

Invictus Care Group CIC

Invictus Care

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 ●

Summary of findings

Overall summary

About the service

Invictus Care is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there was one person using the service.

Not everyone who uses a domiciliary care agency receives 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.

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

Staff were trained in safeguarding and had a good awareness of how to report any concerns. One person said staff made them feel safe as they were kind, patient, polite and had a good manner.

Risks in relation to health and wellbeing were assessed and staff understood what they were doing and how to identify and report any concerns. One person told us staff washed their hands regularly and always wore masks, gloves and aprons when supporting them which reduced any risks of infection and COVID-19.

The registered manager and staff team encouraged feedback including complaints and concerns. One person's Next of Kin told us staff were approachable and any concerns got quickly resolved.

Care was personalised, and care review processes fully involved all relevant persons in the planning and review of their care. Staff provided medicines, meals and drinks correctly in-line with preferences and guidance.

The registered manager ensured all staff had been checked prior to employment to make sure they were suitable for their role and people would be safe. The registered manager and staff team followed all the current government guidance and legislation to make sure they were following best practice.

The person was supported to have maximum choice and control of their life 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.

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

Rating at last inspection

This service was registered with us on 15 July 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was first registered with the CQC.

Follow up

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

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 ●

Invictus Care

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

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.

Inspection activity started on 30 March 2022 and ended on 14 April 2022.

What we did before the inspection

We reviewed information we had received about the service since the date of registration. We sought feedback from Healthwatch England, the local authority and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with one person and one person's next of kin. We also spoke with the registered manager and one staff member. We reviewed one person's care records and one staff member's recruitment records. We reviewed a variety of quality monitoring records and policies. We contacted the provider on the 29 March 2022 to announce the inspection. Inspection activity started on 30 March 2022 and concluded on 14 April 2022.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had systems in place to identify and monitor incidents and concerns. This helped to reduce risks and keep the person safe.
- Staff had received training in safeguarding and understood what different forms of abuse looked like. They were confident about how to report any concerns internally as well as to the local council and the CQC.
- One person told us they felt safe when being supported by staff. They said, "Yes, I feel very safe." They went on to say, "It is the best care I have had."

Assessing risk, safety monitoring and management

- Risks were fully assessed and identified in care records. The registered manager had involved external health professionals to ensure practices related to the use of hoists and manual handling were safe.
- One person told us they were fully involved in reviewing all risks and worked together with the registered manager to agree plans to ensure they were safe while still respecting their wishes.
- The registered manager regularly reviewed and updated risks where there had been a need for change identified.

Staffing and recruitment

- There were sufficient numbers of suitably trained staff in place and the registered manager had agreements with an agency to provide cover in their absence. The registered manager was also in the process of recruiting a second permanent staff member who could provide this care in the future.
- Staff were rarely late and had never missed a care visit. One person said, "If [staff] are running late they will let me know. If stuck in traffic, which is not often, they will always text me."
- The registered manager followed recruitment processes to ensure staff's suitability for each role including, where required, DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were safely managed. Staff were trained in the safe administration of medicines and medicine administration records were clear. There were protocols in place for medicines taken 'as and when required'.
- One person said, "[Staff] do all my pills and creams and give me headache pills when required." the registered manager had, risk assessments in place to support self-administration of medicines.

Preventing and controlling infection

- The registered manager ensured processes were in place to reduce the risk of infection and the spread of COVID-19. Staff took part in regular testing and told us they had received training in how to safely use Personal Protective Equipment (PPE) such as gloves, aprons and masks.
- Staff always wore their PPE, washed their hands regularly and cleaned the environment before finishing.
- The registered manager had an up to date policy on infection prevention and control as well as a contingency plan in the event of a COVID-19 outbreak.

Learning lessons when things go wrong

- The registered manager was keen to learn how to improve the service and reflected on feedback and processes, implementing new ways of working as a result. For example, reviewing how to ensure systems and records were stored centrally to be more easily accessed when required and how to ensure continuity of care in the registered managers absence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager assessed the needs of the person prior to them starting to deliver the care. The person themselves, their next of kin and various professionals were involved in this process to ensure a full understanding of what care was required.
- Needs assessed included mental and physical health needs, personal history and likes and dislikes. All of this was used to inform care plans and risk assessments and ensured a personalised approach to care.

Staff support: induction, training, skills and experience

- The registered manager provided staff with access to the training required for their role. Staff were also given an induction. Staff told us they received regular supervision and support.
- One person told us they felt staff had, "Perfect training." And said, "[Staff] provide very good care." One person's next of kin told us, "The [staff member] that normally goes to see [name of person] has been first class and has been incredibly cooperative and above and beyond what they need to do."

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

- Staff understood what the person's needs and preferences were in relation to eating and drinking. Preferences were documented in care records.
- The registered manager was supporting one person to understand how to live a healthier lifestyle.

