

InVent Health Limited

InVent Health West Sussex

Inspection report

Unit 17
City Business Centre, 6 Brighton Road
Horsham
RH13 5BB

Date of inspection visit:
17 August 2021
18 August 2021
19 August 2021
20 August 2021
23 August 2021

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16 September 2021

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

Invent West Sussex is a domiciliary care agency providing nursing and or personal care to children and adults living with families or in their own homes in the community. CQC only inspects where people receive nursing and or 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 the service was supporting twelve children under the age of sixteen years, who have complex nursing and or health care needs, some children had additional learning disabilities.

At the time of the inspection InVent West Sussex were providing waking night support and some daytime and at school support for children living in their family homes.

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

Parents and professionals told us where staff were consistent, the care was good.

Children's privacy, dignity and confidentiality were respected by caring staff. Staff listened to children and their parents and communicated with them in the most accessible way.

Children were encouraged to be as independent as possible and staff spoke proudly of children's achievements. Parents told us they felt their children were well supported by regular staff.

There were policies and procedures regarding the safeguarding of children and adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Risk assessments were carried out to make sure children received their care safely and had opportunities to take part in their own care. Assessments were age appropriate and promoted their independence.

Medicines were managed safely, and staff had a good knowledge of the medicine systems and procedures. Staff had received training and had competency assessments of their practice

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and

Independence. Care is provided in the child's family home, with care staff working in partnership with the parents and child

Right care:

- Care is person-centred and promotes people's dignity, privacy and human

Rights. Plans are centred on the needs and preferences of the child. Parents spoke highly of their regular carers developing positive relationships with the child and family and knowing them well.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. InVent promotes diversity in its workforce and staff told us managers were flexible and supportive.

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

This service was registered with us on 17 April 2020 and this is the first inspection.

Why we inspected

This was a planned first inspection following registration with the Care Quality Commission (CQC).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-Led findings below.

InVent Health West Sussex

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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. The registered manager was away from work at the time of the inspection, the providers quality and governance lead was covering the management of the service and is referred to in this report as the manager.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 August 2021 and ended on 23 August 2021. We visited the office location on 20 August 2021.

What we did before inspection

We reviewed information we had received about the service since registration with the Care Quality

Commission. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three parents of children who used the service about their experience of the care provided. We spoke with six members of staff including the covering manager, care workers and the director of complex care.

We reviewed a range of records. This included four children's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received written feedback from three professionals who have regular contact with 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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes protected children from the risk of abuse. Staff understood how to report any concerns they may have to relevant professionals and worked in line with the local authority safeguarding policy and procedures.
- Staff were clear about their responsibilities in relation to safeguarding and were confident that they would be listened to if they raised a concern. Safeguarding training was completed by new staff during induction and all staff undertook refresher training. Staff knowledge was robust, one staff member told us, "We have both safeguarding children and adults training. I know what to look for and would report any concerns."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to children were assessed and measures were taken to mitigate these. This included how children moved and equipment they needed to do this safely.
- A system was in place to record and rate identified risks. Actions to mitigate these risks were recorded and monitored. Risk assessments were reviewed and updated.
- Regular health safety checks were carried out and recorded with actions taken where required.
- The management team analysed and reflected on accidents and incidents. This resulted in positive changes to children's personal experiences and the service provided. For example, a child was experiencing issues with their breathing when staff arrived for their shift, the ventilator had been switched to the wrong setting. This was immediately addressed by staff at the time. InVent quickly introduced a new check and sign sheet for all staff to check the settings at the start of their shift with children who use a ventilator.

Staffing and recruitment

- People were protected by safe recruitment processes. Staff had pre employment checks, these included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references.
- There were mostly enough staff to cover visits and there were arrangements in place to cover staff absences.
- There have been issues in recent months with staff recruitment in some geographical areas, resulting in some disruption to the consistency of support. This had meant that some support had been delivered by staff not well known to the child and their families.

Using medicines safely

- Systems and processes ensured medicines were managed safely. Medicines were mainly received, stored, administered by the children's families. Where staff needed to support with medicine it was clearly

documented in the child's care plans. Policies and procedures were reviewed and updated.

- The staff were knowledgeable about the medicines they were administering and demonstrated an understanding of the child's needs and preferences.
- Only staff who had been trained to administer medicines were permitted to do so; the rota confirmed there were always trained staff available to carry out this task.
- Medicines were audited and any issues identified were rectified. Records were clear and up to date, ensuring staff administering medicines had all the information they needed to carry out this procedure safely. Guidance was available for staff on when to offer 'as required' (PRN) medicines and what these medicines were for.

