Care Quality Commission

Invicta 24 Plus Limited

Invicta 24 Plus

Inspection report

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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

Overall summary

The inspection took place on 5 and 25 August 2015. Invicta 24 Plus is a domiciliary care agency that provides personal and practical care to people living in their own homes in the London Boroughs of Bromley and Bexley. The agency was registered in February 2015, and this was the first inspection of the service. 12 people were using the service at this time.

There was a registered manager in post at the time of our inspection. 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 were positive about the care they received, and told of a reliable service and of receiving their home visit calls on time as agreed. People felt safe. The agency had procedures in place to identify and manage appropriately risks associated with people's care needs and within their home environment. The service developed appropriate care plans and arranged the care and support in

Summary of findings

response to these. There was clear guidance placed in the person's home for staff to follow to ensure people remained safe. Management observed practice and ensured staff followed this guidance.

The agency had systems in place which helped to protect people from abuse and harm and staff knew how to use them. Staff understood the needs of the people they were supporting. They knew how to recognise the signs of abuse and how to report any concerns. Appropriate vetting checks were carried out on staff before they were employed to make sure they were suitable for their roles. Staff received an induction before they began to work with people and were provided with on-going training and support to give them the skills and knowledge to care for people effectively.

The agency had sufficient numbers of suitably skilled staff to care for people. Staff understood their roles and responsibilities and the codes of practice that needed to be observed. Care workers were supported by the management team through team meetings, supervision and spot checks.

There were procedures in place to ensure that people were supported with their medicines safely which staff consistently followed. People were protected against the risk and spread of infection as staff were trained and followed infection control measures. Staff asked for people's consent before delivering care. People and relatives where appropriate were involved in planning their care, people were in control of the care they received. Staff understood the provisions of the Mental Capacity Act 2005 and how it applied to people they cared for.

People told us staff treated them with respect and kindness. People's healthcare needs were met; care staff liaised with relevant health professionals to help promote their health and wellbeing. Staff ensured people were encouraged to eat a balanced diet and summoned appropriate intervention if there were any concerns. Regular checks were carried out to ensure staff practice promoted people's health and well-being.

The registered manager understood what was required to provide good quality care and was committed to achieving the best for the people that used the service. There were systems in place to assess and monitor the quality of care people received and drive improvements, these were consistently applied by staff.

Summary of findings

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. People told us they felt safe, they had confidence in the care staff that supported them; staff turned up at the correct time and stayed for the agreed period.

Staff knew how to respond to individuals and what to do if they thought someone's safety was at risk. Staff had a good awareness of safeguarding issues and their responsibilities to protect people from the risk of harm. The provider had appropriate systems in place to ensure people received their prescribed medicines safely; these included providing staff with training that developed their competencies in administering medicine.

Is the service effective?

Good

The service was effective. Staff were provided with suitably training and support, and helped with developing the necessary skills to carry out their roles. Staff had their work practices monitored and observed to ensure they followed relevant guidance.

People's health care needs were assessed and suitable provision was made to promote their health and wellbeing. People at risk of poor nutrition and dehydration were identified, and staff followed relevant plans to ensure these needs were met. Staff were competent in recognising when people's needs were changing and liaised with other health and social care professionals. This helped to make sure the care package delivered was appropriate to the person's needs.

Is the service caring?

Good

The service was caring. People described staff as kind and caring and having the right qualities for their role.

People found their privacy and dignity was respected and staff respected their homes. People were involved in making decisions about the support they received and found their decisions were respected.

Is the service responsive?

Good

The service was responsive. People and their relatives were involved in planning their care and support, and these arrangements responded flexibly to their needs and took account of changes in circumstance.

Staff had developed a good understanding of individual's needs and demonstrated how they took a holistic approach to meet them. People knew how to raise any concerns or complaints and were confident that they would be listened to and acted upon.

Is the service well-led?

Good

The service was well-led. All staff were aware of their responsibilities and accountability. Communication between staff members was good, staff dealt with information promptly and efficiently.

Care staff spoke positively about the support they received from the management team. The registered manager and senior staff planned and effectively organised the care arrangements. The

Summary of findings

registered manager and the team gave attention to ensuring staff schedules considered where people lived and excessive travelling times avoided. The management team addressed issues promptly which meant minor issues were resolved as they occurred and helped ensured the service ran smoothly.

Invicta 24 Plus

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 was planned to check 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 5 and 25 August 2015, the first day's inspection visit to the agency office was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. One inspector undertook this inspection.

We reviewed the information we held about the service including registration history and notifications. Notifications are about events that the provider is required to inform us of by law.

