

Invictus Complex Care Ltd

Invictus Complex Care

Inspection report

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Date of inspection visit:
13 March 2023
16 March 2023

Date of publication:
19 April 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Invictus Complex Care is a domiciliary care provider registered to provide personal care and treatment of disease, disorder or injury. At the time of this inspection people received support from Invictus Complex Care in their own homes. The service supported people with a variety of care and support needs, including people with sensory impairments, physical disabilities, autistic people and people with learning disabilities. They supported both adults and young children.

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. At the time of our inspection there were 15 people being supported with personal care by Invictus Complex Care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Culture: The service was well led. The quality assurance systems to assess and monitor the service had been made more robust by the provider which had improved the registered manager's oversight of the service to ensure it was being managed safely and quality maintained. The provider was supporting people, relatives, professionals and staff to build up their trust and confidence in these changes. The provider was passionate about providing person-centred care and supporting people to achieve positive outcomes. They worked in partnership with other professionals to achieve this. Most staff we spoke to felt supported and listened to.

Right Support: The provider was able to demonstrate how they were meeting the underpinning principles of 'Right support, right care right culture.' 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. They supported people with complex health conditions and ensured staff were trained and competent which enabled people to be supported with positive risk taking.

Right Care: People were supported to make meaningful choices. There was an ethos of person-centred care and people's human rights were supported to be upheld. People were supported to lead inclusive and empowered lives. People had care plans in place which were person-centred.

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

Rating at last inspection

This service was registered with us on 2 December 2021, and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about care planning documentation, medicines, training of staff and governance. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, responsive and well-led sections of this full report.

Follow up

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

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Invictus Complex 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 Health and Social Care Act 2008.

Inspection team

Three inspectors and an expert by experience carried out the inspection. 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We received feedback from 3 people and 6 relatives about the quality of care and support people received. We received feedback from 12 staff members including, the registered manager, nominated individual, administrators, registered nurses and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 5 people's care records and medicines records. We looked at 6 staff files in relation to recruitment. We also looked at records that related to the management and quality assurance of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People and relatives confirmed they were involved in people's medicines management. One person told us, "I know what I take and have a book to write down new tablets and record when stock is counted weekly. The carers do MAR charts." A relative told us, "I am told of his reviews and any changes to medication."
- Some people had been prescribed medicines to be used 'as required' (PRN). These medicines need PRN protocols to explain their use and how much to give, or when to use the medicine. PRN protocols were in place and staff could describe how they supported people to take these medicines appropriately.
- People received their medicines as prescribed. The provider was reviewing their monitoring of people's medicine administration records (MARs) to ensure these would always accurately reflect medicines people had received.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives confirmed people received safe care. When asked if their relative received safe care, one relative told us, "Very much so, I am confident."
- Most staff told us they felt confident in reporting concerns to the provider and felt appropriate action would be taken in response. The registered manager was able to demonstrate how they had managed and responded to safeguarding concerns appropriately.
- Staff were aware of their responsibilities in relation to safeguarding. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

Assessing risk, safety monitoring and management

- Assessments were undertaken to assess any risks to people and to the care staff who supported them. Areas covered by these assessments included risks to the environment and moving and handling.
- Business continuity plans were in place to ensure that the delivery of care was prioritised to those most at need during crisis situations.

Staffing and recruitment

- People and their relatives told us staff were on time and the provider was flexible in changing times of calls to meet people's preferences and needs. Comments included, "If I want to adjust hours they will come in earlier and leave earlier", "They are brilliant and come when expected" and "They are reliable and on time."
- The provider worked in partnership with people when recruiting staff. Each person was supported to

recruit their individual staff teams and was involved in the process. The provider told they ensured people had the final say in who was recruited to support them. One person told us, "I was involved in recruitment, I have to get on with carers. Invictus sent me CVs that they thought suitable, then we had zoom meetings." A relative told us, "We were involved in second interviews of nurses. Invictus looked at what we required, for [person's name] and family life. Carers are like an extended part of the family; therefore, it is very important."

- The provider recruited specifically for each package of care they took on and acknowledged their approach meant it could take longer to fully recruit for each care package but were passionate and committed to ensuring people were fully involved to ensure the most appropriate carers for the person were recruited.
- Safe staff recruitment processes were followed which included making the necessary checks to ensure staff were suitable to work with vulnerable people. The provider had robust trackers and audits in place to ensure all checks were carried out.

