

Invicta 24 Plus Limited

Invicta 24 Plus

Inspection report

102-116 Windmill Road
Croydon
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29 April 2021

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service caring?	Inspected but not rated
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Invicta 24 Plus is a domiciliary care agency providing personal care to 74 people at the time of the inspection. In some cases, the service provided live-in care staff.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The service people received was not always safe, because some risk assessments lacked the personalised detail needed to fully inform staff how to care safely for them. Record keeping was not always sufficiently robust to demonstrate people received their medicines as prescribed. The provider was not able to demonstrate they had taken adequate action to address risks arising from some staff being unable to follow current guidance about the use of PPE during the COVID-19 pandemic. Although systems to assess the quality of the service did in most cases identify shortfalls in quality or safety, they were not always effective in making improvements to make sure people received the best and safest care the service could provide.

However, although improvements were needed to safety and governance systems, we were assured people were not at risk of immediate harm. This was because staff knew people well and received training in how to care for people safely, and more serious risks to people were appropriately assessed and documented.

There were systems to ensure there were enough staff, who were able to attend visits on time and spend enough time with people. Staff recruitment and safeguarding processes were set up to protect people from the risks of abuse, neglect or inappropriate care.

The service had recently recruited a new manager who was in the process of becoming registered with CQC. The new manager had put in place a service improvement plan and there was evidence of some improvements made as a result. There were plans to improve the quality of risk assessments, medicines audits, record keeping and recruitment which were the same areas we found needed improvement.

Staff treated people with respect and dignity, understood their diverse needs and respected their preferences. People received care that was compassionate and empathetic from staff who spent time getting to know them well.

The service had an open and inclusive culture. People, relatives and staff were consulted about their care or employment with the service and the provider listened to and acted on their feedback. People told us they felt comfortable approaching managers with any concerns.

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

Rating at last inspection

The last rating for this service was requires improvement (published 20 August 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We received concerns in relation to staff treating people with respect, moving and handling practices and management of infection risks, particularly in relation to COVID-19. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We undertook a targeted inspection within the caring key question to check on the specific concern we had about staff treating people with respect. CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Invicta 24 Plus on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified two breaches in relation to safe care and treatment and good governance. 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 caring?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Invicta 24 Plus

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by two inspectors 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 and specialist housing.

At the time of the inspection the service did not have a manager registered with the Care Quality Commission. However, there was an interim manager in post who had applied to be the registered manager. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity started on 27 April 2021 and ended on 4 May 2021. We visited the office location on 29 April 2021.

What we did before the inspection

We looked at the information we held about the service, which included previous inspection reports, information received from local authorities and members of the public and statutory notifications. Statutory notifications contain information providers are required to send to us about significant events that take place within services.

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 seven relatives of people using the service. We also spoke with the manager, deputy manager, one of the company directors and two members of office-based staff. We looked at eight people's care records including medicines records, and four staff files as well as other records relating to the management of the service.

After the inspection

We spoke with four members of care staff by telephone. We had further discussions with the management team to discuss the leadership of the service and we reviewed a range of documents we had requested the provider to send to us. These included policies and procedures, audits and survey results.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We found the quality of risk assessments was variable and although the provider was managing more serious risks well, some improvements were needed to ensure people were adequately protected from the risk of less serious harm.
- The provider completed COVID-19 risk assessments for each person. However, these were generic and did not consider individual factors that might affect risk differently from person to person. There were no differences between the eight people's assessments we viewed. For one person, the advice to take paracetamol in case of fever could potentially cause them harm as their care plan stated they were allergic to paracetamol.
- Generally, people who required support to meet complex needs had detailed risk assessments covering specific tasks and activities. There was enough information for staff to care for those people safely including detailed personalised instructions for the safe use of equipment, avoidance of choking and management of behaviour that challenged. However, for people who were more independent some of the information was not personalised. For example, assessments for one person who had experienced falls before and another who needed to use equipment to move around did not tell staff how to support those people to move safely around their homes. Other people's assessments identified risks around areas such as mental health management or pressure ulcer risks but these risks were not fully considered and there was not always sufficient information to tell staff how to manage them.
- Some people had additional risk assessments with personalised information about risks in areas such as mobility and skin integrity. These contained adequate information for staff to provide safe care, but there was a risk they would be missed because they covered the same areas as the generic versions and the duplication could potentially be confusing.
- Staff received training about caring for people safely, such as training on manual handling, basic life support and managing behaviour that challenged. This helped ensure staff understand how to manage common risks, although more information was still required in risk assessments because management of risks can depend on factors that vary from person to person. Staff were able to give examples of how they supported people to stay safe, but there was a risk that staff supporting people they were less familiar with would not be aware of individual risks.

Using medicines safely

At our last inspection in June 2019 we made a recommendation about the safe management of medicines to be taken only when needed. At this inspection we found there were still improvements needed regarding people's medicine records.