The provider informed us there were 12 people using the service. During the inspection we looked at the care records for five people, staff recruitment procedures and the personnel files for six staff members, the staff training and induction records for the staff team. The care records included needs assessments, risk assessments, medicine records and care plans. We met with the provider, the registered manager, the human resources compliance manager and a care coordinator and two administrators. We spoke with six people who used the service, three relatives, and four care workers. We visited one person in their own home and also met their family carer.

Good

Is the service safe?

Our findings

People told us they felt safe, and had confidence in care workers that looked after them. One person said, "I have not had them long (two weeks) but they are very capable staff and are reliable." A relative we spoke with told us their family member needed a large care package including day care and respite. They said, "Care staff come in three times a day to look after my relative. It is reassuring that staff are competent in caring for people with restricted mobility."

People told us they had first received a visit from a senior member of staff to find out what their care and support needs were. The registered manager or a senior staff member always visited a person referred to the service before providing the service. This helped them ensure they could provide a safe place of work for staff, identify and reduce environmental risks. The registered manager told us their own assessment helped plan the care arrangements appropriately and correctly match up the most suitable care worker. We saw from the agency care records that risks were recorded in relation to people's environment, personal and practical care needs, mobility, skin integrity, and guidance was in place to keep people safe. A family member was alerted when the assessor highlighted that the smoke detector in their relative's home needed attention as it was not working efficiently.

A person with a physical disability required to be positioned correctly and a safety belt be used to when using the wheelchair. The person's parents told us this was made clear to care staff to reduce the likelihood and risk of injury to the person. The care plan had instructions about how and when to put the belt on as the person had limited awareness of the risk. Another person required two care staff to use a hoist to move them safely. All the care staff assigned were trained and deemed competent in using the equipment. The risk assessment and care plans were thorough and recorded details of the hoisting equipment, servicing and emergency contact details should there be any difficulties with operating it. One of the care workers trained in using hoisting equipment told us that a physiotherapist had also come to the person's home to demonstrate to care staff how to use the equipment correctly. Staff told us they were alert to any skin changes or friction as a result of people using equipment or remaining in bed or in a chair for long periods. Body map records and incident reports were supplied in care folders, we saw these were completed on occasions when staff noticed skin changes. The communication records showed that when changes were observed these were reported to the manager who liaised with community health team.

We saw that any risks associated with people developing or retaining their independence skills, such as cooking and meal preparation were assessed to help ensure people remained safe whilst undertaking these tasks. A care worker described how they supported a person with dementia to remain safe; they were assessed as at high risk from using the gas cooker. The registered manager had worked together with the family member to ensure the risk was minimised, meals were prepared by the family and were heated in the microwave by the care staff.

People's needs were met by sufficient numbers of staff. As the service was newly registered there were a small number of people using the service, there were 12 people using the service and there were 10 care staff available to cover the visits. Two people we spoke with had the service for two to three weeks following hospital discharge and were now successfully managing independently. The registered manager told us each person had permanently allocated staff for all their visits, and that care staff who were familiar with the person were assigned to cover in the event of the regular carer having leave. The registered manager explained how they planned the service and scheduled the rotas weekly. Carers were assigned to cover specific geographical areas to avoid excessive travelling times and potential delays There were a number of new care staff on standby to cover any planned and unexpected absences. Care plans were specific and had clear details of the support needs of the person, what they could do themselves and the tasks staff were required to perform and the length of time assigned for this. People told us staff always did everything that was required, and checked if anything else could be done before they left the person's home.

There were arrangements in place to deal with foreseeable emergencies; people received contact details of the service. There was a management team familiar with people who used the service on call during out of office hours to deal with any emergencies. The registered manager told us there were not many calls received out of hours as staff carrying out weekend duties were aware of the duty rotas

Good

Is the service safe?

in advance and knew the importance of informing staff as early as possible if they were unable to attend their duties. Care staff confirmed there was an on call system in place and had used it when there were emergencies.

The agency had medication policies and procedures in place to assist people with taking their prescribed medicines safely. We saw that medicine consent forms were in place for those who needed support with taking medicines. All care staff were trained in medicine procedures and had been assessed as competent to administer these. We saw that the needs and risk assessment considered what medicine people were prescribed and each person had a medication profile in place, if they could take their medicines independently or if they needed assistance or prompting. This information alerted staff who monitored if individuals were able to continue to self-administer their medicine. Records we saw confirmed the majority of people were independent in taking their medicines but required prompting. One person had dementia and was at risk of taking their medicines incorrectly. The registered manager had liaised with the relatives to have the person's medicines dispensed by the pharmacist in a dosset box and to have it stored safely in a cabinet in their home. Care staff recorded medicines administered. These records were checked by the manager or supervisor during spot checks. The registered manager told of changes they proposed to make to medicine administration records, and requesting the dispensing pharmacist to supply the monthly medicine administration record together with medicine supplies.

