Invicta 24 Plus Limited

Invicta 24 Plus

Inspection report

102-116 Windmill Road
Croydon
Surrey
CR0 2XQ

Date of inspection visit:
12 June 2019

Date of publication:
16 August 2019

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Invicta 24 Plus is a domiciliary care agency providing personal and nursing care to 83 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
We did not always find sufficient evidence that people were supported to have maximum choice and control of their lives and that staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not fully support this practice. This was because there were not robust procedures to ensure there was evidence that people always consented to the care they received.

However, the feedback we received from people and their relatives was positive. Comments included, "The service is very good – fantastic," "Some carers go above and beyond expectations" and, "My carer is warm and caring. [Staff member] is a lovely lady, brilliant. I would be lost without her."

The provider had made improvements to the staff recruitment process since our last inspection. This helped to ensure only suitable staff were recruited to care for people. There were systems to ensure enough staff were deployed at the right times to provide the care people needed.

People had individual risk assessments, but they did not always contain enough detail for staff to know how to manage risks safely. The registered manager told us they would review these. Staff knew how to report safeguarding concerns and how to keep people safe from the risk of infection.

Staff were competent to administer medicines and people received their regular medicines as prescribed. There was not always enough detail about when to offer people medicines prescribed only to be taken when required. We have made a recommendation about the management of this type of medicine.

People received care from staff who had the knowledge, skills and support they needed to perform their roles effectively. Staff had access to information about current best practice and shared relevant information about people's care with other organisations when needed. They made sure people's healthcare needs were met and that people had enough to eat and drink.

Staff were able to build positive relationships with people and get to know them well. People felt respected and valued by staff and were able to make choices about their care on a daily basis. The service promoted independence, dignity and respect for people's diverse needs.

Care was planned and delivered in a person-centred way that took into account people's individual needs and preferences. This included support to meet social needs. The provider sought appropriate support and

guidance to enable them to provide good quality end of life care. Staff used appropriate techniques to support people with a reduced ability to communicate verbally.

The provider had a policy and procedure for dealing with complaints and people told us the registered manager responded appropriately to complaints and concerns. However, the provider did not always keep clear records of the action they took in response to complaints.

The service had a person-centred culture that took equality and diversity into account. Good communication and teamwork made it easier for staff to provide good quality care. The provider also worked well with other agencies to share information and provide joined up care. People and staff felt the management were supportive and approachable.

The provider had systems to ensure care records were complete and accurate and that staff were providing good care. However, these were not always effective in auditing care plans because some contained out of date or contradictory information that could be misinterpreted.

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

Rating at last inspection
The last rating for this service was Good (published 11 January 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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?

Requires Improvement

The service was not always safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our Well-Led findings below.

Invicta 24 Plus

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
This inspection was carried out by one inspector and one 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
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. In some cases, the service provides live-in care staff.

The service had a manager registered with the Care Quality Commission. 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.

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. Inspection activity started on 10 June 2019 and ended on 13 June 2019. We visited the office location on 12 June 2019.

What we did before the inspection
We looked at the information we held about this service. This included previous inspection reports and notifications the provider had sent to us about significant events that happen within the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and six relatives of people who used the service about their experience of the care provided. We also spoke with eight care staff, the registered manager, three office-based staff and two members of the senior management team. We looked at four people's care records, three staff files and other records relating to the management of the service such as audits and the electronic call monitoring system.

Requires Improvement

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

Assessing risk, safety monitoring and management

- There was not always evidence that risks to people's safety were managed well. People had individual risk assessments and management plans, but their quality was inconsistent. Some contained instructions for staff about how to support people safely. In others, risks were identified but there were no details of control measures to help staff support people safely. We discussed these concerns with the registered manager, who agreed to review risk assessments.
- Office staff used the call monitoring system to see which people would be put at increased risk if staff were late or missed a visit. They monitored those people's calls more closely to make sure their risks were appropriately managed.

Using medicines safely

- Staff knew how to administer medicines in line with best practice. They had annual competency assessments to confirm this.
- Medicines were recorded appropriately. Where people were prescribed medicines to take on a regular basis, records showed people received their medicines as prescribed.
- There was not always evidence that people received medicines as prescribed when they were intended to be taken only under certain circumstances (known as PRN medicines). This was because people's care records did not contain specific instructions about what PRN medicines were prescribed for and under what circumstances they should be administered. People may have been at risk because staff did not have the information they needed to support people with these medicines according to prescription.

We recommend that the provider consults appropriate guidance about safe management of PRN medicines, including protocols for administration.

Staffing and recruitment

At our previous inspection in November 2016, we found people were at risk of receiving care from inappropriate staff because recruitment checks were not robust. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was no longer in breach of regulation 19.

- The provider made sure staff they employed were suitable to care for people. The provider carried out appropriate checks, such as identity and criminal record checks, and obtained suitable references as

evidence that staff were of good character.
● There were enough staff to care for people safely. The provider had robust systems to ensure staff arrived on time for visits, there was cover for staff who were off work and staff who did visits together arrived at the same time. People and relatives told us staff generally arrived on time, never missed visits and would call to inform them if they were running late. Staff told us they were happy with the staffing levels.