- Some medicines records were not complete, meaning we could not be fully assured people received their medicines as prescribed. Two of the records we looked at contained unexplained gaps. Some records were missing details such as the name of the person's GP or information about how and when to use an inhaler. The provider's medicines policy stated this information should be included in records. We raised these issues with the service manager, who put an action plan in place the week after our inspection showing how they would address these areas. We will check this has been completed at our next inspection.
- The provider considered people's individual risks around how to obtain, store and take their medicines safely.
- The provider made sure staff were competent to administer medicines safely. Staff received appropriate training and competency assessments and were able to demonstrate knowledge of the relevant principles to us. Senior staff checked weekly to make sure people received their medicines as prescribed.

Learning lessons when things go wrong

- The provider had a system to record accidents, incidents and safeguarding concerns identified or reported to them. Staff knew how to report these. Managers told us they informed staff of any lessons learned from incidents and any changes to policy and procedure that resulted from them.
- The system included a falls matrix to check for any patterns and trends and the manager told us the service's risk assessor was sent out to do further assessments when these were picked up. However, we noticed one person had two recent falls recorded on incident forms but their name did not appear on the matrix, meaning the system may not always have been used effectively.

We found no evidence that people had been harmed. However, at our last inspection we found risk management and medicines management systems were not always robust enough to demonstrate safety was effectively managed. The provider had not made sufficient improvements, meaning people were still at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were not always assured the provider's policies ensured safe use of PPE where required. The policies did not cover what the provider should do if staff were unable to wear PPE for any reason. Two members of staff at the office were not wearing face coverings in line with current COVID-19 guidance during our inspection. Although the service manager provided evidence these staff were medically exempt from wearing masks, the provider had not considered how to make sure they could work safely around colleagues and visitors. We discussed this with the provider who sent evidence after the inspection that these members of staff were now using face shields.
- Most people and relatives confirmed staff wore appropriate PPE during visits and the staff we spoke with knew what equipment they needed. A relative told us, "They always wear full protective equipment – masks, aprons and gloves – and dispose of them safely." One relative said staff did not always wear masks, but then added, "when I spoke to [deputy manager] she sorted it out fast" and confirmed this had not been a problem since.
- The provider made good use of their office space to ensure staff could work and attend training safely. Training sessions were organised to ensure all staff could attend whilst observing social distancing guidance and safe capacity limits.

Staffing and recruitment

- There were enough staff to care for people safely. The service had an efficient and reliable system for allocating and transporting staff to care visits. This ensured missed or late visits were unlikely, because staff travelled together in small groups and supervisors were available to cover in emergencies. People and

relatives told us staff were reliable and punctual. One relative said, "Their timekeeping is very good. They come together in a car."

- The staffing system was set up so staff provided care to the same people consistently. This helped ensure staff were familiar with people's needs. Staff told us this system worked well for them and they felt there was adequate cover.
- The provider had systems to help ensure they only recruited suitable and appropriate staff to work with people. This included a comprehensive staff file checklist covering all the information providers are required to have about staff. Most staff files we checked had all of this in place but one had a gap of over a year in their employment history. We raised this with the provider who sent evidence showing this had since been addressed and satisfactory explanations received for the gap. We will check at our next inspection to ensure the recruitment system is robust enough to pick up omissions before staff start working with people.

Systems and processes to safeguard people from the risk of abuse

- There were clear safeguarding policies and procedures in place, which staff were aware of and had the information they needed to understand their safeguarding responsibilities.
- People and relatives told us they felt safe using the service and trusted the staff who supported them.
- The provider frequently reminded people and staff of how to identify and report safeguarding concerns. Staff received training relevant to this and were able to demonstrate good knowledge in this area.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about staff treating people with respect. We will assess all of the key question at the next comprehensive inspection of the service.

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

- Staff treated people with respect and understood their diverse needs. Feedback from people and relatives mostly confirmed this. Two relatives said this varied between staff but added that whenever they had any issues with a member of staff the managers changed their carers promptly. We also saw evidence the provider addressed issues people raised directly with the staff, for instance through supervision.
- Other relatives told us, "[Staff] have a good rapport with [my relative]; he talks to them. They're as good as gold" and, "We nearly always see the same staff. I trust them totally. They know my [relative]'s needs and although she can't really hear, they talk to her and hold her hand, explaining what they're going to do. They always respect her as person, treat her with dignity and respect."
- Staff spoke to us about people in an empathetic and respectful manner. They gave examples of how they respected people's preferences, such as knowing one person liked their cushions placed a certain way.
- Staff spent enough time with people to get to know them well and help them feel valued, and relatives confirmed this. A member of staff told us they had felt one person needed staff to spend more time with them. After they discussed this with managers, the provider arranged to change their visit times from 30 minutes to an hour to accommodate this.
- The provider used a "Dignity in care" questionnaire to gather people's views about whether staff were polite and courteous, empathetic and compassionate and treated people as individuals. The questionnaire covered discrimination, equality and diversity and meeting people's individual needs. Completed questionnaires showed the service received positive feedback about these things.
- Managers spoke with people and staff and completed structured observations of staff providing care to people, to check staff treated people with respect. These checks covered the same areas as the questionnaire. Completed copies showed staff supported people in a caring way.
- People's care plans were written in respectful language that reflected an inclusive culture. This showed the provider took into account people's diverse backgrounds and different abilities. Relatives gave examples of how staff adapted their approach to do this. One relative said, "I think the secret is in the communication. [Relative] has [cognitive impairment] so they do work with him and have a laugh with him, getting him to roll over rather than turning him. They've become almost like friends. They respect him and his dignity."

