Care Quality Commission

Invicta Care and Training Ltd

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Inspection report

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Date of inspection visit:
04 May 2021
07 May 2021

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
Invicta Care and Training Ltd provides care at home to people. They provide personal care to adults who may be living with dementia or have disabilities.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection six people received the regulated activity of personal care.

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

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.

People and relatives told us they were happy with the service provided and felt safe with the care provided. They confirmed their care was provided in a dignified and respectful manner.

Staff were recruited using a robust recruitment protocol and had been provided with support, supervision and training to ensure they cared for people appropriately. The registered manager completed competency assessment for staff to ensure they administered medicines and supported people in a safe manner.

Care plans were person centred and contained guidance for staff about how people wanted their care to be provided. Care plans and their associated risk assessments were reviewed to reflect people's changing circumstances.

The registered manager undertook checks and audits to evaluate the quality of the service provided and had effective systems in place to monitor service provision.

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

Rating at last inspection and update:
The last rating for this service was requires improvement (published 20 February 2020) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The service is now rated good overall.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Invicta Care and Training Ltd on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

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Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by one inspector.

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

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

Notice of inspection
This inspection was announced.

We gave the service 48 hours' notice of the inspection. 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. However, due to the possibility of COVID-19 we had to rearrange the inspection for the following week when it was confirmed as safe to visit the office location.

We visited the office location on 4 May 2021 and made telephone calls to people who use the service and their relatives on 7 May 2021.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. This included notifications the provider must send us by law and the action plans to meet the breaches found at the last inspection. We sought feedback from the local authority who work with the service.
We used all this information to plan our inspection.

During the inspection
During our site visit we met with the registered manager and a consultant commissioned by the provider. We were introduced to the care co-ordinator and administration assistant. We reviewed two people's care records and their associated documents which included their daily notes and six people's medicine records. We looked at two staff recruitment records, their induction, training and observation records. A range of records relating to the management of the service, including quality monitoring and procedures were reviewed.

Following the site visit on 7 May 2021 we telephoned and attempted to speak with the six people who were using the service. We were successful at speaking with two people who used the service and two other people's relatives about their experience of the care provided. We made calls to care workers and were successful at speaking with four care workers employed by the agency.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We wrote to three health and social care professionals who have knowledge of the service and received feedback from one professional.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment
At our last inspection in December 2019 we found a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not fully check staff application documents for discrepancies or question and record the reasons for gaps in employment.

●At this inspection we found the provider has made improvements and now had a robust protocol to ensure staff were recruited in a safe manner. The management team received application forms from potential staff which were completed with relevant information. Gaps in employment were discussed at interview and the staff member signed to state the written reasons for the gaps were correct.
●The staff gave two references for their current and past employers. These were provided as requested on stamped or letterheaded references to demonstrate authenticity. The provider undertook a range of other checks including checks of identity, right to work in the UK and criminal records checks prior to employment.
●The provider asked potential staff pertinent questions relating to adult social care during the interview. They recorded their replies to assess if they understood the role of a care worker and demonstrated an aptitude to be employed as such.
● People and relatives, we spoke with said care workers arrived on time and there was consistency as the same care workers visited. Their comments included, "Yes they come on time, when I want them to come," and "Yes, the same carer, we really like them."
●Staff were supplied with rotas, so they knew when and where to attend. Care workers logged in and out of calls via an application (App). The system flagged to the office team if care workers had not logged in and were late. This meant the office team could check and make alternate arrangements if necessary. This allowed for good oversight of care worker attendance at care calls.

Using medicines safely
At our last inspection we found a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to medicines administration. This was because staff medicine competencies were not always completed appropriately and did not state where and when the staff was observed administering medicines.

●At this inspection we found people were being supported with their medicines in a safe manner. Care workers had received training to support them to administer medicines safely. They had been observed by

the registered manager to ensure they administered medicines in line with the agency's procedures. Medicines competencies assessments were now fully completed, signed by both the care worker and the registered manager.
●We reviewed a sample of people's medicines administration records (MARs). MARs described the dosage, when the medicine must be administered and what each tablet looked like. This helped staff check the right tablets were in the prepared blister packs. MARs had been completed without gaps or errors. We noted the MARs had been audited each month by the registered manager and areas for improvement identified and addressed in supervision with the care workers.
●There was further information in people's care records available for staff reference. This stated what each medicine was used to treat and described possible side effects so care workers could identify if there were harmful reactions to the medicines.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● There had been no safeguarding adult concerns reported since the last inspection. The registered manager had systems and protocols to identify and address potential safeguarding concerns. They told us what they would do in the event of a safeguarding incident and how they would investigate and alert the relevant bodies. They had systems to monitor trends in the service.
●Staff had received safeguarding adults training. They told us how they would recognise, and report concerns to their management team. Their comments included, "If I saw a bruise or they were unhappy, you can feel if someone is at risk by their body language," and "I have to communicate immediately with the office and write about what I saw… if it is something dangerous I call the office and 999."
●The registered manager told us, "You must report abuse and we educate clients what to expect and how to report. So we are sending information to clients about keeping safe and who to contact." People told us they felt safe. Their comments included, "Yes I'm very happy with the care… very safe," and "Yes safe."
●The registered manager described whilst they had no safeguarding concerns or near misses since the last inspection they had looked closely at their requires improvement ratings and with the support of their consultant made changes to systems, procedures and record keeping, They said as an example, they had made positive changes in the recruitment process and had improved oversight of service delivery.