Preventing and controlling infection
● Staff followed an infection control policy to protect people from the risk of infection. People confirmed staff used protective equipment such as gloves to prevent infection from spreading.
● Staff demonstrated knowledge of infection control procedures such as basic wound care and how to support people safely with personal care.

Systems and processes to safeguard people from the risk of abuse
● People felt safe with staff. People and relatives told us staff were trustworthy. One relative said, "I absolutely feel [my relative] is safe with the staff."
● There were robust safeguarding procedures to protect people from abuse and to report any concerns. People, relatives and staff told us they knew how to raise concerns. Staff understood how to recognise and report abuse.

Learning lessons when things go wrong
● The provider had systems to learn from accidents and incidents. They were recorded clearly with follow-up actions. Where necessary, this included making adjustments to people's care plans or risk management plans to keep them safe from further harm. The process involved talking to people about their views of what happened.
● Staff knew what to do if there was an incident such as a person experiencing a medical emergency.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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. At the time of our inspection this did not apply to anybody using this service.

We checked whether the service was working within the principles of the MCA.

● There was not always evidence that people consented to their care, or that the provider followed the necessary legal processes when people did not have capacity. Care plans contained consent forms, but the ones we looked at were signed by people's relatives, by the manager of the service or not at all. Care plans lacked evidence that the provider had checked whether relatives had legal authorisation to consent on people's behalf. The provider sent us evidence after the inspection demonstrating they had checked this.
● In some cases, there were ambiguous or contradictory statements in care plans about whether people had capacity. This meant it was not always clear whether the provider had followed appropriate processes to ensure the care they delivered was in people's best interests. Although the provider sent us evidence after the inspection to show they were complying with the law, the information in care plans needed to be clearer to ensure people did not receive inappropriate care based on misleading information.
● However, although there was not always evidence that the provider followed MCA requirements when assessing people's needs, care staff were able to demonstrate a good working knowledge of the principles of the MCA. This included never assuming a person did not have capacity to make their own decisions, processes to ensure decisions made on people's behalf were in their best interests and who should be involved in making decisions on people's behalf.

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

● People had assessments that covered their care needs, preferences, things that were important to them and what outcomes they wanted from using the service.
● The service developed care plans based on this information so that people's care was delivered in line with their preferences and assessed needs.
● The management team regularly attended meetings to discuss best practice with local authorities. They then shared best practice information with staff at team meetings.

Staff support: induction, training, skills and experience
● Staff received the training they needed to care for people effectively, including training around specific needs or conditions. A relative told us, "Staff are well trained. They are capable of doing everything that [relative] needs." Staff told us they were happy with the training they received.
● Staff were well supported and felt this was something the service did particularly well. They had one-to-one supervision to discuss their work and received annual appraisals. New staff had a comprehensive induction to make sure they did not provide care to people until they were ready.

Supporting people to eat and drink enough to maintain a balanced diet
● Staff made sure people had enough to eat and drink, where this was part of the care they provided. A relative told us their family member particularly needed to remain hydrated because of their medical history and told us, "The regular carer makes sure [relative] has plenty to drink and recognises any change in [relative's] signs." Another relative told us, "[Relative] needed a bit of encouragement to eat and the staff would prepare food they knew she would like."
● Staff described how they encouraged people to choose healthy food and drink options while recognising that people had the right to choose less healthy foods if they wanted to. If people were not able to express their choices verbally, staff discussed people's tastes and preferences with their families so they knew what people liked.

Staff working with other agencies to provide consistent, effective, timely care
● People's care records contained details of other services they used and what care responsibilities each service held, to make it easier to share information between services and ensure care was consistent. Care plans contained cover sheets with information such as people's next of kin, diagnoses and a list of their medicines, so services caring for the person in an emergency would have easy access to the information they needed.
● Staff gave examples of times when they had contacted healthcare providers on people's behalf.

Supporting people to live healthier lives, access healthcare services and support
● People received support from staff who knew how to recognise if their health was getting worse. One relative told us, "They would soon alert me if there was an issue. They know [relative] very well and would recognise any signs [of poor health]."
● The provider worked with other services to ensure people received the healthcare support they needed. This included regular communication with hospitals when people were admitted for treatment, with discussion of any changes to people's care needs. During the assessment process, the provider gathered information about healthcare services people used to enable them to work well alongside those services.

Good

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 Good. At this inspection this key question has remained the same. 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 received care from staff who knew them well. This was because they received care consistently from the same staff, who had enough time to chat with people and get to know them. The service had a system of staff working in small groups to regularly visit the same people and were able to cover for one another when staff were absent from work. This meant when people's regular care workers were off work they were still likely to receive visits from staff they had met before.
- Staff made an effort to ensure people felt comfortable with them. Staff told us how they built up trust with people they cared for so people felt able to talk to them about anything they wanted to, including anything they were concerned about.
- Care plans also contained information about people's life history, so staff had a good starting point for getting to know them and engaging them in conversations. One person said, "They are lovely people. I have a good rapport with [regular staff member]. She listens and gives me good advice." Another person said staff were "very caring and helpful, always cheerful."
- Staff respected people's diverse needs, and ensured people received equal treatment. One relative told us, "They treat [my relative] with great respect even though she can't see or hear them."

