

Invicta Care and Training Ltd

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## Inspection report

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27 September 2022

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### About the service

Invicta Care and Training Ltd is a domiciliary care agency and provides personal care and support to people who require assistance in their own home. Not everyone using the service received personal care. CQC only inspects where people receive personal care, which is help with tasks relating to personal hygiene and eating. Where they do, we also consider any wider social care provided. The service supported 54 people at the time of the inspection.

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

#### Right Support:

We received some feedback about instances of staff lateness and timekeeping concerns. Staff were recruited safely. Staff were provided with an induction, training and support and had their competencies assessed to ensure they supported people in line with their identified care needs. Safeguarding policies and procedures were in place. People were protected from the risk of abuse. Staff had received training and understood how to keep people safe and who to report to if they had any concerns. People's care plans and risk assessments were reviewed in a timely manner. People received the support they needed to take their medicines safely. Staff followed the correct infection control practices.

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.

#### Right Care:

People and their relatives were positive about the care they received and said staff were kind and helpful. People told us they were involved in pre-admission assessments and their views were listened to. Staff understood how to respect and promote privacy and dignity. Choice of meals and drinks were offered to people which respected their likes and dislikes.

#### Right Culture:

The registered manager and staff were clear about providing person-centred care to people. They had a

good knowledge of the service and understood the needs of people they supported. Staff supported people to lead inclusive and empowered lives. The registered manager worked with the local authority safeguarding and commissioning team to carry out their regulatory responsibilities. The provider increased the number of quality checks to monitor the service and identify any areas for improvement.

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

The last rating for this service was good (published 22 May 2021).

#### Why we inspected

The inspection was prompted in part due to information of concerns received including safeguarding, staffing and training. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe, Effective and Well-led sections of this full report.

#### Recommendations

We have made a recommendation about monitoring staff deployment.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Invicta Care and Training Ltd

## **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 Health and Social Care Act 2008.

#### 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 and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced.

We gave a short period of notice of the inspection. This was because we needed to be sure that the

registered manager would be in the office to support the inspection.

Inspection activity started on 09 August 2022 and ended on 27 September 2022. We visited the location's office on 27 September 2022.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used this information to plan our inspection.

#### During the inspection

During the inspection we spoke with 12 people using the service and 8 relatives about their experience of the care provided. We spoke with the registered manager, field supervisor and 8 care workers. We reviewed a range of records. This included 6 people's care records including medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The provider had an electronic system in place to monitor staffing levels and timekeeping. However, this was not always effectively used to prevent staff lateness.
- The majority of people told us their care workers turned up on time and there was consistency with their care workers. A relative told us, "We have no problems with the timings of calls unless there is a problem at the call before ours and then we usually get a phone call to let us know." A person told us, "I always get a call to let me know if they are running late for my call which is very rare as I am an early call in the morning and one of the last calls on an evening." A relative told us, "My husband has used the service for about a year now and we had a few teething problems at the start, it was with the timings of the calls. They were very inconsistent sometimes very early and other times very late. I contacted the manager and we discussed it at length and now we couldn't be happier." However, we received some feedback about instances of lateness and timekeeping issues and care workers were in rush when they visited people.
- For example, a person told us, "I don't seem to have any sort of set times the carers come when they want, and I have no power to sort this." And a relative said, "Timings are ok not brilliant, but I understand that there can be problems at previous calls, it would be better if someone could let us know if the carers are running late."
- We discussed issues around timekeeping with the registered manager and they told us they had taken action in response to this. They told us the main reason for the late calls was care workers failing to check their rota and lack of communication between the care workers and the office staff. They had since put an action plan in place to address the issues and ensure lateness was also robustly managed. They also met with people to address their concerns.

We recommend the provider review their monitoring systems to ensure staff are effectively deployed.

- Staff we spoke with said they received details about their shifts on time and they had regular people they supported and cared for. A care worker told us, "We get updated promptly on any changes in the rota. I have regular clients I go to and I know them well."
- People were protected from the risk of harm because the provider followed safe recruitment practices.
- References and DBS checks [Disclosure and Barring Service] were completed prior to staff commencing in their role. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of harm and abuse as staff members knew how to identify, respond to and escalate suspected abuse.

- The registered manager liaised with the local authority and undertook appropriate and thorough investigations when allegations occurred.
- People and their relatives told us they felt safe when receiving care and support from staff. Comments included, "Yes, I do feel safe the carers really know what they are doing so no problems there." And, "It has been a game changer for the family we didn't realise that carers could be so good as the company we had before caused only problems."
- All staff had completed safeguarding adults training. Staff we spoke with knew how to recognise signs of abuse or neglect and who they should speak to if they had any safeguarding concerns.
- The provider had up to date safeguarding and whistle-blowing policies and procedures in place.

#### Assessing risk, safety monitoring and management

- There were systems in place to minimise risks to people.
- Care records included assessments which identified potential risks and how these should be managed by staff. These covered a range of areas, including medicines, moving and handling and health conditions.
- A relative told us, "We have a group of regular carers and each one is really good, and they all certainly know how to look after [person]."