Assessing risk, safety monitoring and management
●The registered manager had undertaken assessments to identify the risk of harm to individuals. Risk assessments were detailed and assessed the risk as high, medium or low and identified the likelihood of occurrence. There was thorough guidance for staff reference with measures to mitigate risk.
●Assessed risks included personal care, falls, food and drink, mobility and medicines. When there was a risk of poor skin integrity a Waterlow assessment (a specific assessment tool for skin integrity) was utilised. The Waterlow assessment calculated the level of risk to the person. The person's care plan stated what actions were required when providing care and stressed the need to monitor their skin integrity and report any concern.

Preventing and controlling infection
●The provider had an infection control policy and protocols to manage the spread of infection. Care workers were trained to understand effective infection control and had been provided with information about the safe use and disposal of PPE. Care workers confirmed they received adequate PPE to keep themselves and others safe. They told us, "We have PPE, and hand sanitizers, masks, absolutely everything we need."
●The registered manager had put PPE use as an agenda item in staff meetings, so it was regularly discussed as a reminder for care workers. During competency observations and spot check visits the registered manager checked staff were using PPE appropriately.

●Care workers were provided with COVID -19 information and instructed to stay at home if they or people they lived with had possible COVID-19 symptoms. Care workers had weekly tests for COVID-19. Their results went to the provider so they could assure themselves care workers remained safe to work with vulnerable people.
●People and relatives told us care workers wore PPE when visiting their homes. Their comments included, "[Care worker], always comes here with gloves and a mask on," and "Yes, they wear gloves etc."

Good

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience
●At the last inspection in December 2019 we found staff induction documents did not confirm if care workers had completed their induction competencies and practice observations of care workers were not consistently signed as satisfactory. During this inspection we found this had been addressed and staff completed an induction, shadowing, appropriate training and competency assessments prior to commencing their role.
●The provider ensured staff had training and support to undertake their role effectively. Staff spoke positively about the support they received from management. Care worker comments included, "I did enough training and I shadowed [other staff], it gave me confidence."
●Staff completed relevant training which included, safeguarding adults, moving and handling theory and practical application, fire safety, infection control and COVID -19, emergency first aid, dementia in domiciliary care, person-centred care principles, raising concerns and whistle blowing, health and safety and nutrition and wellbeing and food hygiene.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support
● People's care plans contained information about the support they required to eat and drink. This included information about diet and checking food was still within the use by date. Care workers respected people's diverse needs which included serving foods acceptable to people in line with their faith and cultural observations.
●Some people had dietary requirements related to their specific health conditions. There was clear and accessible information for staff. For example, information about diabetes was available to staff so they could recognise symptoms of ill health and the complications of the disease and take appropriate action.
● Staff supported people with their health needs and hospital appointments. One person was supported to attend hospital appointments three times a week and staff arrived early in the morning on those days to help them prepare for their appointment.
●People's care records contained accessible information about each of their illnesses. These had been presented well in a person-centred manner so care workers could understand the condition, how it was treated and how it specifically affected the person they were supporting.
●We saw written positive feedback from a health and social care professional to the registered manager about how well one person now presented because of the support provided by care workers from the agency.

Staff working with other agencies to provide consistent, effective, timely care
●The registered manager had liaised with social care and health professionals and kept records of communications. They had raised concerns and had advocated for people when there were unmet or changing needs.
●A social and health care professional confirmed the agency were flexible and supportive. They wrote, "We have found the staff to be friendly, kind and caring in their manner both towards my team and the service users. [Registered manager] has been helpful in supporting our service and the admin team speak highly of their cooperative attitude."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The provider was assessing people's needs and choices in line with standards, guidance and the law. The registered manager described prior to offering a service they read through professionals' assessments and support plans. They then met with the person and/or their relatives to establish what support and care they required. They developed their own care plan which was produced within 48 hours of the assessment and returned to the person to amend or sign to confirm it was correct.
●Care plans were person centred and tailored to the person's care needs. One relative told us, "They assessed when [family member] was more involved and were on the phone to social services. The care we got was the same as [family member] asked for."