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

- People and relatives were involved in creating care plans.
- People received information about the service when they started using it. This was to help them make decisions about their care and to ensure they understood what the service could and could not provide for them.
- Staff told us how they encouraged people to make as many decisions for themselves as possible on a daily basis, including what to wear and what to eat.

Respecting and promoting people's privacy, dignity and independence

- People received care that promoted their privacy and dignity. Although one relative felt staff were not given enough time to provide care in a dignified way, all of the other people and relatives we spoke with felt people were treated with dignity. Staff were able to describe how they promoted dignity in their work, such as by covering people during personal care so parts of their body that were not being washed were not exposed, not talking to one another over people's heads and allowing the person to take the lead in deciding how care tasks should be done.
- Staff promoted people's independence. People told us staff gave them opportunities to do as much for themselves as possible, and staff gave examples of when they did this.

Good

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 good. At this inspection this key question has remained the same. 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

- People and relatives felt the service was personalised and responsive to their needs. One relative told us the service was "amazing - everything was adapted to [relative's] needs." Another said the service provided was "very flexible – you just have to ask."
- Care plans were person-centred. They included details such as items it was important to people to have near them, what they wanted staff to discuss with their families and what they were worried about. There was a good level of detail about the care and support people needed staff to provide. Staff told us this enabled them to respond to people's diverse needs because they were familiar with each person's individual circumstances.
- People and relatives told us care plans were reviewed regularly so they stayed up to date with people's changing needs.

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.

- Staff used appropriate methods to communicate with people who needed additional support to do so due to dementia, stroke or learning disability. There was information in care plans about how people communicated and how staff should make sure they were understood. Examples included use of simple words and short sentences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider considered people's social needs when planning care. This included whether the service was able to provide support to access the local community; they also considered what support people received from their friends and relatives.

Improving care quality in response to complaints or concerns

- It was not always clear whether the provider followed their complaints procedure and took appropriate action in response to complaints. Two complaints did not have a date recorded, so we were unable to check whether the provider responded within an appropriate timescale. One complaint did not have any information about what the provider had done in response.
- However, people knew how to complain and said they would feel comfortable doing so. People and

relatives also told us the service had resolved any concerns to their satisfaction. One relative said, "We have had a few minor issues, but the management are great at sorting them out."
● The provider responded promptly to concerns people raised informally.

End of life care and support
● The provider worked alongside hospices to help ensure people received appropriate care at the end of their lives.
● Staff were familiar with the principles of good end of life care. They told us about keeping close contact with people and their families to make sure they knew what was important to people at this time. Staff also told us about the importance of effective communication with medical professionals, keeping people as comfortable as possible and ensuring their dignity was upheld at all times.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality care.

Continuous learning and improving care

- Office staff had a system that allowed them to check the quality of each person's visits on a daily basis. Call monitoring logs showed the time staff arrived and left and the notes staff made about the duties they carried out. They were able to contact staff quickly if they identified any problems. The registered manager received copies of any information about risks to people, so they could monitor this. Supervisors also carried out regular spot checks to make sure staff were providing safe and high-quality care.
- There were regular audits of the care records staff made on each visit. These showed staff made complete and accurate records of the care they provided on each visit, using appropriate language.
- The provider's audits had failed to identify the concerns we found around a lack of evidence that people consented to their care, risk management, medicines management and unclear record keeping around complaints.
- There was a risk staff who did not know people well might provide inappropriate care based on incorrect information. This was because some care plans contained documentation that was duplicated or out of date, and it was not always immediately clear which copy was currently in use or when care plans were due for review. We judged this was not currently a significant risk, because of the consistency of staffing and oversight, but would still need to be addressed. We discussed this with the management team, who said they would review their documentation.

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

- The service had a person-centred culture with clear values. The provider used staff meetings, which were well attended, to promote these.
- Staff told us the registered manager was respectful and friendly and this encouraged them to have a similar attitude towards people using the service.
- Staff told us the provider had consideration of equality and diversity in all aspects of their work and that this was one of the main values of the service.

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

- People told us the registered manager was open and approachable. One person said the registered

manager was "very sympathetic and helpful." A member of staff said the registered manager was "very supportive and understanding."

● The registered manager shared relevant information with staff via meetings and other communications. Staff confirmed the manager responded quickly when something went wrong and was open about what they were doing in response.

● One person told us staff "work really well together." Office staff used a number of tools to communicate with staff in the field to make sure they knew where they needed to be and what their duties were.

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

● The provider listened to people's feedback and used it to improve the service. People and their relatives told us senior staff regularly asked their opinions about the service, either in person or via telephone calls. The provider carried out regular surveys to gather feedback from people and relatives.

● Staff had regular opportunities to attend meetings and express their views about the service.

Working in partnership with others

● The provider worked closely with commissioners to ensure information was shared appropriately. This helped to provide good continuity of care and oversight of risks. Examples of how they did this included attending a three-monthly forum with the local authority that commissioned the bulk of the care provided by the service.