Care Quality Commission

Invicta Care and Training Ltd

Invicta Care and Training Ltd

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Invicta Care and Training Ltd provides care at home to people. They provide personal care to adults who may be living with dementia or have disabilities.

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 11 people received the regulated service of personal care.

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

During this inspection we found whilst some of the concerns identified at previous inspections had been addressed or at least improved, further concerns were identified which were breaches of the regulations. This meant the service provision had overall deteriorated since our last inspection.

The provider was not using robust recruitment processes to recruit staff in a safe manner. This was because some staff application forms were not fully completed. There was no evidence gaps in the information requested was checked to ensure staff education and work history was stated in its entirety.

The registered manager, whilst informing the local authority of safeguarding adult concerns, had failed to inform the CQC. This is a legal requirement therefore the provider had breached the regulations.

The provider's paperwork for assessing staff competency in their induction, shadowing and their administration of medicines was not completed in a comprehensive manner. This was because the paperwork did not always state the care workers name or where the assessment had taken place and we could therefore not be sure if the competency assessments had taken place as planned.

People's care plans and risk management information has improved in terms of person-centred content. However, two care plans we looked at had not been reviewed in a timely manner to ensure the people's support needs were being met and to reflect the changes to their service provision.

The provider demonstrated they were working with a quality assurance consultant to make improvements. They had completed an action plan a week prior to our inspection which stated how some of the issues we found would be addressed. However, there was no evidence of regular auditing of records throughout the year and the findings were identified too late to ensure concerns had been addressed in a timely manner.

Notwithstanding the above people and relatives spoke positively about the care workers who they found friendly and kind. They told us most care workers arrived on time and they had a consistent service. However, one relative had negative experiences of staff not always attending the calls as scheduled.

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.

The registered manager and care workers supported people to access appropriate health and social care for their well-being and took steps to ensure people ate well and drank enough to remain hydrated.

People and relatives found the registered manager approachable and found they listened to their concerns and addressed any issues.

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

Rating at last inspection (and update)
The last rating for this service on the 29 October 2018 (published on 09 January 2019) was requires improvement. At that inspection we identified breaches of Regulation 12 (Safe care and Treatment) and Regulation 17 (Good governance).

At this inspection not enough improvement had been made because we found further concerns. We found breaches of Regulation 12 (Safe care and treatment), Regulation 19 (Fit and proper persons employed), Regulation 9 (Person centred care) and a continuing breach of Regulation 17(Good governance).

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

Enforcement
We found no evidence during this inspection that people had been harmed but this was the third consecutive inspection where the service has been rated as requires improvement and where the provider has been unable to make and sustain improvements in all areas of the service. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Requires Improvement**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

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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
One inspector undertook this inspection over two days.

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
This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We 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.

During the inspection
We met the registered manager at the office location on the 19 December 2019. We spoke with the registered manager, office manager and quality assurance consultant. We looked at the care records for four people who used the service, and four staff recruitment, training and support records. We also reviewed records of safeguarding adults, complaints, incidents, accidents and quality monitoring.

We made calls to people and their relatives on the 8 January 2020. We telephoned and attempted to speak with 11 people or their representatives. We were successful at speaking with two people who used the service and four relatives of other people.

After the inspection
We also telephoned and attempted to speak with 12 care workers. We were successful at speaking with five care workers. We also spoke with a local authority commissioning team representative.

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

Using medicines safely
At our last inspection in October 2018 we found people's care records did not always reflect when staff were administering medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●Staff received training to support them to administer medicines. However, we were unable to determine from the documentation if staff had been assessed as competent to administer medicines.
●Competencies completed did not state where the staff was observed administering medicines. For example, one competency form did not have a staff name attached to the form. The registered manager told us, "If it didn't have a name it didn't happen." They told us, "We are to bring all carers. We will sit with them and go through everything [and] all those trainings today. We are planning all workers will have the competency. All carers who have to administer [medicines] before New Year will have a competency." We noted there was a training session during our inspection on the management of medicines and to assess staff competency in this area.
● Most people and relatives we spoke with administered medicines themselves or were satisfied with the medicine's administration. However, one relative was not satisfied with the service they had received and told us they were concerned about the management of medicines.