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.

Continuous learning and improving care

- Systems for driving service improvement were not always effective. The service had a range of audits to check the quality of the service. While these were effective in identifying areas for improvement and had picked up the same issues we found at this inspection, they did not always lead to those improvements being made. For example, care log audits identified records were not detailed enough to show clearly what care and support people received, but this was noted over three consecutive audits without any evidence of action being taken in response. We noted the most recent care records were still lacking this detail.
- Although the provider had made some improvements since our last inspection, there were still some other issues with the quality and organisation of care records. For example, one care plan stated a person needed three visits a day but their daily notes showed they only received two. Lack of clarity in records could make it difficult for the provider to assess whether people are receiving care of an appropriate standard and could reduce the efficiency of information sharing with other agencies such as healthcare providers.

These issues were a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The recently appointed service manager had put in place an improvement plan that identified improvements needed to areas including risk assessments, medicines audits and recruitment which we covered in the "Is the service safe?" section of this report. We saw some evidence of improvements made as a result. For example, the manager had identified a lack of robust evidence of quality in some areas such as ensuring staff promoted people's dignity. Following this, they made changes to quality monitoring processes to ensure they had sufficient evidence to assure themselves this was the case. We also noted improvements resulting from care plan audits and spot checks.

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

- Relatives and staff fed back that the service had an open, person-centred culture. One relative told us, "I constantly worry about [relative] but the team and the managers are really supportive. The manager and deputy manager especially are very good, approachable and helpful."
- People and staff said the management team were approachable and inclusive. One member of staff said, "I really like [deputy manager]. She listens to whatever you have to say and finds a way to resolve any problem." People confirmed they were able to speak to managers or office staff when they needed to, and

said they were listened to.

- Management and staff felt they worked well as a team. All of those we spoke with told us they felt supported by one another and by the provider.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managers understood the duty of candour and were able to give examples of how they demonstrated it. We saw evidence the provider apologised to people if standards fell short of what they expected and recorded what action they took in response, such as additional staff supervision.
- People and relatives told us the provider was open and honest. The provider's April 2021 service user survey showed 91% of 99 people agreed the provider dealt with mistakes openly and honestly, while the remaining 9% gave a neutral response.

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

- At the time of our inspection the service did not have a registered manager in post. However, this was because the previous registered manager no longer worked at the service and the provider had appointed a new manager who had applied for registration. Staff knew who they should report to and lines of accountability were clear.
- There were systems to ensure risks and regulatory requirements were managed adequately. The provider had a comprehensive contingency plan to help them clearly understand and respond to risks presented by unforeseen circumstances. The provider's service improvement plan included actions for the new manager to ensure they understood and fulfilled requirements of their role.
- The provider regularly discussed risks with staff to ensure they were aware of how to care for people safely. Staff told us communication was good and information was relayed to them clearly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider proactively engaged with people, relatives and staff to ensure the care they provided was meeting people's needs. One relative told us, "They ring up from the office regularly and ask a series of questions to check all is well. They do seem to know [relative]'s issues." Another relative said, "[member of management team] comes quite regularly to check up that all is well and they ring in between times. I know who to get hold of if we have any problems. I'm quite happy with them, it's the best company we've had. If there was anything wrong they'd let me know."
- People and relatives told us when they had reported issues to the office the provider had resolved them quickly to the person's satisfaction. We saw several examples of the provider listening to and acting on people's feedback. This included arranging for moving and handling assessments and new equipment for people who were not happy with their current equipment.
- The provider carried out regular surveys to ask people, relatives and staff their opinions of the service. April 2021 survey results showed they received a very positive response with 70 of 72 staff agreeing the service was well-led and the remaining two giving a neutral response.
- Staff said they felt listened to, valued and respected as employees and were happy working at the service. This was likely to mean low staff turnover leading to better continuity of care for people.
- We saw examples of how the provider worked well with other organisations. Managers fed back they had a positive relationship with the local authority that commissioned people's care and the provider had worked effectively with public health bodies and the local authority to ensure the service had enough PPE and COVID-19 testing kits.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure care and treatment was provided in a safe way because they did not always fully assess and do all that was reasonably practicable to mitigate risks to service users, including those arising from the management of medicines. Regulation 12 (1)(2)(a)(b)(g).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always operate systems effectively to ensure risks were effectively mitigated and monitored. Regulation 17(1)(2)(b).</p>