We examined staff records for six care workers. We found that effective recruitment procedures were in place. Recruitment files contained evidence of a completed application form, a Disclosure and Barring Service (DBS) check having been undertaken (these checks identify if the applicant had a criminal record or were barred from working with children or vulnerable people), proof of the person's identity and evidence of their conduct in previous employments (references). Staff received a formal face to face interview process, written test to demonstrate proficiency in literacy and numeracy. The staff records included a recent photograph which was taken for the care worker's identity badge. The agency had a human resources manager who overseen recruitment procedures. They had introduced an audit system to ensure all the necessary information was in place before a staff appointment.

Staff told us they were trained in storing substances safely and those listed under COSSH. They told us they followed infection control measures in accordance with their training, and this included the importance of good hand hygiene and using protective clothing issued such as gloves.

Good

Is the service effective?

Our findings

People described care staff attending to their care needs as being able and competent. All the people spoken with experienced consistency of care and had regular care staff assigned. The care rosters and weekly schedules we saw showed that each person was assigned regular care staff. The registered manager or senior staff member on completing a home visit introduced the assigned care worker/s before they provided the care to the person. People told us the care staff that came to their homes were familiar to them and understood their needs. They said they provided the care they needed. Their comments included, "Well trained staff that follow the instructions given.", "Pleasant and helpful, well trained." We saw that team work was encouraged by management to provide consistency in care delivery. For example, the provider had arranged transport for care staff who worked in pairs. This arrangement made sure they arrived at people's homes at the same time and did not cause any inconvenience or delays by arriving at various times.

People told us their consent was gained at each visit and the care records we saw showed that the person had signed a consent form initially along with their written care plan. There were records in place that demonstrated people were supported to make their own decisions and choices. No one was subject to an order of the Court of Protection. Records showed that some people had a Lasting Power of Attorney in place and where others chose to be supported by family members when making decisions. The registered manager and care staff understood this process; a mental capacity assessment was completed by the manager or assessor on first visit and reviewed at follow up reviews. The Mental Capacity Act 2005 provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people were assessed as not having the capacity to make a decision, a best interest meeting was held involving people who know the person well and other professionals, where relevant.

Records we saw demonstrated that people received continuity of care from a team of regular care staff. The registered manager told us that following an initial needs assessment they endeavoured to match care staff to the people needing support. The matching process considered people's cultural and religious needs and staff skills and experience, hobbies and interests. Times requested for the visits and people's location was taken into account to plan the care arrangements appropriately. We saw that travelling time was considered to enable staff attend to the visit at the expected time. Reports we received from people who used the service and their families were that timekeeping was good. We saw the process in place promoted effective communication among the staff team in the office. For example, a person had requested a staff member did not visit again this had been respected, and another staff member was assigned who we were told had a better understanding of the person's needs. Office based staff shared their duties of entering information on the computer and informing care staff promptly if visits were cancelled. The information we received from people using the service and from relatives confirmed that people did not experience missed visits. One relative told us of a missed visit because the agency was not informed in good time of their family members discharge from hospital.

Staff understood their roles and responsibilities; they told us they were provided with a staff handbook which outlined codes of practice/conduct expected of staff. A record was held on each staff record and signed to acknowledge receipt of this. The registered manager told us care staff had opportunities to discuss their learning and development through team meetings, spot checks, and one to one (supervision) meetings with their manager. Spot checks were regularly undertaken by senior staff, these could be unannounced or announced whilst staff were undertaking visits to people. During these visits observations of staff practice were made and checked against good practice, such as communication, infection control procedures, respect and offering choices to people.

All staff completed an induction, which included mandatory training. The agency had tailored their training arrangements to ensure all care staff completed their induction in accordance with the Care Certificate framework. The provider was following the Care Certificate induction programme for new staff. This meant the provider was following good practice as part of staff induction for social care. Staff received training relevant to their role. The agency had a comprehensive programme of training and development in place for staff, attendance at training sessions was monitored. Training provision was linked to the Care Certificate and included health and safety, dementia care, safeguarding adults, first aid awareness, infection control and basic food hygiene. Staff

Good

Is the service effective?

told us they received the necessary training to meet people's needs such as moving and handling, medicine and health and safety. Some additional specialist training had been provided, such as training on autism and challenging behaviour.