There was no evidence people had been harmed, although failure to ensure the safe and proper management of medicines placed people at risk and was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●Notwithstanding the above, medicine administration records (MAR) reviewed were completed without error. On most occasions daily notes also contained confirmation medicines had been administered. The registered manager told us MAR were audited monthly and any issues addressed with the care worker concerned. People's care plans contained a list of prescribed medicines and when and how they should be administered.

Staffing and recruitment
●The provider did not ensure staff were recruited in a safe manner. We found several concerns about the recruitment of staff when reviewing staff files. This was because the provider did not demonstrate they had robustly checked staff employment history and references provided prior to employing staff.
●One staff application form dated May 2019 lacked important information to support the provider to complete their recruitment in a safe manner. This included, sections of the application form left blank or full

details not provided. For example, blank sections stating when the staff moved to their current address, lack of national insurance number and no recent employer listed after November 2017. The reason for leaving the employment was stated as, "University." However, no details of which university, what course or dates attended where provided.
●Other paperwork errors for this staff included, recruitment paperwork used several different spellings of their first name. For example, a reference provided used a different spelling of the person's name. There was no evidence provided to show that these anomalies had been explored and assurance obtained about the name and identity of this member of staff
●A second reference for another staff member was stated as having worked for an organisation from 2016 with no end date. This organisation was not named as a previous employer on the application form and there were no records to show that this issue had been explored satisfactorily with the applicant.
●Staff files contained interview scoring forms. These were all ticked. However, we saw one ticked form with no applicant's name or date of interview. Another contained the staff member's name but had no comments or details which showed how the score had been calculated.

There was no evidence people had been harmed, although failure to ensure safe recruitment processes is a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●The registered manager told us, they believed the recruitment paperwork had been sabotaged by a disgruntled staff member. They had with the quality assurance consultant identified improvements and showed us one staff member's file they had audited and where they had completed actions to show how all staff recruitment would be managed in the future.
● The registered manager described they ensured they had adequate staffing levels to meet people's support needs. They were actively employing 15 care workers and had a further 29 staff recruited and waiting for work should there be an increase in the number of people using the service.
● Most people and relatives found staff arrived on time and did not miss care calls. Their comments included, "Essentially the same [Care workers] so all fine," and "Yes they come on time. 20 minutes late sometimes but usually on time and [they] always call me if they are running late."
●One relative however told us they required two staff to support their family member and sometimes one care worker arrived without a second care worker attending, which meant the person using the service could not receive care safely, until the second staff member arrived. They said, "One turning up without the other [Care worker]." They told us they had raised this with the registered manager.

Assessing risk, safety monitoring and management
At our last inspection in October 2018 we found management of risk was improved but there were still concerns guidance for staff was not always in place. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had made improvements to address the concerns we found at the last inspection in terms of providing clear guidelines to staff to minimise risks.
●We found staff guidance was now in place to mitigate the risk of harm. However, we found one person's risk assessments had not been reviewed in a timely manner. This was because their care plan had been last reviewed in October 2018. There was a concern therefore not all current risks may have been identified and measures put in place to address them. The registered manager told us they would review the risks to the person and update the risk assessment.
●The registered manager had assessed the other people files we reviewed to identify risks to them. These included risks associated with pain, communication, diabetes, memory, hygiene, and moving and handling.

Risks were graded to show where there was a high risk to a person and plans contained guidance for staff.
● We saw some examples of high risks to people being reviewed. For instance, one person was at high risk of falls. The registered manager had reviewed this risk assessment and included falls guidance for staff reference in the person's care plan.