Preventing and controlling infection

- All staff received training in infection control. Staff demonstrated a good understanding of infection control procedures.
- Staff had ready access to personal protective equipment (PPE), such as disposable gloves and aprons.

Learning lessons when things go wrong

- Where an incident or accident had occurred, the provider had procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence. For example, medicines errors had been reported, investigated and action taken to prevent recurrence.
- Most staff confirmed they were kept updated and informed of any accidents and incidents. These were discussed during staff meetings and supervisions. Some staff told us they were not always kept informed and updated. One staff member told us, "We don't get anything back from incidents or accidents ... No opportunity of seeing any follow ups." Prior to our inspection the provider had identified staff had not always been informed about action taken in response to incidents. They had started to improve staff communication to ensure staff would always be informed as required.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider completed comprehensive assessments to ensure people's needs could be met. Expected outcomes were identified, discussed, and agreed with the person and family members. One relative told us, "They did an initial assessment, and [person's name's] care plan is updated monthly."
- Care plans provided information about how people wished to receive care and support. The care plans seen were detailed and provided carers with detailed guidance about how people wanted to be supported and their desired outcomes from their care and support. The care plans described people's needs in a range of areas including personal care and daily living activities.

Staff support: induction, training, skills and experience

- Most people and relatives were positive about the training provided and felt staff were trained and competent to meet people's needs. One person told us, "Yes, Invictus provides training. My carers were trained in tracheostomy care by a nurse." Comments from relatives included, "They got specific training to meet [person's name's] needs", "Yes, and they do additional training relevant to [person's name]. For example, eye gaze course. Carers wanted to learn more about eye gaze" and "I feel they have. The medical side is fine, as it is outlined what to do." Eye gaze is a communication system. This meant the person was supported to communicate in their preferred way.
- Most staff were also positive about the training provided. Comments included, "Yes, very comprehensive training" and "Yes, very thorough training." Most staff confirmed they felt additional training would be provided if they required it.
- For 1 person their relative and a professional felt training could be more personalised with less reliance on staff who had worked with the person previously to train new staff. The provider had been responsive to this feedback and taken action to address the concerns.
- The provider regularly reviewed the training required to support each person safely and in line with best practice. For example, for 1 staff team they had supported the staff to be trained in autism awareness and other appropriate courses to enable the staff to fully support an autistic person.
- The provider had systems and processes in place to implement any new training which would be beneficial for people and staff. For example, for any specific health condition they would identify what training was available for staff. They were not tied to any 1 training provider which enabled them to access relevant training from any provider. In addition, the provider created detailed training presentations for staff which they could incorporate lessons learnt into.
- Invictus Complex Care specialised in providing specialised support to people with complex health needs. They employed registered nurses and had effective processes in place to support their professional development and ensured they remained competent and skilled.

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

- People were supported to manage their nutritional and hydration needs. Care plans confirmed people's dietary needs had been assessed and support and guidance recorded for the individual person. The provider utilised external resources to support people and staff to explore recipes and ideas for modified diets.
- The support people received to eat and drink varied depending on their individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members supported people with meals of their choice. One person told us, "Carers make sure I have something organised for dinner." A relative told us, "[Person's name] chooses what to eat, wear and where to go."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to see health care professionals according to their needs. For example, dieticians, GPs and physiotherapists. One person told us, "They (carers) take a big interest in my physio and rehab. I am having a hydro pool built. The agency will do a risk assessment, then they will be trained by my physio team to check they are happy and feel safe doing it."
- People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed staff worked closely with, and liaised with, healthcare professionals to ensure people received the appropriate level of care as their needs changed.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People, or where appropriate their relatives, consented to their care and treatment and were involved in decisions about people's care. This was clearly recorded in care planning documentation. People were supported by staff to make day to day decisions about their care in accordance with the principles of the Mental Capacity Act (MCA).
- Staff received training on the Mental Capacity Act (MCA). The provider had created a detailed MCA presentation to support staff to understand how the MCA applied to their role.
- Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All the people and relatives we spoke with told us staff were caring. Comments from people included, "I have nothing but praise for them, they are exceptionally helpful and attentive", "I want responsible carers so that I feel safe with them. They all have experience of care with good judgement" and "They help me with everything, they are wonderful. Give continuity of care." Comments from relatives included, "The carers are amazing, the best [person's name] has had" and "The carers are amazing."
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. One staff member told us, "The person I support is at the centre of everything we do. It is all for their benefit and we do what is right, not what is easiest." A relative told us, "[Person's name] knows the carers and is always happy with them."
- The provider had considered people's human rights and support to maintain their individuality. Records included information of protected characteristics as defined under the Equality Act 2010, such as people's religion, disability and cultural background.