People told us they felt staff had the right skills and experience to meet their needs, and the patience to work with the person. Relatives told us they felt staff had developed a good understanding of their family member's care and support needs. One relative who was the main carer for a person told us they became involved in training staff. The relative told us told us their family member was unable to communicate their needs verbally and so they worked with care staff initially for a period to help them understand the specific ways the person expressed their need, and this had worked well. The care plan we saw also reflected the guidance from the family member. Another person's relative told of the dedicated and consistent care provided to their spouse, as a result the outcome they experienced was positive. A carer who was experienced in this field described how they supported a person with dementia. They found that speaking and prompting the person to take drinks or snacks in between calls did not work, they found that the person responded better to prompts left in written notes with times highlighted. This demonstrated an example of personalised care, and that the training and the experience of the carer contributed to a more positive experience for the person.

People told us they had confidence in staff as they were observant and noticed changes in their physical and mental state. One person said, "My carer is like a ray of sunshine but soon notices if I am out of sorts and enquires further about what is bothering me." Records showed people were enabled to access healthcare professionals and attended regular appointments. We saw examples in care records of staff contacting health professionals and relatives when they were concerned about a person's welfare. A relative told us they felt confident that care staff were observant and of taking correct and appropriate action to seek medical help when their family member had appeared unwell. They had kept them informed of the person's progress throughout.

People's needs in relation to eating and drinking were assessed and recorded. The majority of people required some level of support with their meal preparation and drinks; this was supported by care records. Most of the meals were prepared or bought by relatives and stored in the fridge; the carer was responsible for heating thoroughly and serving. All care staff had completed food and hygiene training, those we spoke with were aware of the importance of reheating the food correctly. People told us that staff served them what they asked for and offered them a choice. The registered manager highlighted in care plans the support people at risk of poor nutrition or dehydration needed. A care worker told us of a person who was at risk of poor nutrition due to their level of dementia. They offered them a choice of meals daily, heated this up and encouraged to eat the meals. They also told of leaving the person some fruit and snacks to have in between meals along with drinks. The person's relative told us the family member was responding well.

Good

Is the service caring?

Our findings

People spoke of a caring service and of care staff having integrity and being thoughtful. One person told us staff listened to them and acted upon their views. People were complimentary about the staff who came to their home to provide their care. The comments we received included; "The carers are excellent, they always do what I ask them to do and what I am unable to do, and I feel well looked after." Another person said, "The staff are very kind and gentle, they help me to be independent and assist me to do as much as I can for myself." People said the staff had enough time to meet their needs in the way they wanted them met. One person told us that initially there was insufficient time allocated by the local authority, but the agency had reported this back and resolved the issue.

The care plans showed that people were involved in making decisions about the care and support they received. People we spoke with explained they felt involved in the support they received. Relatives said they had opportunities to become involved and to express their views about the care and support their family members received. People's preferences regarding their daily care and support were recorded and reviewed. Staff had a good understanding of what was important to people and how they liked their care to be provided, for example people's preferences for the way their personal care was provided and how they liked to spend their time. People explained that a manager visited to check how the care package was going and if any changes were needed. Details of any actions needed or changes to arrangements were recorded in people's care plans.

One person said, "Care staff have a good attitude which I like, they do what I ask not what others feel needs attention." One relative told us, "Care staff are good at keeping in contact with us and letting us know of any concerns, they know their job and are aware of their responsibilities and boundaries."

Staff valued the people they cared for and felt motivated to provide people with good quality care. Staff told us their management team demonstrated these values to staff on a day to day basis. Care staff were respectful in conversation about people they cared for. The registered manager explained measures in place to ensure team work to effectively meet people's needs. They acknowledged and recognised the skills and attributes of individual staff, their strengths and weaknesses. They endeavoured to match staff accordingly to the people receiving care.

People we spoke with said staff practice maintained their dignity and privacy. We saw that privacyand dignity observations were made and subsequently discussed during spot checks and at care reviews with people, and at team meetings. Staff were able to demonstrate how they would ensure people had privacy and dignity protected when providing personal care, for example by ensuring people had their modesty promoted when having bed bath, and not discussing personal details in front of others. A relative told us, "I witnessed respectful practice by staff when I turned up when my family member was getting support with a shower."

Good

Is the service responsive?

Our findings

People told us care staff were assigned enough time to meet their needs in the way they wanted them met. They told us of occasions when staff stayed longer with them than scheduled if there was an emergency. Comments we received from people included; "I think this agency are much more responsive to my needs than others, they know that I am housebound and totally reliant on them", "Care staff help me with supporting my relative. They are totally reliable".

