Invicta Care and Training Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 24 August 2017 and was announced. We gave the provider 48 hours' notice of the inspection as this is a domiciliary care agency and we wanted to ensure the manager was available in the office to meet us.

Invicta Care and Training Ltd is a domiciliary care agency who is registered with the Care Quality Commission to provide personal care to adults who require support. The service was registered on the 17 November 2016 and has not been inspected before. At the time of inspection, the service was offering personal care services to two people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's relatives spoke very positively about Invicta Care and Training Limited staff and the registered manager. Relatives described staff as very caring and kind.

However, we found the provider was not undertaking robust risk assessments when there was a risk to people's safety so appropriate plans could be put in place to mitigate risks. Therefore, we found a breach of the regulations with regard to safe care and treatment.

We found that whilst care plans were clear about the tasks to be undertaken during each care call there was a lack of detail for staff about how the person wanted the care undertaken to fully reflect their wishes and preferences.

The provider had recruited sufficient staff to meet the needs of the people they supported and to ensure they could provide cover in an emergency or to cover a new package of care. The provider recruited staff in a safe manner.

Staff were provided with induction training to ensure they were equipped to carry out their duties appropriately. Staff shadowed the registered manager providing care prior to commencing their role and were introduced to the people they were going to provide care to.

The service worked within the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the agency supported this practice.

Relatives confirmed they had been involved in people's care planning and the person's individual history and aspirations were contained in the care plan for staff to learn about the person.

The provider had a complaints policy and procedure. This was contained in the service user guide for people's reference. The registered manager described clearly how they would investigate complaints and address them speedily.

The registered manager had systems and processes in place for communication with people, relatives and their own staff, and for monitoring the quality of the service provided. However, the systems had not identified the areas for improvements we found so the provider could address these.

The provider acted on feedback they received to improve the service. The commissioning body had visited the service, and the provider and registered manager had made changes to their systems following the visit demonstrating that they were working in partnership.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regards to safe care and treatment. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. The agency had not assessed risks in a robust manner to ensure people's safety.

There were enough staff to meet people's needs and to provide staffing cover in an emergency. Staff were recruited in line with the agency's safe recruitment procedures.

Staff had been trained to administer medicines however there was no medicines administration at the time of inspection.

Staff had received infection control training and could tell us how they used protective equipment to prevent cross infection.

Is the service effective?

Good

The service was good. The service was working in line with the Mental Capacity Act 2005 and staff described how they gave people choices and asked permission before supporting people.

Staff received induction training prior to commencing their work and further training was planned by the registered manager.

The registered manager told us how they would contact health services on people's behalf should the necessity arise.

At the time of inspection, the service was not supporting people to eat.

Is the service caring?

Good

The service was good. Relatives described staff as very caring and kind.

People and their relatives were involved in care planning.

People were supported by staff to maintain their privacy and dignity.

Is the service responsive?

Good

The service was good. People had person centred care plans that

contained a brief history and contained people's aspirations and wishes.

Relatives felt they could complain or raise concerns to the registered manager and that these would be addressed in a timely manner.

Is the service well-led?

Requires Improvement

The service was not always well-led. The registered manager had not identified through care plan checks that risk assessments had not been comprehensively undertaken.

The registered manager monitored staff performance and reviewed care documents to ensure the quality of the service provided.

The registered manager spoke with people's relatives to ensure the quality of care given.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available.

One inspector carried out the inspection. Prior to the inspection, we reviewed the information we held about the service. This included notifications and information we obtained when registering the service. A notification is information about important events which the service is required to send us by law.

During the inspection we case tracked two people's care records. This meant we reviewed all their associated documents such as care plans, risk assessments and daily notes. We talked with two support staff, the registered manager and the director. We looked at three staff personnel files. This included recruitment documents, supervision and training records.

Following our inspection, we spoke with three people's relatives (One relative had used the service previously) and the commissioning body.

Requires Improvement

Is the service safe?