Systems and processes to safeguard people from the risk of abuse
●The registered manager told us of two safeguarding concerns they had reported to the local authority. These had been investigated and addressed. However, they confirmed during our inspection they had failed to notify the CQC. In not notifying the CQC the provider had not followed their own procedures in safeguarding people from the risk of abuse and negligence. The registered manager apologised for the oversight of not notifying the CQC about the safeguarding adult concerns and assured us they would notify us in future.
● People and relatives told us they felt the service was managed in a safe manner. Their comments included, "They took extra attention for [Family member] health and safety. I feel they are so safe with them," and "Yes, yes [Safe], they are friendly."
●Care workers told us they had received safeguarding adult training they told us how they would report any concerns. One care worker said, "I would call the council, Hillingdon council."

Learning lessons when things go wrong
●The registered manager told us they had made several changes in response to lessons learnt from errors. They told us for example they had learnt from experience and now always went and met with the person and their family prior to taking on a package of care. This was so they could check all relevant information had been shared.

Preventing and controlling infection
●Care workers had received infection control training and told us they were provided with personal protection equipment (PPE) to support them to avoid cross contamination. One care worker said, "I get given loads of boxes of gloves."
●A relative commented the care worker use PPE saying "Yes they bring boxes of gloves and use them. I see this for myself." We saw evidence in one person's care plan of a spot check in July 2019 which had identified staff not using aprons or shoe covers. This had been addressed with the staff concerned.

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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience
●Staff received an induction and completed training however not all aspects of induction were completed in an appropriate manner.
●As part of the induction process the management team completed a shadowing assessment form. These forms were designed to show the assessment process in determining the competency of the new care worker. The shadowing assessment forms were not always completed in a robust manner to confirm that the care worker took part in a comprehensive shadowing process.
●For example, one form in a care worker's file although signed and dated by the registered manager did not contain the name of the care worker being shadowed. It did not give the location of where the shadowing took place. This was not sufficient to demonstrate the care worker had been observed and found competent. The registered manager told us they would address this shortfall in recording staff competency.
● Notwithstanding the above. Staff attended induction and orientation training when they commenced their role. The training included, food hygiene, health and safety, emergency first aid, safeguarding adults, Mental Capacity Act 2005, equality and diversity, dementia, nutrition and well-being and principles of person-centred planning. Most training was undertaken by e-learning. The registered manager confirmed some training such as moving, and handling was undertaken face to face at another care agency's offices where they had the equipment to teach practical moving and handling.
●All care workers told us they had received training in developing their skills and found it useful. The provider had recognised some care workers required extra support to understand the language used in adult social care. They told us they spent time going through terminology and explaining what was required of care workers to ensure they understood.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The registered manager visited people prior to offering a service to ensure they could meet their support needs. They told us, "As soon as we receive package of care we go and assess within 24 hours."
●The initial assessment informed people's care plans. These were person centred and contained guidance for staff to state how people wanted their care provided.

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.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

●People's care plans contained evidence of their consent to receive care from the provider. The registered manager told us they believed these people reviewed had the capacity to consent to their care. One person's relative had signed their care plan on their behalf. It clearly stated on the care plan the person had verbally consented and asked their relative to sign on their behalf.
●The registered manager demonstrated they understood a relative must have a Lasting Power of Attorney if signing on behalf of a person who lacks capacity. A lasting power of attorney (LPA) is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.
● Staff told us how they gave people choice in their everyday life. Their comments included, "I am giving people choice, I ask what they want to wear and what do they want to eat."