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.

● The registered manager was working in line with the MCA. They had ensured people had consented to their care and support. They respected people's right to make decisions and had checked and received supporting documentation if relatives stated they held Lasting Power of Attorney (LPA). (LPA gives a nominated individual the legal right to make decisions on the persons behalf should they no longer have the capacity to do so.)
●Care workers had received training in the MCA 2005. People's care plans and systems were designed to ensure people's right to make a decision about their care was promoted and respected.

Good

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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
●At our previous inspection in December 2019 we found that whilst staff were individually caring, some aspects of the service were not caring. This was because the provider had not ensured staff were suitably vetted through their recruitment process. In addition, care records were not always reviewed to ascertain if care was provided to individuals as required. At this inspection these issues had been addressed.
● The provider had systems in place to ensure people using the service were well treated and respected. One person told us, "They are very kind to me," and a relative told us, "They are excellent, brilliant! We are so happy…This care agency is kind, calm and friendly …and speak [preferred language]"
●We saw when it was an important aspect of the care provided, the provider had ensured they had recruited staff who spoke a specific language fluently and understood a person's culture. Other people's care plans stated their nationality, faith, religious practices and their preferred language. For example, one person's plan stated very clearly, they preferred to use English when they spoke with care workers and asked care workers to use English too.
●Care workers received equality, diversity and inclusion training. The registered manager described they checked in the interview process care workers understood they would be expected to treat all people with the same respect regardless of their diverse culture, religion or sexual orientation. They told us, "I tell them in training. We must respect everyone, treat the same, provide the same good service for everybody."
●The provider had ensured their lesbian, gay, bisexual and transgender plus (LGBT+) policy was placed in each person's care record so all people and relatives would know their diverse choices would be respected by care staff.

Supporting people to express their views and be involved in making decisions about their care
●People were supported to make their own decisions. Care workers received training in effective communication. People's care plans stated how they communicated and what support they needed to make their views known. This included if people required their glasses or hearing aids to help them understand or use of a specific language and gave guidance for staff. For example, "Be clear and concise… speak slowly."
●People's care plans also contained reminders for staff to allow people to make their own decisions. Prompts for care workers included, "Be supportive, not controlling" and "Allow the service user to make decisions by introducing choices every day"
●Care workers described to us how they offered choice to people. One care worker told us, "I speak and talk

with [people], and I explain what I will do. I wait a couple of minutes [for them to decide]. Communication is important."

Respecting and promoting people's privacy, dignity and independence
●The care plans were designed to promote people's independence and acknowledge what they could do for themselves. Care plans we reviewed asked first, "What I can do for myself?" and then proceeded to state, "How staff can support?" This was a person centred and respectful approach which acknowledged people's individual strengths and maintained their daily living skills.
●People and relatives confirmed staff respected their dignity and privacy, one relative commented, "[Care worker] treats [Person] like her own mum, cares as if it's her mum...always locks the door when [person] changes or has a shower."
●The registered manager told us, they trained care workers to keep information confidential and reminded them not to discuss people's or relatives' details or business with others. Records were kept in people's houses in an agreed place and a copy kept secured in a locked cabinet in an office which was also secured.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At our last inspection December 2019 and January 2020 we found a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not review people's care plans to ensure the content reflected their changing circumstances and needs. This meant the care plans were not always person-centred. At this inspection we found care plans had been reviewed and updated in a timely manner.

● Care plans were person centred. They contained people's background information and stated how people wanted their care provided. Care plans informed staff about who was important to the person, named important events in their life and gave some history around their life experiences including places of work and where they had lived. This helped staff to understand people within the context of their life.
●Guidance for staff was clear and accessible and included what support was required at different times of the day and week. For example, on some days people preferred a strip wash whilst on others they preferred a shower. Guidance was there for staff reference and it was the person's choice should they wish to change the arrangements.
●Care plans had been reviewed by the registered manager to reflect people's changing circumstances and people had been involved in the reviews and their opinion was reflected in the care plan.
●Staff completed daily records. These were informative and noted the person's mood, any concern, tasks undertaken, and support given. The staff flagged to the office (and relatives when appropriate), if they thought there might be a deterioration or concern which required further action.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
●The registered manager had ensured information was provided in a manner and format people could access and understand. For example, one person did not use written English, so the registered manager explained and agreed their care plan in their preferred language supported by the person's relative. The person could not sign care plans because of a physical disability and as such their verbal consent was clearly recorded and dated.

●Care plans stated if people had a sensory impairment and required hearing aids or glasses to understand. There were prompts on the care plan template asking if alternate methods might be required such as braille.

●Documents were produced in an accessible format using plain English. This included information for both people and care workers. The registered manager explained staff needed information they could understand easily, read and digest for quick reference.