Our findings

People's care plans did not contain robust risk assessments. For example, one person's care plan stated they were "severely bed ridden at the moment" and they required two staff for moving and handling. The care plan named equipment being used as a hospital bed and a sliding sheet. However, there was no guidance for staff as to how the person would be moved using the sliding sheet, the types of handling manoeuvres to be completed using the sheet and no assessment of the risks involved. As such, it was not clear if the risks to the person and staff in regards to moving and handling had been fully assessed and measures put in place to mitigate the risks identified.

The same person had a history of falls but there was no falls risk assessment. The person had also fallen from bed previously but there was no risk assessment in place to see if they required bed rails in order to keep them safe. In addition, the person skin integrity was referred to in the care plan, as was the staff care support of 'skin care' and 'assist to reposition' but the risk of skin breakdown had not been assessed. These omissions in risk assessments meant risks were not adequately assessed for appropriate management plans to be put in place so the staff had the guidance they required to minimise risks to the person. We brought this to the attention of the registered manager who showed us that they were in the process of updating the risk assessments.

We found the above concerns were a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12.

We saw that the registered manager had undertaken an environmental risk assessment of people's homes to ensure staff could carry out care and support in a safe manner. In addition, a lone working policy identified measures to take to ensure staff safety when working by themselves.

One person's relative told us when speaking about the staff supporting their family member "Yes I feel safe at the moment." We saw that the provider had safeguarding adults' policy and procedure for staff reference. Staff had received safeguarding adults training during their induction and could tell us how they would recognise signs of abuse and demonstrated they knew how to report possible abuse and concerns appropriately. We saw that staff had been reminded of the safeguarding procedure in their June staff meeting. There had been no safeguarding concerns recorded however, the registered manager described to us how they would report a safeguarding concern to the appropriate local authority and understood their responsibility to notify the CQC.

All relatives spoken with told us that care staff arrived on time for example, "Yes they do what they have to do on time." One relative told us if staff were delayed, they were always notified. "They would call and let us know." One relative told us staff took their time with people "They don't come in like there's a rush they don't approach you like that."

The registered manager showed us that they had recruited and trained a large number of staff with an expectation that they would have enough staff to offer a service. This was to ensure they always had staff on

standby to cover staff illness or new care calls. We saw from people's daily notes that staff sometimes stayed longer than their allotted time at the call. The registered manager explained they would not rush people. They showed us when they found they could not complete the tasks in the allocated time because of a person's changing circumstances they had raised with the person's relatives and the commissioning body to review the time allocated for the call.

The provider, when they recruited, asked prospective staff to complete an application form and interviewed the candidates. They undertook a number of checks these included criminal records checks, proof of identity, right to work in the UK and requested two references. Staff when working wore identity badges and people were told the names of the staff team that would be supporting them. Staff confirmed they were introduced to people prior to working with them. The provider was taking measures to ensure staff were safe to work with people.

There was a medicines policy available for staff reference and staff had received training to administer medicines. There were medicine administration record templates available for staff use. People had medicines risk assessments that clearly stated who would be collecting and administering their medicines. The medicines administration was graded to show if staff were not handling medicines at all, if they were prompting or if they were administering. At the time of our inspection people's risk assessments and care plans stated staff were not administering any medicines. The registered manager and staff confirmed they were not administering medicines to people. As such, we were unable to check if staff did administer medicines appropriately.

Staff told us they had received infection control training and said how they would use protective equipment to protect themselves and others from infection. We saw that the agency had sizeable stores of protective equipment that included disposable, gloves, aprons and shoe covers. The registered manager had checked staff were using protective equipment appropriately when they had undertaken spot checks. This was to ensure the staff practised effective infection control in people's homes.

Good

Is the service effective?

Our findings

A staff member told us "Yes we did have an induction, told everything we needed to know." The staff we spoke with had received induction training and confirmed they had shadowed the registered manager prior to commencing their role. Induction training had included for example personal development, person centred work, communication, safeguarding adults, basic life support, moving and handling and infection control. Staff told us they would have a six-month refresher training and the registered manager showed us they had planned future training sessions for staff and identified dates for refresher training.