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

- The registered manager worked with external health professionals such as the GP, pharmacist, occupational therapist (OT) and physio to ensure the correct medicines, equipment and exercise programmes were in place.
- The registered manager had supported one person to identify goals in relation to healthy lifestyles and agreed how to break these into smaller achievable steps. The registered manager reviewed the goals each month with the person to look at how they were progressing and discuss any obstacles they experienced.
- The registered manager worked with another agency to ensure consistent cover for care during their absence.

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 registered manager understood the principles of the MCA and had processes in place to raise concerns if they ever felt a person was not able to make their own decisions.
- One person had signed consent forms for their care and treatment and told us they were happy that staff always respected what they wanted on the day and asked for their consent before supporting them with a task.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were caring and treated people with kindness. One person's Next of Kin told us they were very happy with the care. One person told us, "[Staff] treat me very well, they are very polite." And "[Staff] provide really good care."
- The registered manager understood the importance of not judging and working in ways that they would expect for their own family members. They were keen to instil these values into new staff they were recruiting.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager supported the person to be involved in the planning and review of their care. The person told us there was nothing new they could think of to improve the care currently received.
- Records showed the registered manager held monthly reviews to review the care they delivered and sought regular formal feedback. The registered manager also provided the care and this gave them the opportunity to also receive informal feedback about the care being delivered.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff team understood how to ensure privacy was upheld. They delivered care in ways that promoted dignity and independence. For example, they were proud of the relationships and trust they had built up with one person. This had enabled them to agree care plans and motivate the person to consider their aspirations.
- A person's next of kin explained how it had been difficult to find a care company who was able to develop an understanding of [Name of person's] needs and work with them to promote their choice an independence. They told us, "[Name of person] has had five other care companies in the past [that have not worked out]. [Name of person] works very well with [this company]."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager ensured a personalised approach to care. Preferences and wishes were clearly documented in care plans and practice adapted to meet specific needs.
- One person told us they were well treated, and their experience of the care provided by Invictus Care had been the best to date. They felt the staff were well trained and understood them and what they wanted. Their views were respected, and they were very much in control of the care they received.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood that information needed to be presented in ways that met specific communication needs.
- The registered manager had ensured care plans reflected the tone and language staff should use in order to show respect and best build positive and professional relationships.

Improving care quality in response to complaints or concerns

- The registered manager had a system in place for complaints or other types of concerns to be raised. They spent a lot of time delivering care, giving more opportunity for the person speak up. They had not yet received complaints about the care, but their systems showed a clear process they would follow.
- A person told us they understood how to make a complaint and who to complain to. They were confident and happy they could raise any concern and it would be acted upon. One person told us, "I can talk to [the registered manager] if I am unhappy." A person's next of kin said, "It wouldn't worry me at all to go to the company if I had a concern. I did once, it wasn't a problem of theirs directly, it was more the county but they helped me, they listened and resolved it very quickly."

End of life care and support

- The registered manager had discussed and recorded wishes in the event of serious illness or if end of care life was required.
- The registered manager told us they would provide training and work with relevant external professionals should they need to support anyone with end of life care.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a personalised approach to care that meant staff understood about respecting choices. They ensured consultation processes about the care being delivered occurred regularly.
- One person told us they were very happy about the care they received and the manner of the registered manager. They said they were supported to identify and work towards personal, social and health related goals.

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 provider understood the need to report notifiable events to the CQC and other agencies without delay. They also understood the importance of sharing outcomes with those involved and staff to learn from them and ensure open communication.

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

- The registered manager and staff team understood their role and how their practices affected the well-being and confidence of the person they supported. They had a good understanding of the legislative requirements and kept up to date with changes to best practice and government guidance.
- The registered manager ensured policies were in place and up to date and they had a contingency plan in place for emergencies to ensure any impact on care delivery was minimised.
- Staff understood their roles and their legal responsibilities in relation to safeguarding, care and treatment.

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

- The registered manager offered the opportunity to provide feedback about the service. They used care review questionnaires, phone calls and face to face visits as ways of learning about the quality of the care they delivered
- A person told us communication was positive and they knew the registered manager well and were happy to contact them about any changes or concerns. One person said, "I have filled in a couple [of questionnaires]. I filled one in a while ago but my needs haven't really changed so we didn't do anything different but I would tell [registered manager] if something changed."
- Staff told us that the registered manager listened to them and supported them in their role. One staff

member said, "I feel supported in my role. I do not have any concerns. It has been a learning process. If I had any concerns then yes, I feel able to report to [registered manager]."

Continuous learning and improving care

- The registered manager was keen staff should develop their knowledge and skills and provided training to match staff roles and ambitions. They listened to feedback and used this to change how care was delivered or to improve systems and processes. They had systems in place to monitor quality and used a variety of feedback tools to assess and reflect on practices and identify what could be further improved.

Working in partnership with others

- The registered manager worked with health professionals to review care and arrange for any equipment and medicines to be put into place.