Supporting people to eat and drink enough to maintain a balanced diet
● Care plans contained information about who supported people with their meals and what they would like to eat and drink. People's care plans were clear about the support they required and if they had a dietary requirement. This included dietary considerations due to health conditions such as diabetes, and cultural and religious dietary requirements. One person was encouraged by staff to eat their meals as they were at risk of self-neglect.
● Care plans contained good information for staff to encourage people to drink enough to remain hydrated. For example, one care plan stated in capital letters for staff attention, "LEAVE GLASS OF WATER." Another care plan stated, "Ensure a bottle of water on my dining table as well as a yogurt drink." There was advice in some care plans to support people to stay cool in a heatwave and good guidelines about ways to avoid dehydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
●Relatives told us care workers and the management team were supportive should their family member become ill or fall. Their comments included, "In some ways they pick up on things. There have been times when I've called the GP because the carers have pointed something out to me."
●People's care plans contained good information about their health conditions for staff information and guidance. This was to support staff to recognise signs of ill health. Guidance seen in reviewed care plans included diabetes and mental health conditions. People's care plans stated their GP contact details and if the district nurses were providing support.
● Several relatives described instances where care workers or the registered manager had attended to offer extra support than was scheduled or stayed with people until an ambulance attended or attended to help at short notice in an emergency.
●Care workers told us what actions they would take to support people should they show signs of ill health or fall. They told us they would call the office. For example, one care worker said, "If I find person fallen on the floor I call an ambulance and I report to the office."

Requires Improvement

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 now deteriorated to requires improvement.

This meant people did not always feel well supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity
●Although staff were individually caring, and people and relatives gave us good feedback, we found that some aspects of the service were not caring. For example, the provider had not ensured staff were suitable and they had not demonstrated they had assessed staff competencies to ensure people were always treated with care. People's care plans were also not always reviewed at regular intervals to ensure they were being cared for appropriately and their care was still appropriate to meet their support needs.
● All relatives and people spoke positively about the care workers' manner and work. Their comments included, "Carers go beyond the call of duty," and "Very nice, carers are very nice." One relative described they had last year looked up how to recommend the care workers for the Pride of Britain award. They described their staff as, "Superb" and "An absolutely good relationship" with care workers and [Registered manager].
●Most people and relatives told us they had a consistent staff team, and this had helped them, or their family member achieve a good working relationship. One care worker told us they were introduced to people they were going to work with. They described building a bond with people. They said, "[Registered manager came in with me and introduced me. I walked in and said, 'Hi I am the new carer'. They are my friend now."
●Most relatives and people were matched with care workers who understood their culture, religion and often spoke their preferred language. They found this a positive aspect of the service provided. One relative told us, "Our [Family member] loves their carer, looks forward to talking with them."
●One relative however found the care workers they were provided did not have good conversational English skills. They expressed this had not encouraged their family member to interact with the staff. They felt because of this staff had not built a good rapport with their family member. They said whilst the care workers were, "Ok" they felt the care workers would be, "Really good" working with people who spoke their first language.
●The registered manager and office manager told us they had identified some staff needed further support with their English skills. They described plans to enhance those staff written and oral English skills. This would support the staff to communicate more effectively in English when it was required.

Supporting people to express their views and be involved in making decisions about their care;
●People and one relative we spoke with gave examples of care workers being changed when they found they did not feel they were the right staff for them. In each instance they said the registered manager had listened to their views and made changes as they requested. Their comments included, "In the beginning

different carers, a problem but now changed and all ok," and "At first my family member asked for one gender but changed their mind and now prefers [other gender] to give care. This is better, yes [registered manager] made the changes as asked."
●Some care plans contained people's preferred daily routine and choices. This supported staff to offer choices the person might enjoy.

Respecting and promoting people's privacy, dignity and independence
● Some relatives told us how their care workers ensured their family member's privacy and dignity. One relative said their care workers, "Turn up on time absolutely like clockwork, they have good habits, the curtains are closed, and dressing done."
● The registered manager told us they expected staff to treat people with dignity and respect. They explained this was covered in training and reinforced at team meetings. They told us they acted as a role model and said, "Clients they will tell you my quality is really caring. This is how they see me… I show staff how you respect their dignity and care."

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
●At the last inspection in October 2018 we found people's care plans were in the process of being updated and were not always person centred. At this inspection we found the plans were generally person centred. However, we found some care plans were not reviewed to ensure they reflected the current care provided to the person.
●We found two people's care plans had not been reviewed to ensure their current support needs and preferences were reflected. One person's care plan did not reflect an increase of two care calls each day. The plan only referenced the original breakfast call, not the lunch or evening call.
●Another person's care plan had not been reviewed since October 2018. This meant the provider had not checked if the information contained in the plan was up to date and reflected the person's current care needs.

