

Brialyn Limited

# Invest in 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

The inspection took place on 23 March 2017 and was announced. We gave the service 48 hours' notice of the inspection because the manager is often out of the office supporting people who use the service. This was the first inspection of this service since it registered with us on the 26 May 2015

Invest In Care is registered to provide a personal care services to adults in their own homes. On the day of the inspection one person was in receipt of a service. There was a registered manager in post who was also the provider. 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.

Although other staff had been previously employed, at the time of the inspection the registered manager who was also the registered provider was the only member of staff providing care and support to the one person who used the service.

The registered manager was knowledgeable about how to keep the person safe and recognized the different forms of abuse and the action to take if required, in order to keep them safe.

The registered manager/ provider had the necessary skills and knowledge to meet their individual needs.

People had the support they required with their diet. Other health services were advised of changes in people's health and circumstances by family members

People's rights were protected and their consent was always sought before and during care. The service was delivered in a way that enabled people to make decisions on how they were supported and their wishes were met.

The registered manager had undertaken appropriate training so they would know how to promote people's human rights. People's dignity, privacy and independence were respected.

People were involved in the planning, assessment and review of their care which included people's preferences and choices.

People knew who to contact if they were unhappy about any aspect of their care. There was a system in place to manage complaints.

Systems were in place to monitor the service to ensure people received good quality care.

## 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 were supported in a way that made them feel safe and there was sufficient staff to ensure people received support promptly when they needed it.

There were systems in place to identify risks to people and the registered manager/provider was aware of these, and how to minimise risks.

Safe recruitment processes were followed. Pre-employment checks were carried out to ensure staff were safe to work with people.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People received support and care by the registered manager/provider who was knowledgeable about people's needs, preferences and choices.

The registered manager/provider sought people's consent in the delivery of care.

People were supported to make decisions about their care and where necessary, the registered manager/provider undertook decisions in people's best interests.

The registered manager/provider had good knowledge of people's health issues and when people's needs changed the provider sought appropriate advice.

### Is the service caring?

Good ●

The service was caring.

People had developed good relationships with the registered

manager/ provider who said they were caring, polite and promoted their independence.

People were supported to express their views and make decisions about the care and support they received. People felt their privacy and dignity was maintained and their independence encouraged.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were involved in planning their care. People said that any changes to their needs and preferences were responded to. The registered manager /provider knew the needs of people they supported and provided a service that met their needs.

People were aware of how to complain and were confident that any complaint would be resolved.

### **Is the service well-led?**

**Good** ●

The service was well led

People had confidence in the registered manager/provider and felt the service was well run. There were systems to capture and respond to people's experiences and monitor the quality of the service.

# Invest in Care

## **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 was 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 23 March 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services and we needed to ensure that the registered manager would be available to assist with the inspection.

The inspection team consisted of one inspector. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events such as safeguarding concerns, accidents and incidents and deaths. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan our inspection.

During the inspection we spoke, by telephone, to a relative of one person who used the service. We also spoke with the registered manager who was also the provider. We looked at records relating to how the care was delivered for the person who received support from the service. We looked at two staff files of staff who had previously been employed by the provider to check the provider's recruitment processes and at records relating to the management of the service including systems used for monitoring the quality of care provided.

## Is the service safe?

### Our findings

We could not speak with people who used the service because of verbal communication difficulties. We spoke with a relative who told us, "They were confident that their loved one felt safe with the registered manager who supported them." The relative told us that [named person] was relaxed with the registered manager as they had been providing the service for over a year. The relative also told us that all previous staff that had been involved in their relative's care were also 'excellent'. The relative continued to tell us that their relative was comfortable and would certainly express if they felt unsafe. The registered manager was able to tell us in detail how they supported the person to remain safe at home. The registered manager told us that they undertook assessments of risks to people who used the service. Records showed that risks assessments were detailed and were reviewed regularly to ensure that any changes to people's identified risks were recorded. This enabled the registered manager to plan how to manage the risks associated with people's care. We saw an example where the registered manager undertook appropriate action which resulted in reduction of the identified risk. The person's relative told us that the registered manager was very proactive and very supportive to ensure that the care provided to their relative was safe.

The registered manager had the knowledge they required to ensure that people received their medicines safely. This included their understanding of what the side-effects were and the different times people needed to be supported to take their medicines, as prescribed. We saw that medication administration records were accurate and up to date. We saw where people were able to self-administer their own medicines, a risk assessment was completed to ensure that all medicines were recorded. We also saw that the registered manager had a system for recording 'as and when required' (PRN) medication. This showed that people were supported with their medication when needed, but systems were also in place to assist people to be as independent as possible with the management of their medicines.

We looked at the provider's recruitment systems and found that these were implemented effectively to ensure that the right staff were recruited to keep people safe. There were no staff other than the registered manager/provider employed by the provider at the time of our inspection. However, we looked at the records of staff that had been employed by the registered manager previously and found that the relevant recruitment checks had been made. For example, Disclosure and Barring checks (DBS), were carried out before staff began work at the service. DBS checks include checks of the criminal record and barring lists for persons whose role is to provide any form of care or supervision. The registered manager was very clear what checks needed to be completed to ensure staff were safe to work with people. We saw that the registered manager continued to monitor staff suitability as part of the recruitment process.