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

- People and their relatives told us they were involved in people's plan of care and most confirmed their views were listened to. One person told us, "I am involved." They went on to explain how Invictus Complex Care had listened to them about how they wanted their support to be communicated within their care plan to promote their privacy and dignity as they hadn't liked how their previous provider had communicated the information.
- Staff encouraged people to express their views and opinions and supported people to make choices and decisions. They were involved in planning how their care was given. Where people had limited communication, or chose to include them, their families or representatives were also involved in decision making. One relative told us, "We recently had a care plan review, with opportunity to read it through, ask questions and sign it when we were happy with it."
- Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks. Staff respected people's rights to refuse care. One staff member told us, "You need to ask for consent if you need to do any personal care." Another staff member told us, "I take my time to let them finish their sentences and do not talk over them. Once I've listened, I will act on what they have said or asked."
- People were supported by the provider to ensure their rights, opinions and decisions were respected and listened to. For example, they supported people to access advocacy services when appropriate and had supported people to ensure their voices were heard when meeting with external professionals and organisations.

Respecting and promoting people's privacy, dignity and independence

- People confirmed staff respected their privacy and dignity and supported their independence. One staff member told us, "I ensure [person's name] is put first and involved in every aspect of their care possible. That their opinions and needs are valued and respected and that as a team we do our best to meet them."
- People were encouraged to be as independent as possible and care planning documentation reflected this. Care staff knew the level of support each person needed and what aspects of their care they could do themselves. A relative told us, "They don't just care for her, they come up with suggestions to help her progress. They listen to us."
- The provider was passionate about supporting people to maintain and/or improve their quality of life and independence. Some people had complex health conditions and support needs and they were supported with positive risk taking. The provider told us, "A lot of our clients are extremely complex, and it is about looking beyond the diagnosis and what they can't do but instead looking at what they can do. With the right support and training anyone can do anything, and it is about positive risk taking; ensuring we are not restricting people for the sake of it."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans had been developed for each person who had either been involved in them or where appropriate their family members had been. Information in care plans was personalised and detailed people's preferences, likes, dislikes and the level of support people needed. People's individualised support needs were clearly identified with detailed guidance to support positive outcomes for people. For example, an autistic person had been supported to develop their confidence and access new experiences and activities. This had increased their independence.
- People were supported to be fully involved in the planning of their care. This helped to ensure they had choice and control in relation to the care provided which met their specific needs and wishes. One staff member told us, "I ensure I know them and their preferences before assisting with any personal tasks. I involve them and encourage their independence throughout any task."
- People's protected characteristics were explored during the initial assessment process. For example, there were questions in relation to religion and culture. One relative told us, "They have a person-centred approach."
- Staff and the nurse managers were responsive to people's changing needs. Staff reported any changes which were also recorded in people's daily records. This meant all staff who provided people's care, had access to up to date information about the person's needs and any concerns which enabled timely interventions.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and supported. Information for people could be provided in different formats if required. For example, Easy Read. Easy Read is a way of translating difficult information and making it easier to understand.

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 were supported to access the wider community and maintain social relationships. People confirmed they were supported to access activities they chose when they wanted to. Comments from relatives included, "[Person's name] has been to the cinema for a special viewing. A risk assessment was

done, and the trip was successful. Carers suggest things for consideration." Another relative told us, "One carer in particular really knows how to motivate them. For example, makes a game and get them to point to symbols and [person's name] can do it."

- Invictus Complex Care supported people to maintain, and in some cases resume, their access to activities they enjoyed prior to a deterioration in their physical health. One staff member told us, "We regularly access activities they used to do prior to their accident."
- For other people Invictus Complex Care had supported them to access activities and environments they had not been able to access before. For example, they had successfully supported people to be able to go to school as they were able to ensure they had the specialised support they needed to do so safely. This had improved their quality of life.

