

InVent Health Limited

# InVent Health Essex

## Inspection report

Beaver House, Plough Road Business Centre  
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CO7 8LG

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22 October 2021  
18 November 2021

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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

Invent Health Essex is a domiciliary care agency providing nursing and or personal care to children and adults living with families or in their own home in the community. 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 the service was supporting eleven children and seven younger adults who have complex nursing and, or health care needs. Some children and younger adults had additional learning disabilities.

In this report, where we have referred to person or people, this covers children and younger adults who are the service's current client group.

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

The service was responsive and caring in meeting children's and young adults nursing care and support needs. Staff were highly motivated, caring and compassionate, sharing a joint focus of providing safe, quality, person centred care. They spoke of the close bonds they had formed with the child and young adults they supported, as well as their families.

One relative told us, "From the minute Invent Health came to do the first assessment it was like a different world. Staff are always so well trained," and, "Everyone is so lovely and approachable, from the managers and nurses to the carers... they're all so kind and caring." Another said, "I can't think of any improvements they could make; they tick all the boxes for us they are as best as anybody could be."

Safeguarding children and adults' procedures were in place to guide staff. The registered manager and staff understood their role in reporting any concerns, and who to. The service followed safe recruitment procedures. Families were involved in the selection of the staff team who would be working in their home, providing their child's care and support.

Staff praised the induction they received, which gave them the confidence and competence to provide safe care. One relative told us, "I think the staff are very well trained and very skilled, they're not even afraid to challenge us at times if they think we're not doing something how it should be."

Relatives told us staff provided safe care and knew who to contact if they had any concerns. They told us staff followed current guidance in relation to COVID-19 which included the use of personal protective equipment (PPE).

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 provider had systems in place to monitor the quality and safety of the service, and worked well alongside other professionals and external agencies, to support individual needs.

The registered manager engaged and consulted with people using the service, relatives, staff, health and social care professionals. Staff felt supported and valued saying they would recommend the service as a good place to work.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
Rating at last inspection This service was registered with us on 10 October 2018 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 effective 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 Essex

## 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 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.

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 unannounced.

We gave the service 48 hours' notice when we visited the location office. 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 22 October 2021 and ended on 23 November 2021. We visited the office location on 18 November 2021.

#### What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our 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.

During the inspection

We spoke with six relatives about their experience of the care provided. We received email feedback from five health and social care professionals. To gain a view on what it was like working for the service, we also spoke with, or received email feedback from eight members of staff. This included the registered manager, deputy manager, clinical coordinator, and health care support workers.

# 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

- Families felt confident their children received safe care. One relative commented, "Safety is very important to me, staff always check the notes at handover, listen to me and everything is documented in detail. I can't fault them." Another told us staff, "Are so well trained I know [person] is totally safe in their care."
- The provider's systems and processes protected children and adults from the risk of abuse. One relative told us, "We consider ourselves very blessed to have a company like Invent Health, we feel safe and secure and completely trust them."
- A copy of the service's safeguarding policy is made in people's care folders, along with a safeguarding concern form for staff to complete, should they have any concerns.
- Staff received in-depth training to support them in recognising and responding to potential abuse in children and adults. One staff member told us they would, "Report any concerns straight away," to the management. They felt confident their concerns would be listened too and acted on.
- The registered manager was aware of their responsibility in reporting any concerns to the local safeguarding team in a timely manner.
- Different forums were used to keep safeguarding in the forefront of staff's minds. Safeguarding was discussed during supervision, team meetings, referred to in the staff's newsletter. Staff also had access to a safeguarding App (application), to keep updated with current practice.

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

- A professional described the service as being, 'Proactive in their approach to managing risk and were open and transparent regarding reporting concerns or incidents.'
- People's care plans contained detailed assessments about risks including those associated with tracheostomies, mobility and epilepsy.
- Staff received training to ensure they used equipment to support a person safely and know what to do in a medical emergency. A relative told us, "Being clinically competent is so important with complex epilepsy, they can't be just classroom trained. I think Invent Health go over and above anything we'd ever experienced before".
- Monthly team meetings had 'are we safe enough' as a standard agenda item. Where staff had identified potential risks such as wear and tear relating to a sliding sheet, action had been taken to get it replaced.
- The staff newsletter provided an update during 2021 of 'accidents, incidents and near misses' and what action had been taken as part of lessons learned. This included reviewing and updating documentation, reflection of staff practice and retraining where necessary.