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.

Staff had received training about their responsibilities under the MCA and demonstrated an understanding of people's rights. A staff member described that they gave choice giving examples of asking if people wanted a shower or a strip wash and what clothes they wanted to wear. Staff confirmed they asked permission prior to giving care. One staff member told us "If they say no to me, I have to pursued, not forcing, but letting them make choices."

We saw that the provider requested people or their legal representatives to sign consent to have care provided when commencing the service. We brought to the registered manager's attention that there was no evidence in one person's records that their relative had power of attorney to give them the authority to make decisions on behalf of people who use the service. (A legal document that lets the person appoint one or more people to help them make decisions or to a sign consent forms on their behalf). Following our visit the registered manager sent us evidence to show the relative had power of attorney for their family member.

People currently receiving a service from staff were living with their family members who liaised with people's health professionals such as the GP and district nurse on their behalf. As such, there had not yet been a role for staff to liaise with health professionals. However, staff told us if they were concerned about a person's health, they would inform the registered manager. The registered manager was able to demonstrate to us that following a review they had advised a family member to inform the GP of the person's new symptoms with regard to their mental health.

Care plans contained contact information for the GP and district nurse and an outline of presenting health conditions for staff reference. Care plans detailed for example people's sensory support needs 'I wear glasses for reading purposes' and 'I wear a hearing aid'. In addition, skin integrity was noted in care plans and there were instructions for staff to monitor and report any redness or broken skin.

The agency had sections in the care plans for diet and nutrition, however currently care plans stated that

people's nutritional support needs were being met by their family members. As such, we could not inspect the staff's practice in this area.

Good

Is the service caring?

Our findings

Relatives' feedback was extremely positive about the staff. One relative told us "Carers really did take care of [X] they were kind and gentle." Another relative told us "So caring and looked after you (the relative) as well." They described that the registered manager had sat and talked with them for several hours to give them support in their own time when their family member passed away

One relative told us when staff were with their family member, "It was good, laughter, and banter", and that the staff were "cheerful". They described, "Staff would always ask every morning what sort of night you had had." A staff member told us "Every client has a different personality, so you have to adjust to their personality and to the situation, I try to be as they want me to be." Another staff member told us "I talk to them and we laugh together, I'm a good listener." They told us "If it is at the end (of life) I talk to them because they are alone, sometimes they appreciate this."

People's relatives told us they were involved in the care planning. One relative said "Difficult not to be involved in planning the care, so yes I am." We saw that the registered manager had visited people who received a service and spoken with the person and their relative to check how they wanted their care to be delivered. Care plans contained information as to how people wished to be supported and included the person's wishes for example "I can communicate slowly and instruct care workers."

Staff had received equality and diversity training to support them to work with people with diverse needs. Care plans stated what was important to the person for example, one person requested male carers only. Care plans stated people's ethnicity, religion, and cultural practices. For example, one person's care plan stated their communication was in both English and Hindi. Another person's care plan stated, "Reads the Bible every night before they sleep."

One relative described staff as "very polite" in their approach. A staff member told us how they maintained people's dignity and privacy "Seeing them as a human being and treating with respect" and "Not gossiping about the family". Staff described to us how they maintained people's dignity and privacy when supporting them to wash by closing doors and using towels to maintain people's modesty. The registered manager showed us that the daily log book completed by staff in people's homes contained a reference the provider's confidentiality policy. This reminded staff daily of their responsibilities to keep people's information confidential.

Good

Is the service responsive?

Our findings

One person's relative told us "They give care as I would like it to be." People had person centred care plans that gave a brief background history about the person and information about the person's likes and dislikes so staff had a good understanding of the person. The care plan also contained the person's expectations written from the person's point of view and expressed for example "I would love to get back to my old state and be independent." This helped staff see the person as an individual with their own aspirations and wishes and in this respect was person centred.

