

Invictus Plus Care Ltd

Invictus Plus Care

Inspection report

22 Silver Street
Trowbridge
BA14 8AE

Tel: 07591909676

Website: www.invictuspluscare.org/

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Invictus Plus Care is a domiciliary care service providing personal care to people in their own home, at the time of the inspection.

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.

This service was registered with us on 17 July 2018 and this was the first inspection.

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

People were supported by sufficient numbers of suitably trained staff.

Staff received a thorough induction and had their practice observed and competencies regularly checked.

Staff had been recruited safely and told us they were well supported by the management team.

People's care plans contained their health and social care needs and detailed how staff were to meet those needs. Risks had been identified and assessed.

If people's needs changed, they and their families were involved in a review. The service resourced appropriate specialist help such as occupational therapists to assess people when their needs changed.

People were being supported by kind and caring staff. People and their families told us they were very happy with the care they received. They had consistent support workers and were able to develop positive relationships with them.

People were supported to regain their independent living skills and maintain a level of independence they were confident with. Where people were able to manage tasks themselves this was encouraged.

People were supported to access their local community and get out and about in the town. The service was located centrally, so people and their families could pop in for a coffee and a chat.

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

Why we inspected

This was the service's first inspection since they registered with the Care Quality Commission.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Invictus Plus Care

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and staff are often out and we wanted to be sure there would be staff in the office to speak with us.

Inspection activity started on 12 September when we visited the office location and ended on 16 September.

What we did before the inspection

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 sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with four people and relatives about their experience of the care provided. We spoke with four members of staff including, the registered manager, the care manager, the care lead and a support worker.

We reviewed a range of records. This included three people's care records and medication records. We looked at three 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 contacted three health and social care professional but did not receive any feedback.

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

- The service had effective safeguarding processes in place. Staff had completed mandatory safeguarding training, knew the signs of abuse and what to do about it.
- The registered manager had appropriately contacted the local authority safeguarding team when concerns about a person were raised.
- People and their relatives told us they felt safe with the support workers in their home.

Assessing risk, safety monitoring and management

- The risks people faced were assessed and recorded and had been reviewed when people's needs changed.
- Risk assessments gave staff guidance on how to minimise the risk and had followed recommendations from professionals such as occupational therapists.
- The service had completed an environmental risk assessment for each person's home. In addition to specific individual assessments for example, risks around slipping in the shower.

Staffing and recruitment

- There were enough staff to meet people's needs. The registered manager told us they were constantly advertising and would recruit as the service grew.
- There were safe recruitment procedures in place which meant people were supported by staff with the appropriate experience and character. These included a Disclosure and Barring Service (DBS) check, past employment, references and identity checks.

Using medicines safely

- People received their medicines by staff who had been trained in medicines administration and were observed as being competent. Staff used the 'Five R's' in safe administration; right person, medicine, dose, route and time for added security.
- The service had an electronic system which alerted the registered manager if any medicines had been missed. This could be investigated at the time with the member of staff and actions taken to rectify any mistake, or record any necessary changes.

Preventing and controlling infection

- Staff told us they had access to plenty of personal protective equipment such as gloves and aprons.
- Staff had mandatory training in infection control and food hygiene and were observed in their practice including effective hand washing technique.

Learning lessons when things go wrong

- The service had a system to monitor accidents and incidents. Staff would fill out a form which would be sent to the registered manager for oversight. If required the details would be used to alert the local safeguarding team, in addition to a Notification to the CQC.
- Actions resulting from the monitoring of accidents and incidents were discussed with the staff team during meetings for reflection and learning purposes.

Is the service effective?

Our findings

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

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

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

- People's needs were assessed before receiving care to ensure these needs could be met.
- People and their relatives told us they were involved in this process, could ask questions and have time to receive explanations about the process.
- Assessments used multi-disciplinary information to include health and social care needs. This included the robust local authority assessment carried out when people required care on leaving hospital.

Staff support: induction, training, skills and experience

- Staff had a thorough induction which lasted three months. The induction included spot checks, on line and face to face training, observations and competencies to be signed off.
- The care lead undertook all inductions. Staff observed her practice initially and shadowed her on shifts. When staff were assessed as ready, the care lead would shadow them to check their practice. If staff needed more time, this was available until they were both confident.
- The care lead had completed a 'train the trainer' course which meant training could be managed in house as well as using on line resources.
- The service had a training room which was being developed. It had a standard bed and some mobility aids in order to demonstrate safe practice. The care lead told us this would develop as they acquired a hospital bed and hoist, as many people had these items in their homes.
- Supervision was carried out regularly and staff told us they felt supported with this process as well as the staff meetings and informal guidance from the management team.

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

- People were supported to maintain good nutrition and hydration.
- People's care plans contained details of their preferences and dietary needs.