Staffing and recruitment

- Staff were recruited to individual care packages. Management worked closely with the relative, and or the adult to tailor the advertisement to find the right staff team. This ensured consistency of care for the child or young adult, which was especially important, where they had very complex needs. A professional told us, "The staff provided are very consistent."
- The service had enough staff and called upon their bank staff, and occasionally the registered manager, or agency staff to cover absences.
- Where staff absence, or turnover, was mentioned by family members, they felt when agency staff were used, it was well managed. A professional commented, "At times there can be issues with covering shifts which they try their best to cover."
- One relative said the service, "Always let us know beforehand if the regular carer can't make it and they try to find an agency carer who knows [the person]." Another told us, "I have never felt let down or worried that someone might not turn up."
- Staff had been recruited safely to ensure they were suitable to work with children and vulnerable adults. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references, before they worked in people's homes.
- We noted the application form did not request a full employment history or ask the reason why they left previous employment. This meant, where this information had not been supplied in accompanying CV, the service was unable to account for this information. The registered manager took action to address this during the inspection, amending the application form to ask for this information from future applicants. They also contacted current staff to obtain any missing information.

#### Using medicines safely

- Systems and processes ensured medicines were managed safely. Medicines were mainly received, stored, administered by the person's families.
- Where staff were responsible for administering medicines, relatives we spoke with felt medicines were safely handled. The providers nurses oversaw the process to ensure medicines administration records were kept updated and given safely as prescribed.
- Staff received in-depth training to ensure they were skilled and competent to administer medicines. This included competency 'spot checks' by the providers clinical coordinator.
- Any identified medicines errors or near misses were identified and acted on, through supervision and if applicable refresher training.
- Staff were provided with guidance on when to give medicines referred to as, PRN. These are medicines administered 'as and when required', for example, for pain relief.
- Where a person was unable to verbalise their pain, staff were aware of their verbal and non-verbal signs which could indicate they were in pain. A staff member told us, "We will give paracetamol if there is any indication the [person] is in pain," then monitor to ensure it was effective.

#### Preventing and controlling infection

- Risks to people from infection were managed to ensure they were minimised. This included 'spot checks' to ensure staff were putting their infection control training into practice. One staff member told us it included a, "Hand wash inspection, to ensure we were doing it right."
- Relatives said staff followed COVID-19 government guidelines and safe infection control measures. One commented staff, "Went over and above, printed handwashing posters, wore full PPE and always took their temperature before coming into the house."
- Staff received infection control training and had access to enough personal protective equipment (PPE). One staff member told us, "I have completed all my training in the use of PPE and have had an intensive hand washing audit completed."
- Care plans held personalised COVID-19 risk assessments. Risk assessments were also in place for staff



along with access to regular COVID-19 testing.

- Staff were encouraged to get vaccinated against COVID-19, and where families had requested only vaccinated staff, this had been accommodated.

# 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 and choices were assessed in a holistic and person-centred way, by suitably trained and experienced staff.
- Nursing staff's experiences in paediatrics, general nursing and learning disabilities, supported them in carrying out robust assessments of people's needs.
- The registered manager and clinical leads were intensive care trained nurses. One parent told us this gave them additional reassurance: both around safety of care and staff's "In-depth clinical understanding of the needs of their clients."
- The registered manager was aware of protected characteristics under the equalities Act 2010. They provided individualised examples where they had supported children and young adults to uphold their equity rights, such as their right, to attend mainstream education.

Staff support: induction, training, skills and experience

- Newley recruited staff were given an in-depth induction which included specialist healthcare training, such as tracheostomy, epilepsy and percutaneous gastrostomy (PEG) care.
- A relative told us, "It is not tick box online training but proper on shift training, shadowing staff and checking their competency, I've seen it, it's like a biology lesson, they are very thorough." Another commented, "I've never ever worried when they've brought in new carers because the training is so excellent."
- Staff highly praised the quality of the induction and ongoing training which gave them the confidence and competence to support very complex needs. One staff member described their induction as, "Great... It helped me a lot as it was tailored on the [person] we are supporting, which gave me lots confidence and I learnt a lot from it."
- The registered manager spoke about the importance of ensuring a thorough induction, especially for those staff new to care. They told us taking the time to invest and nurture new staff, supported loyalty and retention.
- Clinical skills days were run monthly for all staff to attend if they wished to further their knowledge and skills. Nursing staff were given support and training to keep their professional knowledge updated. One professional told us, "We are very happy with the level of care and professionalism we receive from the nurses."
- Staff felt well supported by the management team and were given regular feedback on their work through one-to-one supervision and appraisals. A staff member told us morale was good, they felt supported, and worked well together, we are a, "Very loyal team."