Preventing and controlling infection

- Infection prevention and control policies kept people safe and had been updated to reflect the latest guidance for the COVID-19 pandemic.
- COVID-19 testing was carried out in accordance with government guidance, staff confirmed they underwent a regular testing regime.
- The manager had ensured staff understood appropriate use of personal protective equipment (PPE), and we saw appropriate storage of PPE stocks. Staff had received training in infection prevention and control.
- Families and staff told us they had been kept well informed of changes to guidance and the staff wore appropriate PPE. Families told us that staff had supported the children to understand the need for face masks during the COVID-19 pandemic.

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 parent's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law, Staff support: induction, training, skills and experience

- Systems and practice for assessment of need before starting to deliver a service were robust. Children's needs were assessed prior to receiving the service and regularly afterwards. This meant their preferences were known by staff. This involved meeting with the child and their parents before the service started.
- The service had policies and procedures to support the principles of equality and human rights. Consideration was given to protected characteristics including sexual orientation and religion or belief. Records showed the InVent West Sussex assessment had suitably considered any additional provision that might need to be made to ensure people did not experience discrimination. For example, for children who had specific communication needs, there was guidance in care plans for staff about how to communicate effectively with the child.
- Parents and staff were actively involved in children's care planning, this meant care was planned with the involvement of staff who knew the children well.
- Staff undertook induction and training that the provider considered essential. Staff told us they worked alongside experienced staff before their competency was assessed and they were able to work alone. The manager monitored this to ensure staff's knowledge and skills were up to date, enabling them to provide effective care. Staff received training delivered by clinical staff in specific conditions such as catheter care, Tractotomy care and ventilation. Staff received on-going refresher training to keep their knowledge and skills up to date. Additional training for learning disability and autism awareness is delivered where needed.
- Staff spoke knowledgeably about the needs of the children they support and confirmed the training and learning they had undertaken to gain the knowledge. One staff told us, "If a child is coming to us with a new condition, they put training on for us."

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

- Children's dietary needs are mostly supported by their parents but staff were aware of children's individual dietary needs, their likes and dislikes and this was reflected in children's care plans. For example, staff told us that where they supported a child with a food allergy at school, they ensured that they didn't have contact with foods that would be a cause of an allergic reaction.
- Staff used professional guidance to safely support children's nutritional needs where needed and worked with parents and other agencies to provide consistent, effective, timely care; Supporting children to live healthier lives, access healthcare services and support
- Children had access to healthcare professionals and the service worked in collaboration to ensure their needs were met. Staff monitored children and identified any changes in their health. Staff told us they hand over to parent's details of the child's health at the end of their shift. This was confirmed by records.

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

- Parents told us they were asked for their consent and staff talk to the children asking for their agreement in an age appropriate way. One parent told us, "(name) is a child who, if doesn't want do something, or not ready, will not do it, they are very patient with him and wait until he is ready."

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; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The service had a person-centred culture. Staff knew children's preferences but confirmed they would always check with the parents and where appropriate the child, about what assistance they would like. Where children's preferences had been expressed, the service had adhered to their wishes. For example, a parent told us that their child likes to be involved and turn on their own equipment, they really support (name) to be independent." And "It's important that (name) is included with their siblings; staff always take time to include all the children."
- Parents of one child requested for cultural reasons that staff working with their child only be female. The service has supported this request.
- Parents told us individual staff provided caring support. Comments from parents included; "My child has developed good relationship with carers. Amazing from the get-go, trained really well, always on time. They have become part of my family we are so relaxed when they come." And "(name) has a good relationship with regular staff (named two staff), they read to them and play with them."
- Staff spoke of the achievements of the child they were supporting, one staff said "(name) is a fun happy bubbly child who likes to be independent and is doing well at school."
- Invent West Sussex operated a system of a clinical lead nurse who coordinates each child's support and supports the direct care staff. The clinical leads have regular contact with families to talk about issues and changes. Parents told us they were responsive but the speed of the response did vary in different areas. We raised this with the manager, who immediately instituted calls to families to confirm their preferred communication methods and expectations and ensure these were met for all.
- Children's care was reviewed on a regular basis; this gave parents, and where appropriate the child, an opportunity to make changes where needed.
- Parents spoke highly of the dignity and respect they received from their child's regular staff. One parent told us, "They know my child's ways and liking of how things are done."

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

- Children received personalised care specific to their needs and preferences. Each child was treated as an individual and care was planned as much as practicable around their and their parents' wishes.
- One professional told us, "On the whole, I have been very impressed with them. They communicate well with (name) and take into account their disabilities but treat them like the fun-loving child they are. They always play appropriately with (name) and have lots of fun and I always get the impression they have been playing games and occupying (name) in an age appropriate manner. They also recognise his signs of when (name) might be upset and will change the activity accordingly. They are very attentive to (name's) needs whenever I am there. (name) seems extremely well cared for."

