

# Invest In Care Limited

# Invest in Care

## 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?        | Requires Improvement ● |

# Summary of findings

## Overall summary

### About the service

Invest in care is a domiciliary care service that provides personal care and support to people living in their own homes. There were 15 people receiving personal care at the time of the inspection.

Not everyone who uses 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

The provider had not consistently followed their recruitment policy to ensure suitably skilled staff were in place. Checks had not consistently been carried out to ensure people had their needs met.

People were supported to have risks to their safety managed and were protected from abuse by staff that understood how to safeguard them. People received support from staff that understood how to minimise the risk of infection. Where incident happened, these were reviewed and learning was applied.

Staff were trained and supported in their role to provide effective care. People had their needs assessed and plans put in place to meet them. Where people had dietary needs identified these were planned for. Any health conditions were documented and people had support to maintain their health.

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.

People were supported by kind and caring staff who helped them to maintain their privacy dignity and independence. Staff supported people to make choices and decisions for themselves about their care and support.

People received person centred care which enabled them to have their preferences met including considering needs at the end of people's lives. People received support to access the community and follow their interests.

The provider had a system in place to obtain feedback from people and listened and learned when people made complaints. There were systems in place to support continuous learning and partnerships and the registered manager understood their responsibilities.

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

Rating at last inspection and update

The last rating for this service was good (published 9 May 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was 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.

# Invest in Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 November 2019 and ended on 13 November 2019. We visited the office location on 8 and 11 November 2019.

#### 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with four members of staff including, registered manager, team leader and support workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, care plan reviews and quality assurance records.

# 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 good. At this inspection this key question has deteriorated to requires improvement. 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.

### Staffing and recruitment

- The provider had a policy in place for staff recruitment which required checks on the staff suitability to work with people through references and checks to ensure staff were suitable to work with vulnerable people.
- However, the registered manager told us they had identified prior to them being in post some staff had been recruited without following the policy and some checks on staff had not been done correctly. The registered manager was taking action to complete checks for staff where this had not been done in line with the policy.
- One person told us, "They are pretty reliable and not often late. They usually stay for the right amount of time." The person went on to say, "There is inconsistency. I don't know who will be coming out because we don't get a rota. It would be nice to get one."
- The registered manager told us they did not use a rota to tell people who would be attending their calls but made sure at the end of each call people were told who would attend the next one.
- Staff told us there were enough staff and any staff absences were covered between them or the registered manager would also cover. Staff used a hand-held device to check into each call, this alerted the registered manager within 15 minutes if staff had not arrived.

### Systems and processes to safeguard people from the risk of abuse

- One person told us, "The staff let themselves in to my home, I do trust them." A relative told us, "[Person's name] has told me they feel safe with the staff."
- Staff had received training in how to safeguard people. The staff understood the systems in place to report any concerns and could describe how they would recognise the signs of abuse.
- The registered manager was able to describe the process for safeguarding people from abuse and give examples of how concerns had been reported to the local authority. Notifications had been received about incidents.

### Assessing risk, safety monitoring and management

- People had risks to their safety assessed and plans were in place to manage those risks. People and relatives told us staff understood how to support them safely and could give examples of how staff followed plans to keep them safe.
- Staff could describe the key risks and how these were managed. One staff member told us about risks to a person from a health condition. Staff understood how to keep the person safe and we confirmed this was documented in the persons care plan.

- Risk assessments plans were in place for each person to keep them safe. The registered manager told us these were updated on a regular basis and when things changed for the person.

#### Using medicines safely

- Where people received support with their medicines this was done safely. One relative told us, "The staff give [person's name] their medicines and they make sure they are kept safely in a drawer."
- Peoples individual needs had been assessed and their care plans documented the support they needed. Medicine Administration records (MAR) were in place which guided staff on how to administer medicines and allowed them to document what people had received.
- Staff had received training and had their competency assessed to ensure they could administer medicines safely.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff had been trained in how to prevent the spread of infection and the registered manager confirmed this was checked when they monitored calls.
- Staff had access to personal protective equipment (PPE). One staff member told us, "Uniform is provided by the company, we have gloves and aprons which are always accessible. We also have foot covers for over our shoes."

#### Learning lessons when things go wrong

- The registered manager had a system in place to learn when things went wrong.
- The registered manager shared an example of when an incident had occurred with one person and how they had reviewed this incident and made changes to ensure the incident was not repeated.
- Information about incidents was recorded on an incident form and all of these were reviewed by the registered manager to enable action and learning to take place.

# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed and plans put in place to meet them.
- We saw assessments were carried out with people which identified their needs and preferences. This information was then used to develop a detailed care plan and prompt sheet for people.
- Staff were able to describe people's assessed needs and how these are met and told us the care plans provided guidance for them to follow on how to meet people's needs.

Staff support: induction, training, skills and experience

- Staff were skilled and trained to meet people's needs. People and relatives told us they thought staff were competent and knew how to support people.
- Staff received an induction into their role which included shadowing and mandatory training updates were also given. Staff had regular checks on their competency from the registered manager.
- We found some mandatory staff training needed refreshing. The registered manager confirmed for us following the site visit that this had been arranged with their trainer.

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

- Where people required support to maintain a balanced diet this was provided by staff. One person told us, "They know I have diabetes and they are careful in what they give me. They put sausages in the microwave or I have a banana buttery."
- People's individual needs and preferences were understood by staff. There were clear documented tasks for meals and drinks in people's care plans.
- Where people were supported with meals and drinks there were clear records showing how the support had been provided and what people had received to eat and drink.

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

- People received consistent care. Staff were kept up to date about any changes in people's care needs.
- The registered manager told us they engaged with other professionals where required and made sure any advice was incorporated into people's care plans.

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

- Where people needed support to access healthcare services this was received. One person told us, "They help me book my appointments and take me to attend them."
- Staff were knowledgeable about people's health and could describe how the care they received

supported them to maintain a healthy lifestyle.

- Where people had health conditions this was clearly documented in their care plans and guidance was in place for staff on how to support the person to maintain their health and wellbeing. One relative told us how the service had supported health improvements, "Over the last two years all the walking [person's name] has done has meant that they have lost weight and got fitter."

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. 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 receiving the service were able to consent to their care.
- Staff had received training in the MCA and were able to describe how they would support people to make decisions if they lacked capacity.
- The registered manager was aware of the MCA and demonstrated how they would assess people's capacity and document best interest discussions if required.

# 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

- One person told us, "The staff are caring people and they do listen. They are thoughtful and helpful. Compared to other companies that I have had I've liked all the staff." Another person told me, "The staff who comes are as good as family to me." A relative told me, "The staff look after [person's name] very well. They are very attentive to them." Another relative told us, "The regular staff member books their holiday when [person's name] goes into respite care so they have never missed a visit and [person's name] has consistency. They are great with them."
- Staff spoke about people with compassion and understood people's individual needs and preferences including protected characteristics. They could describe how they used this knowledge to support people to meet their needs.
- Assessments and care plans were clear about how people wanted to be supported and staff could describe how they used this information and got to know what people liked and how to support them.

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

- People were supported to make decisions about their care and support. People and relatives told us staff enabled them to make decisions about their care. One relative told us, "The staff ask [person's name] about what they want to eat and they can make the choice."
- Staff could describe how people were supported to make decisions about what to eat, what to wear and where to go when they were supported to go out into the community.
- Care plans guided staff on how to support people with decision making. Each person had a detailed prompt sheet which gave staff guidance on ensuring people were able to make choices and decisions for themselves.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and privacy was maintained. One person told us, "The staff have given me more confidence. They reassure me without over-crowding me. They will give me space if I ask them to. They go into the spare room."
- People were supported to maintain their independence. One person told us, "They are teaching me to cook. They are on hand to help with the chopping and then they watch to make sure that I do not put too much water in let it boil over."
- Staff could describe how they supported people to maintain independence and have their privacy maintained. The care records gave guidance for staff on how each individual wanted to be supported including the aspects of their care they could do for themselves.

# 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 were involved in their assessments and care plans. One person told us, "I was fully involved in my assessment. They were co-operative about my preferences and flexible with changes. They have tailored the care to suit me perfectly."
- People received personalised care and support which enabled them to have their preferences met. One person described their morning routine, "The staff give me a shower, I sit down on a chair and they help but they don't do everything, I do some of it for myself."
- Staff were able to describe for us how people wanted to be supported. Care plans documented people's preferences in detail and guided staff on how to provide support to individual people.

Meeting people's communication needs

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

- The provider was meeting the AIS and ensuring people received information in a way they could understand. One relative told us, "[Person's name] is very sensitive about anything being written down. They do not like any form of book and if anyone writes something down or questions them they shut down. The staff know this and they are putting things down on line which is better for [person's name]."
- Staff had developed a knowledge of people's communication needs and were able to describe how each person they supported required them to adapt the way they communicated.
- Communication needs had been assessed and planned for and people received information in the way which met their needs.