#### Using medicines safely

- People received support to take their medicines safely.
- Staff were trained to give medicines and had annual assessments to check they were competent. This checked staff who gave medication had the correct skills and knowledge.
- Medicine administration records (MARs) were completed correctly and regularly audited.

#### Preventing and controlling infection

- Staff were provided with and used personal protective equipment (PPE) to prevent the spread of infection.
- Staff had training in infection control and followed the correct procedures when using PPE.
- People told us their care workers wore appropriate PPE when attending to their personal care. One person said, "There has been plenty of PPE all the way through the pandemic."

#### Learning lessons when things go wrong

- The registered manager told us lessons were learnt when things went wrong, and this was evidenced by systems and records in place.
- Systems were in place for staff to report accidents and incidents. The provider had processes to analyse accidents and incidents to improve the safety of the service, and the outcomes were always fully recorded.
- Staff we spoke with said they were kept updated on changes and important information through a staff group chat. This ensured important messages were promptly shared with staff.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- An assessment was carried out prior to people being taken on by the service. It helped to determine if the service was able to meet their care and support needs.
- Personalised care plans and risk assessments were developed from the initial assessment. They were kept under regular review and updated when people's needs and preferences changed.
- Care plans contained details of people's health and social support needs.
- People told us they received the care and support they needed. Their comments included, "The carers are excellent, nothing is a trouble and because we have a group of the same carers [person's] care is consistent. [Person] is very comfortable with all of them, and he is treated with the utmost respect, and they all always maintain his dignity" and "[Person] looks forward to the carers coming as they are all so very caring towards her, nothing is too much trouble. I am not sure if it is their job, but the carers put the washer on daily and the next ones empty it to make sure there is always bedding clean and dry."

Staff support: induction, training, skills and experience

- All staff completed a comprehensive induction and received regular training. Training included e-learning and classroom-based sessions. Competency checks were in place and were reviewed regularly in key areas including manual handling and medicines.
- People and their relatives were confident the staff had the right knowledge, skills and experience to provide the care and support they needed. A relative told us, "The carers who come are very experienced, I can tell that by the way they do things for [person]."
- Staff told us they felt supported and received regular supervisions.

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

- People that needed support with their eating and drinking were assessed and clear guidance was in place for staff to follow. The level of support required was detailed within the care plans.
- Staff completed records to monitor people's food and fluid intake where required.

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

- The provider and staff worked with other agencies and professionals to support people's health and wellbeing. This was evidenced within records we saw. This included GPs, and social workers and supporting families in accessing additional equipment to assist their loved ones.
- People were supported with their individual health needs. Comprehensive information was available for staff to understand people's health conditions and the support they required.

- Staff were aware of people's healthcare needs and what to do if people became unwell. One staff told us, "I would speak to a family member, contact the office to report any concerns or call emergency services if needed."

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 MCA 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.

- The service was working within the principles of the MCA.
- People were able to make day-to-day decisions about the support they needed.
- People's care needs assessments included information about their ability to make independent decisions.
- Staff had received MCA training and understood to seek consent before providing support to people.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained 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 registered manager and their staff team promoted a positive culture within the service. People supported received person centred care.
- We received positive feedback about the service. Comments from relatives and people included, "The whole company ethos I think is to care about people and in my case the relative as well", "I would absolutely recommend the service, it's the best service we have ever used" and "I am very happy with my care, the carers have really helped me to gain more independence over the time they have been coming, as I have regular carers, they have got to know me well."
- Staff felt respected, supported and valued by the management team which promoted a positive culture. Staff felt able to raise concerns with the registered manager without fear of what might happen as a result.

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 understood their responsibilities to report under the duty of candour. The duty of candour sets out actions the provider and registered manager should follow when things go wrong and to be open and transparent.
- The registered manager worked with people, their relatives and health and social care professionals to ensure the right care was provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was an organisational structure in place and staff understood their individual roles, responsibilities and the contribution they made to the service.
- The provider was aware of the need to ensure increased quality checks, correct systems and processes were in place to provide oversight of the service and to ensure people received safe care and support.
- Audits and checks of different aspects of the service were completed regularly.
- Increased checks were made to ensure staff attended calls on time and feedback was obtained from people and their relatives on a regular basis.
- There was an on-call system which enabled people who used the service and staff to access management support outside normal office hours.
- The registered manager had kept up to date with changes in legislation and best practice, particularly in relation to the COVID-19 pandemic.

- The registered manager informed CQC of significant events in the service as per the regulatory requirements

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

- The provider obtained feedback from people and relatives about the service via surveys, meetings and telephone monitoring. Feedback from surveys were analysed to ensure they improved the service where needed.
- The service promoted an inclusive and open culture. Management staff recognised care workers contributions on the way the service was delivered. Staff meetings were held to discuss the management of the service. Records showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had.

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care.