We found no evidence people were being harmed, although failure to maintain up to date and accurate information about people's needs meant they were at risk of receiving inappropriate care. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●Generally, care plan content we reviewed was improved. This was because they were person centred, had a brief background history and contained more relevant information for staff guidance. There was a document entitled, "My brief Profile" for staff quick reference which contained all basic information about the person.
●Care Plans contained specific details about how people wanted their personal care provided. For example, one person's plan gave details about how to shave them. Another person's plan outlined their night time sleeping arrangements, if they liked their bedroom light on or off and window shut or open.
●Relatives and people's comments about their care plans were positive. Comments included, "In my experience they are very good, there is a care plan, [Registered manager] assessed," and "Yes [Care as I want it to be done]. I have a care plan, they come three times a day."

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
● Some peoples care plans detailed activities and hobbies they enjoyed. People's care plans stated if they practised their religion and what support care workers could give. One care plan stated in respect of a

person's religious practice, "I like workers to understand and respect my wishes."
●The registered manager told us, they trained the care workers to respect each person's religion and supported people if they wanted to make religious observances.
●Relatives told us of positive experiences for their family member. For example, one relative said, "Whatever you want they do, they provide a [care worker] on Friday. My [family member] goes to pray. A male care worker goes with him. Friday prayers are important to my [family member].

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 registered manager had produced information for people and relatives and ensured they received this when they visited on the first occasion to carry out an assessment of the person's needs. They went through the guide with people showing them what it contained and ensured they understood how to contact the office and knew what to expect from the service. A relative confirmed this and said, "[Registered manager] visited and left a booklet about the agency."
●The registered manager told us of their plans to make people's information more accessible by creating easy read versions. They described they would produce information with symbols or pictures to support people who may have difficulty reading printed text.

Improving care quality in response to complaints or concerns
●People and relatives told us they could raise concerns or complain to the registered manager and they would address the concern. Their comments included, ''I have complained to [registered manager]. They listened," and "I have called every time there is a problem. I call [registered manager] and they sort out the problem for me."
●The provider had a complaints procedure and policy. They had provided people and relatives with information stating how they could raise a complaint when they initially visited to meet the person.
●At the time of our inspection two complaints had been recorded. The registered manager described their oversight of complaints using a complaints log, how they investigated and apologised where they were found at fault. They had acted to address individual staff practice to help avoid similar complaints from reoccurring.

End of life care and support
●The registered manager confirmed they were not offering end of life care to people using their service currently. As such there were no end of life care plans.
●The registered manager told us some staff had received end of life care training and they would expect to work with the palliative care team and plan in consultation with them and the person's family should they be asked to provide this support.

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 requires improvement. At this inspection this key question has remained the same.

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

At our last inspection in October 2018 we found shortfalls in the provider's oversight of the service. This was because the provider did not have effective systems to assess, monitor and improve the quality of the services provided to service users. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found a continuing lack of oversight and further breaches of the regulations.

●We found that the provider has not always met their regulatory obligations. During the inspection two safeguarding concerns had been reported to the local authority. However, the registered manager had not notified the CQC of these concerns as they are required to do.
This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We are considering what further action we take for the provider's failure to send notifications in a timely manner.

●At this inspection we found documentation was not completed to a good standard. This was because information was lacking in some staff recruitment records, and assessment tools to gauge staff competencies were not completed in a meaningful and robust manner. There was no system in use to effectively track staff recruitment and ensure safe recruitment took place. In addition, people's care plans and risk assessment were not reviewed in a timely manner to ensure these were current and up to date. There was a lack of records in respect of audits carried out by the provider and it was therefore not possible for them to demonstrate they had good oversight of the provision of the service.
●We saw evidence of some spot checks taking place, however this was not a regular occurrence. A letter dated 9 July 2019 seen in staff files stated staff observations would take place monthly. However, these observations had not been documented consistently to show they had taken place.
●The provider did not have full oversight of their service. During our inspection we were given a list of people who were currently receiving the regulated activity of personal care. This did not match what the registered manager had told us in a phone call with them 48 hours previously. When we asked the registered manager about the list, they confirmed the list was correct. However, whilst reviewing one person's file we found the care notes of another person who from the content was clearly receiving a regulated activity. They had not been on the list provided or brought to our attention by the registered manager.