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

- People received support to follow their interests and go out into the community. One person told us, "This company allows me to go further afield with trips. They have also suggested that I go to places other than shopping outlets. They have given me more ideas like Chester Zoo for example." One relative told us, "The staff take [person's name] to a garden centre or to a National Trust Centre."
- Staff were supporting people to go out into the community and have support to do things they enjoyed and helped to encourage people to try new things. One relative told us, "The staff have suggested that [person's name] goes to a disability dance class in Shrewsbury and they are always suggesting other places to visit and other activities."

- Care plans detailed what people enjoyed and there were records of how people had spent their day when supported by staff.

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

- There was a complaints policy in place which ensured all complaints were logged and investigated with a response given to the person. People and relatives understood how to make a complaint and told us they felt as though they would be listened to.
- The registered manager told us they had received some complaints and had investigated these and given the person a response. They explained they used the learning from this to make improvements to the service.
- We saw where people had raised complaints and concerns these were logged with the actions which had been taken.

#### End of life care and support

- People received support to consider their wishes for care at the end of their life.
- The registered manager told us they were supporting someone who had recently had a palliative care diagnosis. They told us how they were meeting with the person and their family to discuss how they would be supported and update the persons care plan.
- After the inspection site visit the registered manager confirmed this had taken place and provided details of the review.

# 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, person-centred care.

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

- The registered manager told us people's daily care records and medicines administration records were checked to ensure people's needs had been met. However, some people's care records had not been received into the office for checking. We also found there was no record of the checks that the manager had completed.
- The registered manager collected all the records for us to review on day two of the site visit and we saw there were no concerns with care delivery. The registered manager told us they had developed an audit form and had audited all the records using this by the time we returned to complete the second day of inspection.
- The policy for recruitment and selection had not been followed by the provider. The registered manager had identified this shortly before the inspection. The registered manager told us they were auditing all staff files and were taking action to ensure all staff had the correct documentation on their file.
- For example, where staff had not got an up to date Disclose and Barring Service in place staff this had been applied for and staff had been removed from providing care until this was returned.
- Checks were carried out about people's care delivery. For example, there were spot checks conducted by the registered manager on a regular basis. The registered manager told us these were used to check staff competency and ensure people were happy with the support they needed.
- Calls were monitored through an electronic device which enabled staff to clock in for the call at the start and end. This meant the registered manager could ensure people were receiving the full time allocated for their call.
- There was a system which also alerted the registered manager if staff did not attend the call within 15 minutes of the start time. This meant the registered manager could ensure no calls were missed and if staff were delayed and going to be late they could inform the person of this.
- The rating was on display on the website for the service and in the registered location in line with the regulations.

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

- People and relatives were complimentary about the service. People told us they had a personalised support which met their individual needs and preferences. One relative told us, "From the start I was impressed, the staff have ideas, one came last week with some ideas and photos about a climbing activity.

The staff really engage with [person's name]." One person told us, "I have met the registered manager, they are nice." The person went on to tell us how the registered manager had taken them on an outing.

- Staff told us they enjoyed working for the company. One staff member said, "The company is good and a nice place to work. I have recommended other people come to work here as well. They have a great work ethic they work very hard."
- Staff were well supported by the registered manager and provider. They received regular opportunities to discuss their role and could always access support. One staff member said, "They are very supportive, we have a professional relationship and they are very approachable. I have had a bad year personally and they have been supportive with me. They have checked in on me and spoken to me and helped me through things."

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

- The registered manager understood and acted on the duty of candour. We saw where incidents had taken place these had been reported to the relevant people.

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

- People were able to share their views with the registered manager about the service. One person told us, "On the phone they are always available. With emails they take a bit longer to respond."
- We saw people, relatives. Staff and professionals were given surveys to complete which sought their views of the service which were mostly positive. However, there had not been any analysis completed on these and no feedback had been given about what actions had been taken as a result.
- We spoke to the registered manager about this and they told us they would review the approach to include analysis and feedback to people, professionals and staff.

Continuous learning and improving care

- The registered manager told us they were always seeking new ways to improve the service. They had recently begun to use an electronic system for documenting peoples care notes. This was still in the early days of implementation and had already benefited one person that didn't like staff recording their visits in a book.
- The registered manager also told us they were involved in regional groups to share best practice and gain advice about the service. They told us they had accessed a training course called lead to succeed through a regional network.

Working in partnership with others

- The registered manager told us they had working partnerships in place with health professionals and other providers.
- We saw health professionals and other providers involved in people's care were referenced in people's care plans.