The agency undertook a needs assessment and developed a personalised care plan with the person in response to their care and support needs. Each of the care plans we saw were individualised and took into account the person's needs and wishes, their practical and personal care needs, and the network of people involved in their care such as relative carers or volunteers. People told us they provided essential information about themselves to the assessor on the initial visit. They told us this helped to make sure that staff understood their needs and the things that were important to them.

We saw from care records that the person completing the assessment documented important things, such as preferred times for getting up and being assisted to bed so that staff could respond appropriately. For example, switching off lights, securing windows and doors. We saw that when appropriate family members had contributed to the development of care plans to include good detail the relative's likes, dislikes and interests. People told of experiencing care and support that was tailored flexibly to their needs. These included making changes to the time of the home visit in order to attend hospital or GP appointments. The majority of people were using the service for less than two months and found it was "running smoothly". They said the manager or senior staff had visited them in their homes at least once in this time to check the care was appropriate to their needs. One person we spoke with no longer needed the service as they had made good progress as a result of the care they received in the first two weeks following discharge from the hospital.

We saw in care records examples of the responsiveness of care staff. When a person had experienced some health issues the night care worker contacted the district nurse on call to ensure the person's health issue was resolved. Staff demonstrated a good understanding of people's needs and provided examples of how they took an individualised approach to meet them.

People told us care staff read the care plans, knew what was needed and recorded in the communication log/daily diary on every visit. The care records we saw in a person's home and at the agency office also included daily records. We noted in two of the daily records the information was too brief and did not give a full picture of how the person had responded to the care provided, or indicate clearly the person's state of well-being. When we reported this to the registered manager they told us this shortfall had been identified on spot checks and further training was organised for staff to address shortfalls in record keeping. We saw from the minutes of a team meeting that record keeping was also raised with staff and that instructions were given about the information care staff must record.

Everyone spoken with was confident if they raised any concerns, they would be listened to and acted upon. A relative explained, "I did have a few teething issues at the beginning due to a mix up in start dates, but they were listened to and soon sorted by the agency."

Staff were aware of the complaints procedure and how they would address any issues people raised with them. The agency had not received any complaints since they started to deliver the service. People using the service had received a copy of the complaints procedure.

Good

Is the service well-led?

Our findings

People and their relatives gave us positive views about how the service was run. One person told us, "I would recommend the service. My experiences so far are positive. It is well organised and staff do what they are meant to do." A relative we spoke with said, "I find the care staff very good, have observed carers assist my family member with personal and practical care, they do things thoroughly."

The provider had quality assurance processes in place for seeking the views of people using the service, for staff and stakeholders and driving improvement. The agency was registered for six months, within this time annual surveys had not been issued, but for people receiving short term assignments the service had developed a survey to get their views. The agency operated other processes to drive quality improvement such as announced and unannounced spot checks to people's homes, direct observation of staff practice, auditing of care plans and staff files for compliance, audits of medicine management. We saw examples of where the registered manager had taken action to respond to findings. For example, it was identified that medicine administration records were recommended for change, they sought the advice of the dispensing pharmacist in introducing this.

The experiences people described were of a well-organised and personable service that addressed and reassured people. One family member told us they had concerns about entry issues and raised this with the office staff. The provider contacted them and arranged a meeting, they came round to their home to discuss and resolve the issue satisfactorily. People told us the registered manager had a visible presence in the community, and came to their homes and provided "hands on care" on occasions. The registered manager told us they visited people, completed checks on care provided, staff practice, and provided the care needed on occasions. This they said enabled them assess the situation more fully and determine if there was sufficient time given for the person's support needs to be met appropriately or if staff were rushing to complete these within the timescales. They said that in some instances they found that insufficient time was assigned for the person's support needs to be met appropriately within the agreed time frame. In response they had referred back to the social worker and requested an increase in scheduled time. The care records showed that the necessary time increase was reflected within the updated care plan.

The registered manager told of methods she used to manage the service and achieve the high standards they set themselves. They became familiar with the geographical area and where people lived, the transport network, and made sure the planning of care visits to people's homes considered all these factors to "get it right". We looked at how schedules were arranged and saw that sufficient time was allowed for staff to get to people's homes on time. As the agency is in it's early days of operation none of the care staff had a high numbers of people to attend to or calls each day. This meant the agency had staff on standby for any additional calls that were required. All the reports received confirmed that people's home visits were planned.

One relative told us staff at the office were attentive and communication with them was good. They said, "When I place a request about my family member's service this is dealt with correctly, care staff are kept informed of short term changes." Another person told us the agency made sure they were supported in good time to attend their time at the day centre. We saw too that information about security and door entry codes was stored and shared appropriately.