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

- Systems were in place to provide the level of support needed for people to receive a healthy balanced diet.
- Records and discussions with staff, showed this ranged from providing fluid and nutrition via a PEG, (a feeding tube which goes directly into the stomach), to discreetly assisting a person by cutting up food for them to eat independently.
- Staff liaised with relatives, dieticians, speech and language therapists and acted on their recommendations.

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

- People's health action plans clearly documented their health conditions and the support they received in managing them.
- There was a strong collaboration with family members and staff to ensure information, especially where staff did not attend hospital consultations, was kept updated. This ensured all staff involved in the care package, were kept fully aware of any changes in the person's health and support needs.
- The same collaboration was in place when discussing any changes in health, to ensure it was reported to the relevant specialist health professional in a timely manner. Where families were providing complex care during the day, with staff taking over at night: it enabled 24-hour monitoring and sharing of information.
- The service had developed positive relationships with educational professionals, which supported children to attend mainstream school. One professional praised a staff member, describing them as "An excellent facilitator...communicates very well...they are always there if we need to refer to them for anything."
- When taking on a new care package, the clinical staff's knowledge of healthcare services, enabled them to sign post families to access support they may not be aware of. For example, to access free continence aids, by putting them in touch with the local continence advisor.

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

- Staff understood the principles and their responsibilities in relation to the MCA and received annual training to keep their knowledge updated.
- Where people supported by the service were younger children, their parents were accountable for signing any care documents.
- The registered manager demonstrated a good insight into the MCA framework, knowledge of which they passed onto parents. This was to ensure, as the child becomes a young adult, parents had the appropriate

legal authorisations in place.

# 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

- A relative told us, "Staff don't just manage [person's] clinical needs, they are really kind and focussed on getting to know them.". Another told us staff, "Are always very kind and caring with [person] and they check on me too, always ask how I am and what they can do to help me."
- A healthcare professional spoke of the positive feedback they had received from one person receiving the service. The person felt staff treated them as a person and not just a job.
- Management and staff were highly motivated and enjoyed working with people and their families, who they had got to know very well. One staff member told us, "You do feel part of their life," which they viewed as a privilege.
- The registered manager provided examples which demonstrated how they respected people's human rights, to feel 'included' and have equal access to services, such as mainstream education. This included spending time educating children, addressing any curiosity; and supporting them to see past any medical equipment, such as tracheostomy

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

- A relative told us, "Not only do the carers deliver excellent care, they are also supporting [person's] steps to independence and encouraging them to take some control and find their own voice and make more choices."
- A professional described feedback received from families and people using the service about staff ensuring people were 'at the core of decision making.'
- A relative told us how staff were, "Very respectful of [the person's] needs and wishes."
- Staff were aware of the need to 'blend in' and not stand out as being the person's carer. To assist in this, people were given the choice who they wanted to support them when taking part in activities.

# 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

- Feedback received from relatives, professionals and staff showed they understood, and responded to people's changing needs. One relative commented, 'The company absolutely bends over backwards to meet my [person's] needs, they are absolutely dedicated.'
- A professional told us the service was, "Meeting the bespoke needs of children, young people and their families which is central to their delivery of care. Invent Health are flexible in their approach to care to facilitate outcomes for children and young people."
- An initial care plan was drawn up, then continued to be developed, using information from the family, person, health and social care professionals involved in the person's care. This was reviewed monthly with the family and person, and any required changes were made, to ensure it was tailored to the families and person's needs and goals.
- Staff confirmed they read the care plan as part of their induction and were alerted to any changes. One staff member described care plans as being, "Very personalised," and reflected the care they provided.
- Care plans were comprehensive and personalised. However, we did find some areas could be slimmed down, to make accessing information easier. The registered manager said this was an area they were looking to work on.

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.

- Care plans provided information on people's individual communication needs, and where applicable, information on communication aids used. This information was included in people's 'hospital passport', to assist health professionals in communicating with them.
- As staff knew people so well, they told us they had developed a good understanding of people's verbal and non-verbal body language.