## Is the service effective?

### Our findings

We found that the registered manager had the knowledge and the skills they required to care for people safely and effectively. Records we looked at showed that the registered manager had undertaken the necessary training to ensure they had the knowledge and skills they required to meet the needs of the person they cared for effectively. A relative we spoke with told us that they were confident that the registered manager was suitably skilled to do their job. We also saw from looking at the records of the previously employed staff, that the registered manager had support systems in place to offer care staff supervision, staff meetings and appraisals. We saw that staff who had been previously employed had received training and had completed the care certificate. The care certificate is a national common set of care induction standards in the care sector, which all newly appointed staff are required to go through as part of their induction.

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 people 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. The registered manager was very knowledgeable about the MCA and policies and procedure were in place to provide staff with advice and guidance. At the time of the inspection the one person who used the service was able to make decisions for themselves. We found that the registered manager had sought their consent when making day to day decisions and respected these decisions when planning and providing care.

We found that people were supported to maintain good health. Care records we looked at had very detailed information about the people's health and care needs, which included specific information about the individual's medical conditions. This meant that information was available for staff if and when required. The registered manager told us that they would support people to access health and social care services where required but that this was not needed for the person who was receiving a service at the time of our inspection. This was because their relative was responsible for ensuring that any health care needs the person had were met. Family members ensure that the [person name] dietary needs were met so the agency was not involved.

## Is the service caring?

### Our findings

The relative of the person who used the service told us, "[Person's name] is very happy with the support and care provided and is very much involved in this. We are both involved in decisions about the service they have". The relative continued to tell us, "The registered manager is kind and caring and very professional; she double checks everything with [person's name] and they have a good relationship".

The relative we spoke with told us that they and their family member had been involved in making decisions about the support that their relative received. We found that a thorough assessment had been completed and a very detailed care plan was produced. This included information about the person's abilities and what they could do for themselves as well as the areas they required support with. We also saw information about how staff were to support the person to maintain their independence and build their confidence. Any changes to the person's care needs, including when areas of need had become areas of independence were recorded in the person's care records. The relative told us, "We could not ask for better service." The registered manager was able to tell us how they involved the people in making decisions. This included ensuring the people were given every opportunity to make choices for themselves, for example when choosing clothes to wear or how they wished to be supported with personal care.

The relative we spoke with told us that the registered manager was very good at maintaining the person's dignity and promoting their independence. The registered manager was very clear about what was important for people in respect of their individuality, preference, choice, privacy, dignity and independence. For example the registered manager told us, "You make people feel comfortable, ensure communication is good, talking to people about the care they want and how they want the care to be provided. Listening to their views to enable them to do as much as they can so they maintain their dignity."

## Is the service responsive?

### Our findings

We found that the provider ensured that people received personalised care that was responsive to their individual needs. The relative we spoke with told us, "The registered manager always ensures [named person's] preferences and choices are respected and ensures that they are involved in planning the support they need". They told us that this ranged from supporting the person with personal care tasks such as washing/dressing and cooking meals to enabling them to engage in social and stimulating activities of their choice, including arts and crafts and social activities. The relative we spoke with said, "[Person's name] knows their own mind and once you get to know them, then you are able to understand the way they communicate".

The relative we spoke with told us they and their family member had been involved in discussions and decisions about the care and support that was provided. They told us that because the registered manager provided the care themselves, that there was constant communication being held about the care and support that was required. The relative told us, "Even when other staff used to come, any problems, although there has not been many, were openly discussed. When the registered manager came and staff were introduced at the beginning, I knew straight away that the service was going to be good, because they listened and the main focus was on my relative; this has continued since for over a year. [named] person knows what they want and this is provided."

Care records we looked at were individualised and contained detailed information and clear guidance about all aspects of the person's health, social, and personal care needs. The person's care needs were regularly reviewed and any changes were recorded. This ensured that the care provided was responsive to the person as an individual. The relative we spoke with told us they knew how to complain if they were unhappy about any aspect of their relatives care or support. They told us, "If there were any problems I know that these would be addressed."

The relative told us that the service is flexible and the care is provided, when the person wants it. They said, "The time spent with [person's name] is very responsive to what we want. I have every faith in the service and the registered manager who is very supportive and professional."

## Is the service well-led?

### Our findings

At the time of our inspection, there was only one person who used the service and no staff employed to provide care. We found that the systems for quality monitoring and governance were proportionate to the size of the service.

The registered manager told us and we saw that although there was only one person using the service, systems for monitoring the quality and safety of the service continued. For example, we saw changes to the person's care when needed and risks were identified and monitored for trends and patterns, to inform how these risks were managed. We also saw that the registered manager undertook audits to identify any shortfalls and to ensure that any issues were addressed in a timely way. For example we saw audits were facilitated on the care records and risk assessments. We also saw that the registered manager consulted on a regular basis with the person who used the service and their relative to ensure they were satisfied with the service and the care being provided was meeting their needs. This meant that the registered manager had policies, procedures, systems and processes in place for managing the service to ensure that people received a good service.

We found that the registered manager knew and understood the requirements for notifying us of events that may affect the health and welfare of people who use the service. The registered manager was open and transparent with clear visions and values, in relation to providing good care for people. A relative told us that the registered manager was always open to suggestions, very good at communication and had been 'excellent' in their approach so that their relative received a good service, based on their choice of the service they wanted.