Meeting people's communication needs

- Children's communication needs are explained in care plans to guide staff. For example, one child uses pictures and symbols to communicate and these are clearly laid out in their plan.
- The service had very recently recruited a person who uses British sign language. The manager told us they would be able to provide coaching for staff working in other geographical locations where British sign language was used.
- The service supports staff to undertake training provided by the schools and nursery the children attend. For example, sign language training.
- Staff told us they also learn from the child and their parent's how to best communicate with individual children.
- One parent said, "Carers know how (name) expresses themselves."

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

- The service provides support to some children when they are attending school. Most of the support is in the family home and is often overnight support. One parent who's child receives support at school said, "A carer goes to school with (name), they came here during lockdown, been amazing at school support in class to support (name) to connect with other children and be more focused and helped to develop."

Improving care quality in response to complaints or concerns

- People were encouraged to give their feedback on the service to include complaints. People confirmed they would be comfortable to approach the clinical lead and or the manager to raise complaints.
- The service had not received any complaints. The manager described what actions would be taken to investigate and respond to complaints.

- The service has a complaints procedure which detailed the timescales of responses and who to refer to if they were not satisfied with the outcome.

End of life care and support

- The service was not supporting anyone at the end of life stages at the time of inspection. The manager confirmed end of life wishes were not always discussed upon admission but at an appropriate time, for example, if a child's health were to deteriorate. This would be done sensitively with the child, if age appropriate and their parents.

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.

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

- The service promotes an open person-centred culture.
- Parents and staff were able to share ideas or concerns with the management. Staff understood their responsibilities and told us that they were listened to and valued. One staff member told us, "I would recommend InVent as a good company to work for, they have been really flexible." Another said "InVent is a good organisation but I came at difficult time (referring to summer staff shortages). I am Confidant they would listen if I wanted something to change. I feel InVent supportive just bad timing."
- The culture was open and inclusive. Parents told us they were able to say if a new staff to their child's support was not suitable and a change would be made. One parent said, "We have phone calls and reviews with clinical staff. I would phone (name) needed anything."
- There were systems and processes to monitor and analyse accidents and incidents and analysis was used to identify key issues and mitigate the risk.
- In the absence of the registered manager, the provider responded promptly to arrange a qualified covering manager. The structure of the service had clinical leads in place to support staff's day to day management which meant that there was no noticeable impact on service delivery. During the inspection the covering manager was in the process of contacting parents to gather their feedback about the current service delivery.

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

- The manager had a clear vision for the service to deliver support which focused on choice and promoting independence.
- Roles and responsibilities were clearly defined and understood. The manager told us they were supported by the provider's senior management team.
- Staff had one to one supportive conversation's that covered topics such as their well-being, needs and wishes of the children and families they support and they were asked what the company could do better or differently. Team meetings were held and staff were kept up to date with change. During the COVID-19 pandemic video conferencing technology was used to hold these meetings. Staff told us managers were supportive and flexible in their staff support. One staff said, "Managers have been really flexible, I did struggle with working nights so they offered a different contract."
- The provider had effective quality assurance and monitoring systems in place. For example, monthly reports for each child's care including comments from parents are created by the clinical leads and reviewed

by the manager and actions added where needed. They are then reviewed by the quality lead for the provider and actions implemented.

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

- The manager understood their responsibility to notify us of significant events, as they are required to by law. Notifications had been sent to us in a timely manner and were completed in line with requirements.
- The manager understood their responsibility to notify local authority safeguarding of concerns. Records showed that this had happened appropriately and in line with safeguarding guidance.

Continuous learning and improving care, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a clear culture of continuous learning to improve practice.
- The manager spoke about lessons they had learnt. This included how they had reviewed the skills and qualities they looked for in management and senior staff when recruiting. The manager demonstrated that feedback from a CQC inspection for a service in another part of the country had led to a full review of their medicine policy and practice which had been changed in all areas of the country. This led to a reduction in medicine errors and a system staff found easier to use.
- The service had been experiencing difficulties in recruiting staff in some geographical areas. The manager told us they were advertising on a wide range of recruitment platforms for both full and part time staff. The manager was working with the senior management team for the provider to review pay rates in these areas and as most staff needed would be required to work waking nights, looking at how unsocial hours working could be improved. Although this was an ongoing process, some recent recruitment success had been achieved.
- Children and parents' views were sought about the care they received and recorded on monthly reports carried out by the clinical leads. These had recently been by phone however where COVID-19 guidance allows face to face meetings are conducted. Feedback was also sought from staff. The management team analysed the feedback and incorporated this into the daily running of the service.
- Staff recruitment reflects the diversity of the population in geographical locations.

Working in partnership with others

- The manager and clinical lead nurses worked professionally with outside agencies. The management team were open to new ideas and had formed good partnership working and relationships. For example, one health professional told us, "I have had a really positive experience with working with InVent. Not only are they responsive but they are very thorough."