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

- People were supported to have their health care needs met. For example, if they required a GP appointment or visit from the community nurse.
- The registered manager sought appropriate advice from other professionals when people's needs changed. For example, an occupational health review for additional mobility aids and equipment.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- No-one using the service lacked capacity to consent to their care.
- Staff understood the need to offer people choice but required a more robust knowledge about the Mental Capacity Act (2005).
- The registered manager told us the local authority assesses people's capacity prior to requesting the service to take on the care package. However, the registered manager was very knowledgeable and experienced and would undertake their own assessments when needed.

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

- People and their relatives told us they were very happy with the service and the care they received from the staff team.
- People told us they were spoken to and treated well and had built up some good relationships.
- Relatives told us their family members had 'really benefitted' from the visits and particularly the fact that the staff were consistent.
- The registered manager told us she had asked people what they liked their support staff to be called. For example, older people preferred staff to be called 'carers'. The people they were supporting who had a learning disability, preferred the term 'support worker'.
- Peoples care records were written using person centred language. Daily logs included the practical tasks of the visit as well as how the person was feeling that day.

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

- People and their families were fully involved in their assessments and reviews of care plans when they took place.
- People told us they felt at ease contacting the service and requesting any changes.
- Relatives told us they were contacted appropriately and in a timely manner and felt supported by the staff team. They felt confident they were being listened to and could contact the registered manager at any time.
- One person was supported emotionally as well as practically when their family circumstance broke down. The person was supported into a 'shared lives' service where they had more autonomy over their own life.

Respecting and promoting people's privacy, dignity and independence

- The registered manager told us that the care package provided was based on 'outcomes'. This meant the person was encouraged to maintain their independence or increase their independent skills. For example when a person was being supported on discharge from hospital, some needed supported to re-develop their daily life skills whilst being supported during their recovery.
- The registered manager told us it was important that the staff uniform was a polo shirt with a logo, rather than a tunic which could indicate a medical model of care similar to a nurses uniform.
- Families told us if their relative required longer term care, they would be very happy for Invictus Care Plus to provide this. One person told us they felt 'very lucky' to have them.

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.

End of life care and support

- The service had supported one person at the end of their life and had worked alongside health professionals to deliver this specialised care.
- As part of the service's development the registered manager had made plans to access training from a local hospice. The care lead had a level 3 certificate in end of life/palliative care.
- The service did not have any end of life care plan templates in place. Nor did care plans contain treatment and escalation plans or people's last wishes.

We recommend the service seeks appropriate guidance on the development of end of life care plans and discusses last wishes with people and their families.

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

- Following an assessment, care plans were developed which gave guidance to staff on how to meet people's individual needs.
- The registered manager recognised when people's needs were changing and made the appropriate referrals to specialist services to re-assess people's needs.
- The electronic care system meant staff had up to date access to changing information for the people they supported.
- People were supported to have choice and maintain control over their care. The registered manager encouraged staff to see and understand people as individuals with the right to choose the care they wanted.

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 service was not supporting anyone with specific communication needs at the time of the inspection. However, documents were available in larger print when required. The registered manager was knowledgeable and told us if people required specific support to communicate effectively such as a Picture Exchange Communication System (PECS), these would be used.

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

- People were supported to access their local community. One person told us how much they enjoyed this and what a difference being able to go out safely and accompanied had made to their life.
- People were supported to maintain and develop new relationships. One person was introduced to another person being supported, they became friends and went out for coffee together independently.
- Another person spent most of their time in their home. They were supported to go out for a fish supper, attend a nail bar and socialise in the town centre.

Improving care quality in response to complaints or concerns

- The service had a complaint policy and procedure in place but had not received any complaints.

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

- The registered manager and management team created a culture of person-centred care. They were keen to provide a service which encouraged and developed people's independent living skills.
- There was a clear vision for the service to grow slowly in order to provide a consistently good quality service which met people's needs effectively. This meant having an appropriate ratio of suitably trained staff and keeping their service to a specific geographic location.
- The registered manager was aware of their responsibility under the duty of candour.

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

- The registered manager had effective quality assurance systems in place. These included, reviews of care records, medicines records and risk assessments.
- Audits were carried out monthly and any areas for improvement were added to the ongoing action plan of the service.
- There was a clear staffing structure in place which included the registered manager, the care manager, the care lead and support workers.
- The managers and care lead undertook spot checks and observations to enable them to monitor quality and practice.
- The registered manager was knowledgeable about their regulatory requirements and had appropriately sent one notification to the CQC.
- The registered manager wanted to be 'present' in the service. They carried out visits and support work alongside support workers and wanted to remain connected to the people they supported.

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

- The service held regular staff, team and management meetings to ensure opinions were heard and where necessary, changes made.
- The service had received compliment emails and cards about the service they provided from people and their relatives.
- The registered manager gained peer support through managers groups on social media as well as through

the local authority.

- The registered manager had plans to develop the service slowly, undertake specialist training, and access professional training and guidance. There were plans to develop the in house training facility by obtaining a hospital bed, mobility aids and equipment and other training resources.
- The registered manager was already using technology to provide an efficient service which included, social media and electronic applications for care records and monitoring.