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 children were supported to attend school or higher education, which enabled them to mix with their peers. Where children were unable to physically be in school, due to health needs they were supported to use a specialist 'telepresence' robot. This enabled them to interact with their classmates and teachers to be educated virtually from home.

- Most staff support is given in the family home and is often overnight, when the person is sleeping. However, where they do provide support during the day, it is individualised to the child or young adult's enjoyment and interests. This included playing in a sensory room, visiting the beach, going shopping or pursuing their interests, such as motor racing.

#### Improving care quality in response to complaints or concerns

- Policies and procedures were in place to investigate and respond to complaints.
- A staff member told us, "Every care plan includes a complaint form," which can be completed and given to staff to hand into the office." The form also included contact emails of the registered manager, if they preferred to email them, or call direct.
- Relatives felt comfortable to raise any concerns, and felt confident, they would be listened too, and action would be taken to address them. One relative commented, "When anything crops up, I will tell them, or they will tell us, and it gets dealt with straight away."
- A professional told us, "All issues we raise are dealt with in safe manner."
- The registered manager said all learning from concerns and complaints are used, to monitor and improve the quality of service.

#### End of life care and support

- The service had systems in place to ensure they can provide, compassionate, sensitive end of life care to support children and adults. This included having a palliative care plan, to ensure the family's and person's wishes about the level of support they wanted to receive was recorded.
- Staff worked closely with families, hospital specialist, palliative care and symptom management teams, to support a peaceful death.

# 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

- Relatives and health and social care professionals praised the quality of the service. Providing personalised examples on how they were achieving good outcomes for the young children and adults they supported.
- One relative commented, "I am always recommending Invent Health to other families." Another said, "The managers are approachable and accessible, on the odd occasion a carer hasn't 'clicked' with my family I have never been made to feel responsible or guilty, we just try again."
- Staff described the positive, open culture, and would recommend InVent Health Essex as a place to work. One said it is a, "Very friendly company, professional, knowledgeable...I feel very appreciated, management often thank us for our outstanding care. Makes you even better at the role too, when respected as a team member."
- Staff had been sent a 'thank you', gift in recognition of their ongoing commitment, support and dedication during the COVID-19 pandemic.

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

- The registered manager was fully aware of their responsibility under the Duty of Candour: a requirement where providers must be open and transparent if things go wrong with care and treatment.
- The provider's 'Duty of Candour' policy, provides senior staff with detailed guidance on action to be taken following an incident to ensure 'an honest and open culture exists' with those involved.
- Records showed minutes of staff meetings and staff newsletters were used as forums to inform staff of incidents that had happen, including any changes to policies and procedures to prevent a reoccurrence.

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

- The registered manager and staff were clear about their roles. However, following recent changes in the company's directors, staff were waiting to see how the changes at provider level, will shape future provision and support.
- One staff member told us it was, "Early days," but hoped staff would be supported to build upon their good reputation, to become an, "Outstanding service."
- Relatives and health professionals spoke positively about the way the service is managed. One professional told us, 'There is clear leadership within its delivery of services.' A relative described the



registered manager as, "Phenomenal, if a shift needs covering they will cover it, therefore they get to know the families and children really well which helps with recruitment and matching carers, I've never known a care manager like them."

- Relatives and staff described the management team as friendly and approachable. One relative said, "The managers are always available, even if not officially, they always get back to us and even step in and provide the care sometimes."
- The provider used a range of audits and checks to ensure the quality and safety of the service. This included the providers external senior staff carrying out 'Mock CQC inspections,' and putting action plans in to address any shortfalls.

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

- The service used a range of forums to engage with people to hear their views of the service, and influence change. This includes quality assurance surveys, monthly care reviews, feedback during 'spot' checks of staff's practice, staff supervision and meetings.
- One relative told us they felt, "There is no room for improvement, I will 100% recommend Invent Health to other families' It's not until you get a taste of something else you really appreciate what you had, it makes you realise what a class act invent Health are."
- A new quarterly 'InVent Health Essex Team newsletter in October 2021 had been produced, with the aim, to keep staff 'up to date with any relevant information that may affect them in their role or the company.' Staff were also invited to send in information to be included in future newsletters.

Working in partnership with others

- We received positive feedback from commissioners of care, which demonstrated how well staff worked with professionals. One commissioner of care told us the service provided them with monthly reports and feedback on the person's health.