a high, high standard for us but backs that up with support and encouragement."

People were supported by staff who felt listened to by managers. The provider enabled staff to meet regularly in forums. Staff forums took place without any managers being present and were used to discuss how the quality of care to people could be improved. For example, we read that one group of staff at a forum discussed and put forward proposals to "support people to develop new relationships, expanding their circle of support and increasing adult relationships." At another staff forum staff shared their views about giving and receiving constructive feedback. This feedback was then discussed by the provider's

leadership team and resulted in a review and restructuring of the staff appraisal process in line with the recommendations of staff.

Managers were approachable and operated an open culture. One healthcare professional told us, "They [the senior management team] are easy to access and approachable." A member of staff told us, "All of the managers are approachable, definitely." Another member of staff told us, "There is not that 'us and them' thing you often find between staff and managers. I think that's because on the one hand they [managers] are approachable but also because they know the people well. I mean you can be on shift and the chief executive or registered manager will turn up to talk to people. They [senior managers and people] just sit and chat like they have known each other forever. It's actually a really nice thing to see."

Staff were led by managers they could role model. One staff member told us "Look at the Chief executive and the [registered] manager, they know every person in the organisation including their families, and get involved in supporting them. I am impressed". A second member of staff told us, "Managers have an eye for detail which means we have to be focused. They are highly professional and expect all of us staff to be professional too." Whilst a third staff team member said, "The managers are role models. They lead by example. Like, when we resettle people [with behaviours that may challenge] they [members of the leadership team] might work one to one with the person. We get to see that planned interventions and low arousal responses really work." The registered manager told us, "We don't expect any staff to do anything we wouldn't do."

People were supported by staff who were happy in their work. We found every member of staff we spoke with to be enthusiastic about their work and passionate about achieving best outcomes for people. One health and social care professional told us, "My experience working with Nexus staff was that the support provided for people was high quality. To me it seems that staff go above and beyond their job descriptions." A member of staff told us, "This job is different every day. It's brilliant."

The provider continuously questioned its own practice to improve the quality of the service. Manager's invited staff to reflect on how they delivered support. For example, when a manager read in one person's guidelines that staff should "use a firm tone" when supporting a person's behavioural support needs, a training session was arranged for staff to role play the use of tone. This resulted in staff being were clear about how to verbally support people who were presenting with behaviours which may challenge and a change in terminology within care records. This meant people received a consistent approach from confident staff to meet their behavioural support needs.

Good governance was evident in the provider's quality assurance processes. Managers undertook a range of audits. These included checks of documentation, health and safety, training, medicines and people's home environments. In line with the provider's inclusive ethos people participated in the quality assurance process. People were employed as quality checkers to undertake periodic audits alongside the chief executive. Quality checkers focused on people's experiences particularly in relation to their person centred support and being safe. Quality checkers were paid for their work and we found that in line with the providers values, their contracts were in easy to read formats. This meant quality checkers knew their roles and rights. Where audits identified shortfalls action was taken. For example, one audit identified possible gaps in the safeguarding knowledge of some staff in one home. The registered manager arranged and delivered training to the team. Prior to the training session staff completed a questionnaire and following the session their knowledge was retested. This meant the registered manager took action to ensure staff performance was in line with best practice guidelines from healthcare professionals.

The provider worked collaboratively with other agencies. For example, it used its expertise in supporting

people to participate in staff interviews to assist other organisations. One healthcare professional told us, "People who are supported by Nexus have helped … to interview staff members joining an NHS health team. The two people in this instance were fully prepared and supported in advance by Nexus staff." The registered manager delivered training to other providers and members of the provider's leadership team liaised with children, parents and teachers in special needs school settings to provide information about transitioning into adult social care. The provider produced a locally available newsletter and publicly accessible website to share information in an accessible format. Topics covered in these publications included health information. For example, one newsletter advised people about the importance of sunscreen and showed how to apply it.

The provider had an experienced registered manager in post who understood the legal responsibilities of their registration with CQC and the requirement to keep us informed of important events through notifications when required.