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

●Care plans detailed people's interests and activities which were relevant to them because of their faith and/or culture. The pandemic lockdown had impacted on people's ability to go out into the local area. However, the registered told us they had supported one person to contact a community centre who had visited, and which gave support to people from the person's heritage. The registered manager also planned to support another person to their place of worship when the restrictions were lifted.

Improving care quality in response to complaints or concerns

●The provider had a complaints policy and procedure and the registered manager ensured people and relatives knew how to complain. Each person's care record in their home had a complaint form inside so they or their relatives could if they wished and had something to complain about, complete and send this to the office. The registered manager explained they had shared their contact details so people could complain directly to them if they wished.

●There had been no complaints logged since the last inspection. The registered manager told us they dealt with any minor concerns immediately, and they spoke with people and relatives on a regular basis and there had been no concerns raised. The registered manager had a system in place to log complaints which would give oversight of trends.

End of life care and support

●At the time of our inspection the registered manager informed us they were not providing end of life care. People had a section in their care plan where their end of life wishes could be recorded, however in both records reviewed people had chosen to write they did not wish to discuss this at the time of assessment.

●The registered manager explained they had an advanced end of life care planning document in the event a person needed end of life care. Care workers had also received training in "Death, dying and bereavement," to equip them should this care be needed. The registered manager described they would expect to work in partnership with the GP and palliative care team and they would offer emotional support to the person's relatives, where required.

Good

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At our last inspection December 2019 and January 2020 we found a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice telling the provider they must make the required improvements by 31 March 2020. This was because the provider did not have effective systems to always assess, monitor and mitigate the risks relating to the health, safety and welfare of each service user. Audit and governance systems were also not effective to assess, monitor and improve the quality of the service.

●At this inspection the provider had addressed these concerns and now had robust and effective systems in place to monitor, audit and improve the quality of the service. The registered manager had employed a consultant to work with them and support the changes to bring the service delivery to a good standard.
●Care planning documents have improved. They had been reviewed and updated to reflect people's changing circumstances. Staff recruitment application documents were now more detailed and scrutinised to ensure the correct information was entered. Training observations for medicines and moving and handling were appropriately signed and dated by both parties.
●The registered manager reviewed daily records and MARs collecting them monthly from people's own homes. We saw the monthly audits identified areas for improvement and the registered manager had addressed these with individual staff in supervision and in team meetings to improve the standard of recording.
●The provider utilised two electronic systems to check staff attendance at calls and a variety of monitoring and planning activities. These included, to schedule staff rotas, set reminders for supervision and plan care record reviews.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
●At the previous inspection we found the registered manager had not always notified the CQC of events which we must be notified of by law. At this inspection the registered manager demonstrated they know when they must notify us. Since the last inspection the registered manager had kept us informed of notifiable events. They had, for example, informed the CQC of their change of office location address.

●The registered manager was developing an office team to be able to delegate responsibilities and increase the service size. A care co-ordinator had been appointed several months before, they had begun to supervise staff and take a greater role in monitoring the service provision. A new administrator was being trained in their role.
●The management team met most weeks to discuss the business, look at any concerns, review the actions identified from the previous CQC inspection to move the service to a good standard.

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 duty of candour. They described actions they would take in investigating concerns and would share outcomes with the commissioning body and the CQC. They told us they would learn from mistakes and share this learning with the staff team to prevent a reoccurrence or similar incident occurring.
●They said they would tell relatives and people if something had gone wrong and be open and honest in their approach and aimed to address the concern and apologise.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
●The provider recorded and monitored equality characteristics for both people and staff. They had risk assessed accordingly for both people and staff and respected their diverse support needs
●The registered manager and office staff made telephone monitoring calls and occasional observation visits. People and relatives who used the service were positive about the management team. Their comments included, "[Registered manager] yes they call, they have my number and calls me…when we couldn't get hold of the GP, the [Registered manager] prompted … dealt with the whole thing for my [family member], and "The office check, yes they do."
●There were monthly virtual team meeting with care workers. Staff felt well supported and included in the development of the agency. Their comments included, "Very well supported, very inclusive, really helpful. The strengths are training. It is good and helps you a lot," and "They are good, we are working together, I don't have any problems," and "Definitely supportive, especially through COVID -19 when you really needed support."

Continuous learning and improving care; Working in partnership with others
●The registered manager had worked with the consultant to update and improve their systems and processes. They had attended registered managers' forums and referred to the CQC website to update their information about changes in adult social care.
●They had found the local authority support valuable, in particular, through the COVID-19 pandemic. They had read through information shared by the local authority and disseminated guidance to their staff. They had completed Association of Directors of Adult Social Services (ADASS) returns three times a week as requested of domiciliary care providers.