People's care plans contained a schedule of care. Each care call was described in terms of the tasks staff needed to complete and the care to provide. Care plans stated which staff would attend to the person. Each task was recorded clearly for example "assistance with washing and dressing, continence and skin care". However there was little detail for example if the person preferred a shower or support to bathe or if there were part of the task they could perform them self. Whilst staff knew what they were expected to do during the visit, the detail was sometimes lacking in terms of making the care person centred. We brought this to the attention of the registered manager who explained that either the person or the family would provide staff with more details about the person, however confirmed they were reviewing the care documents and they undertook to provide more detail for staff reference.

Staff completed the daily log once care was completed, these were detailed and stated for example what equipment had been used and confirmed the caring tasks identified had been undertaken. On an occasion when care was not provided the reason was clearly stated. We saw for example when the person was asleep and their family had requested the care worker not to disturb the person, staff had followed the instructions and recorded this decision. Staff appropriately recorded the care they provided in the daily logs and we noted that the way and the language used by staff in the logs was respectful and appropriate.

The provider had a complaints policy and procedure and this was in the Service User Guide given to all people using the service for their reference. The registered manager told us they had not yet received any complaints about the service. The registered manager described to us how they would log, acknowledge and investigate a complaint. They stressed they would try to resolve a complaint as soon as was possible and apologise when appropriate.

Requires Improvement

Is the service well-led?

Our findings

One relative told us they "[I] would recommend the service to anybody." All relatives and staff spoke positively about the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager told us they had been working to establish the agency's systems, policies and procedures, also to recruit and train staff. However, we found that not all people's care documents were robust in terms of risk assessments and some care plans lacked detail to make these person centred. We brought this to the registered manager's attention and they showed us they were in the process of changing the risk assessment format and were developing the care plans. We acknowledged there was very positive feedback from people's relatives but some areas needed to be addressed to ensure the safety of people and to provide guidance for staff so they had all the information they needed to care for people safely and in a person centred way.

The registered manager explained they led by example and were 'hands on' and showed staff how to work with people. They worked alongside staff and we saw they had an open door policy. One staff member told us they found them "approachable" and another staff member said, "I can approach and tell everything". Staff also told us that the registered manager was very clear about their responsibilities as care workers "because we are a quality service". We noted that the registered manager monitored calls and punctuality and consistently told their staff to attend care calls "On time, don't be late".

One staff member told us the registered manager was "very structured and doing their job well." The registered manager described they were well supported by the director who also worked from the location and as such was available to discuss any issues. The director confirmed they "worked together" to manage the agency. Both the registered manager and the director were undertaking training to develop their expertise in their roles.

The registered manager had undertaken spot checks on staff performance. During the spot check, they observed for example staff communication and moving and handling. They had undertaken the spot checks for staff when they had just started their role and was aiming to spot check staff each month. They also checked the daily records on a monthly basis and reviewed care plan documentation.

The registered manager told us "My passion is to make the clients happy." To ensure the quality of the service given they spoke with people and relatives through phone calls, during visits and reviews of the care plan. There had been one questionnaire sent out to one person who had received a service, the results were positive. We also saw compliments from other people's relatives one of whom said the service was "exemplary."

The registered manager was working in partnership with the commissioning body. They had been visited by

the commissioning body and showed us they had implemented an action plan to address any issues identified from the visit. The commissioning body had for example raised that rotas were agreed with individual staff only and were not on a shared rota system. The registered manager showed us in response they had implemented rotas for staff that detailed what calls they were working for several weeks ahead and were available for reference. They explained they had plans to implement an electronic system once the service provision grows larger.

The registered manager told us they spoke with two experienced registered managers from other providers who offered advice and support. They had also just joined the United Kingdom Homecare Association (UKHCA) a professional association of home care providers to keep providers and their staff well informed about legislation and good practice.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12(1)(2)(a)(b) The provider did not have an effective system to assess the risks to service users while they receive care and had not put in place measures to mitigate identified risks.