Failure to effectively operate systems and processes to monitor and improve the quality of the service places people at risk of receiving inappropriate care and treatment. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager had brought in a consultant to review procedures, office systems and conduct an audit. This was done in December 2019 and an action plan had been produced dated 10 December 2019. The action plan identified the concerns we found at this inspection, but no action has yet been taken to address these concerns.
●The consultant told us, "[The] registered manager is busy in the field and [has] not [had] so much time for systems and checking but they are willing to learn, and they understand they are accountable." They had been contracted to undertake an independent audit monthly and to monitor the progress of the provider's action plan.
●The provider had improved some aspects of the service such as the content of people's care plans to ensure they were more person centred and contained good guidance for staff. Medicine administration records had been audited and daily notes were checked by the registered manager.

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
● Relatives told us the registered manager was open with them when something had gone wrong and acted to address the concern. This included for example, making changes to the care workers provided when the arrangements were not working well for the individual.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;
● All staff said the registered manager was supportive and approachable. However, one staff member told us they had not always been paid on time and this had been a problem for them. They said they had to phone the registered manager and ask for this to be done. They stated this had caused them some hardship. Other staff comments included, "[Registered manager] yes they are lovely," and "Really good actually. To be honest I have no complaints."
●The registered manager held staff meetings aiming for one to be arranged every three months. During the meetings they discussed policies and how to put theory into practice. These meetings were not always minuted and the registered manager told us this would take place in future.
●There was a social media group, so staff could communicate with ease and information could be shared. The provider had invested in electronic systems to monitor staff logging in and out when attending calls and for note taking. This was used by some staff who had the phone application (App). Other care workers who did not have a mobile phone recorded their times in a logbook.
●The registered manager and new office manager were aware that some care workers need to have extra support in understanding complex information in English. They supported staff by reading through and interpreting into the staff's first language and explaining details they might not readily understand.
●The new office manager had plans to support staff with English language skills. They were also going to promote a monetary incentive scheme to recognise and reward a high standard of service and to give staff self-respect and pride in the work they do.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The registered manager told us they had spoken with staff and were open and transparent with them. They said, "I want this to work, I am learning from experience and learning from mistakes. I am passionate about the work." They told us they encourage staff to speak up and listen to their views. "I am open and

transparent and asked them if there anything you want to say."
●We saw in the spot checks which had taken place people and relatives had been asked their views about the service provided and their comments about individual care workers were positive. There were compliments from relatives and people who had been satisfied and pleased with the service provided. One relative who was an informal carer told us they trusted Invicta Care and Training and now was able to go and do activities they had been unable to attend before because, "We are absolutely sure they will be there."
●Another relative described their family member had benefited from the care provided and this had been a good outcome for them. They said, "Excellent I could not fault the current carer, they call [person by a term of respect] they are from the same religion."

Continuous learning and improving care; Working in partnership with others
● The registered manager worked in partnership with other care agencies to use their training equipment and to ask advice. They had begun working with the consultant and new office manager using their joint expertise to help improve the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not ensure that service users' care was always planned and delivered according to their needs and preferences. Regulation 9(1)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have robust systems to ensure the safe management of medicines. Regulation 12 (1)(2)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person did not have effective systems to ensure robust checks were completed to determine the suitability of staff before offering them employment. Regulation 19(1)(2)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to always assess, monitor and mitigate the risks relating to the health, safety and welfare of each service user. The provider's audit and governance systems were also not effective to assess, monitor and improve the quality of the service . Regulation 17(1)(2)

The enforcement action we took:

We issued a warning notice telling the provider they must make the required improvements by 31 March 2020