Improving care quality in response to complaints or concerns

- People and relatives told us they were aware of how and who to make a complaint to. One person told us, "I haven't looked back since being with Invictus, they are brilliant. I am very happy; I have no concerns whatsoever." A relative told us, "I have no concerns. I speak to the nurse, then [registered manager's name]. I have contact details."
- The provider had a complaints policy in place and there were systems and processes in place to ensure complaints were logged, responded to and reviewed in a timely manner.

End of life care and support

- At the time of our inspection, the service was not supporting anyone with end-of-life care. However, the registered manager was able to provide assurances that the service would liaise with other professionals within the community and receive guidance when this would be necessary.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Quality assurance systems, processes and audits were completed regularly. Prior to the inspection the provider had identified a concern in relation to quality, person-centred care and staff support for some of their packages of care. They had implemented measures to address those concerns and had an action plan they were on track with completing. They had strengthened some of their processes and systems to prevent recurrence. For example, care plans were now signed off by the registered manager or nominated individual. This meant improved consistency and more effective oversight. The provider acknowledged this had negatively impacted some people's, relatives, professionals and staff's experiences which we found reflected in some of the feedback we received. The changes needed time to become embedded and for trust and confidence to be restored.
- The provider was taking action to strengthen their quality monitoring checks in relation to medicines and accidents and incidents. In addition, they identified learning and shared this with the staff teams to improve practice such as implementing 'professional communication etiquette' guidance.
- Most staff we spoke with felt supported in their role. They told us they were able to talk to their line managers and if needed could talk to the registered manager and felt listened to. Comments included, "I'm always asked how I'm doing and if there's anything I need. My manager comes to the [person's] house regularly to check in", "I feel that I am listened to if I raise a concern" and "The fact each support has a dedicated nurse manager who is always quick to pick up the phone and respond to any question no matter how minor means I have faith in the leadership and never feel that I would be hung out to dry in a difficult situation."
- The provider and staff team were able to communicate any information or changes promptly to each other, even when remotely working. This enabled changes to care plans to be updated straight away.
- The management team followed current and relevant legislation along with best practice guidelines. They understood legal obligations, including conditions of CQC registration and those of other organisations.

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

- The provider sought regular feedback from people and relatives. This was supported through formal and informal opportunities. For example, when visiting people's homes nurse managers spent time with people to enable them opportunities to give any feedback. In addition, there were designated staff in the office who

contacted people to get their feedback regularly. One relative told us, "I have the main person's phone number and can leave a message. She always gets back to me. Communication is good."

- Some relatives told us communication could be improved with the main office. They told us they did not always get a timely response, especially in relation to communication about staffing cover. The provider had responded to feedback and had arranged meetings with people and relatives in person to introduce themselves and to enable feedback to be discussed in person. In addition, they had recruited additional office staff.
- Most staff confirmed they had regular meetings and supervisions, and they were kept informed and updated on any changes they needed to be aware of. Comments included, "We have team meetings usually over Teams (video conferencing), but we have access to nursing assistance by phone 24 hours a day" and "Management are always available and quick to reassure that no question is silly. MDT (multi-disciplinary team) and Invictus are excellent at responding and taking on feedback from the team."

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

- People and most relatives had confidence in the provider and the care provided. Most of them told us they would recommend the service. One person told us, "Yes, I would recommend them. They have knowledge of complex care with life experience." Comments from relatives included, "I would highly recommend them to anyone in my position. They are professional and nice people. I enjoy meeting them and talking to them" and "Yes, and I do. As a nurse I work with other agencies."
- There was a person-centred culture within the service. Staff ensured people were at the centre of their care. One person told us, "We work together, and they include [relative's name] which is very important to me." A relative told us, "They involve themselves with [person's name]. For [person's name] to sit with a carer, laugh and chat is amazing. [Person's name] has never done this before."
- The provider demonstrated their person-centred approach in their risk assessing. People had been supported to achieve their goals and have their wishes met. For example, 1 person had been supported to visit their family. This had required robust risk assessing and planning to support them to achieve this. This had promoted the person's emotional wellbeing and resulted in a positive impact for the person and their family.
- The service worked collaboratively with health care professionals to promote best outcomes for people. For example, they had worked closely with 1 person's rehabilitation team. A staff member told us, "Rehab is evolving all the time to meet [person's name's] needs and as they improve, we adapt with them."
- People had care records with relevant information, for care staff and other professionals to refer to when necessary. There were systems and processes in place to ensure referrals were made when required.