

InVent Health Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

- About the service: InVent Healthcare Ltd is a domiciliary care agency supporting adults and children with very complex and life limiting conditions. At the time of the inspection the service was supporting 47 people across the East and South of England.

People's experience of using this service:

- The registered manager was based in a Norfolk office. The service was managed from three locations across the South and East of England. Governance systems had not been developed to allow the registered manager to have oversight of the whole service provided.
- Quality audits and monitoring records were not used effectively to drive improvement and identify where change was required. A system of effective quality assurance was yet to be developed.
- Medicine management was not as robust as required, specifically around the management of controlled drugs. Audits identified some issues but not all and they did not serve to drive improvement in this area.
- People's care records and monitoring information were not contemporaneous records of the service provided. Some care plans were missing from people's files and reviews that resulted in changes to support provided, whilst implemented were not routinely recorded on people's care plans and assessments. When we looked at files in people's homes we found additional information was available. We have made two recommendations about this.
- Team meetings did not happen as frequently as the service's policy required. The provider had identified this but appropriate action had not been taken. We have made a recommendation about this.
- Staff told us key information was shared at team meetings for the team supporting specific individuals and we saw daily records contained comprehensive information on how to support people. Staff told us the daily records kept them updated of any changes to people's needs and staff were available on the phone for support if required.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Consent was acquired as appropriate.
- Family and people, we spoke with being supported by the service told us it was excellent and they had confidence in the staff to keep them or their family member safe.
- The service included the relevant people and professionals in reviews of people's care. The service worked well with other specialist services ensuring the care delivered was safe and effective in meeting people's needs.
- Safeguarding procedures were available at the service and had been developed and agreed for each person.
- Staff were safely recruited and received specialist training for the people they supported.
- Support people received was clinically complex and life sustaining treatment was provided routinely to the people supported.

Rating at last inspection: Good (report published 6 March 2016).

Why we inspected: This inspection was completed as part of our planned programme of comprehensive inspections.

Enforcement: Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up: Any action we agree is required will be monitored to ensure it is taken.

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

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

InVent Health Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one adult social care inspector, one inspection manager and an expert by experience. The expert by experience had experience of supporting someone with complex needs.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and children.

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: We gave the service 48 hours notice of the inspection visit because it is small and the registered manager could have been out of the office supporting staff or providing care. We needed to be sure someone would be in to support the inspection.

Inspection site visit activity started on 19 February and ended on 20 February 2019. We visited the office location on 19 February to see the manager and office staff; and to review care records and policies and procedures. We visited two people and their families in their homes on the 20 February and later that day returned to the office to give feedback on the inspection.

What we did: Prior to the inspection we reviewed the available information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the Provider Information return (PIR) and used this along with information gathered from professionals to develop the plan for the inspection.

During the inspection we looked at available documents to support the management of the service. We spoke with staff during the inspection and had email contact with staff shortly after. We emailed staff with questions about the service and how they were supported to help us gather as many staff views as possible We:

- Reviewed four care plans in the office and looked at two care plans in people's homes.
- Spoke and had contact with 20 staff including, the registered manager, regional lead nurses, clinical coordinators, nurses and support workers.
- Spoke with 12 families of people being supported by the service and two people being supported directly.
- Reviewed accident and incident records, medicine records and other records to support the delivery of the service.
- Looked at available audits and quality assurance information ascertaining the service delivered was that which was required by people being supported.

After the inspection we requested some additional information on the structure of the service which was received when expected.

Is the service safe?

Our findings

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

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Records used to monitor the effectiveness of medicine administration were limited, this included records for the administration, storage, disposal and monitoring of the safe management of medicines.
- There had been medicine errors in the months preceding the inspection. We saw specific staff had received additional training but medicine errors continued to rise.
- We saw from one person's daily record that controlled drugs had been removed from the medicines stock as they were out of date. This information was only recorded in daily records. When asked, we were told these had been disposed of in the domestic waste. When we looked at the records for the person's medicines the controlled drug was not listed.
- There were no specific records for the safe management of controlled drugs on the two occasions we noted they were in use.

When medicine errors occur, there is an expectation that action will be taken to both investigate and mitigate the specific error reoccurring but also that medicines in general are managed safely and errors reduce. When controlled drugs are used by people supported by the service then specific controlled drug guidance should be followed and this was not the case. When medicines are not appropriately audited, managed, stored or recorded there is a risk of medicine mismanagement. This is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014

Assessing risk, safety monitoring and management

- Risk assessments were completed for each person receiving support. Not all risk assessments included the most up to date information. This was specifically relevant after an incident or accident.
- Accidents and incident records were completed at the different office location levels and the information was not routinely used to update risk assessments. However, we did see action was taken when required but this was routinely recorded in the detail of the daily records and could be missed.

We recommend procedures are put in place to ensure risk assessments are always an accurate picture of the risks presented.

Learning lessons when things go wrong

- When concerns were raised by families and people being supported, the service was proactive at implementing almost immediate change to meet the needs of the person supported.
- Where concerns had been identified by the service in relation to the frequency of team meetings, supervision and changes required to records, action plans had been developed to address concerns. We found changes had not been implemented promptly.

We recommend the registered manager develops a good practice model for oversight of improvements

required.

Staffing and recruitment

- Staff were safely recruited and the required checks of staff suitability were made. This included checks with the Disclosure and Barring Service (DBS) and the receipt of references.
- Staff recruitment had been problematic and a continuous recruitment drive was in place. Hours were covered by agency staff as required to support people.
- One person said, "They have never missed a session that we haven't been aware of although we have been told when they cannot cover a session so notice has been given and if they are late for any reason which is very rare we always get a call to let us know."
- The service worked with commissioners to ensure sessions were covered as required.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of safeguarding and protecting people from abuse. Each person supported had their own dedicated safeguarding plan for use when required. This included assurances there was always a place of safety where the person's needs could be met in the event of an emergency. This was agreed and signed off by the family of the person supported.
- Staff received appropriate training in safeguarding and knew where to take information of concern to ensure people were protected.
- One person told us, "The staff are very capable and I have no fears when they are looking after [family member]."

Preventing and controlling infection

- Each person's file held information on the prevention of infection. As most people required support from complex equipment there were clear guidelines as to how to keep items clinically clean. Staff used appropriate personal protective equipment including gloves and aprons. Staff confirmed there was always ample stock of equipment.

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

Good: 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 service completed comprehensive, holistic pre-assessments of people's needs prior to delivery of the service.
- The provider worked with relevant referring agencies to ensure the service could be delivered to a high standard and was that required to give people a good quality of life.
- Procedures had been set up to ensure there was a place of safety in the event of an emergency. This was specifically important due to the complex nature of people's needs. Comprehensive protocols had been developed with local hospitals if required.

Staff support: induction, training, skills and experience

- Staff received specific training to support specific people. Staff were recruited to support specific people for which they received all the required training and support.
- Training was provided by key healthcare professionals when required. Specialist equipment was used to sustain life in many cases and staff received the emotional and practical support to deliver care and support to people.
- One nurse told us, " I get great satisfaction from the feedback I get from carers, They say they are inspired to learn more and have a greater understanding of how to support people."

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

- We did not see a package of care where people received nutrition or hydration orally. Enteral feeding regimes were developed for people supported.
- We saw detailed feed regimes which were person centred to ensure people received adequate nutrition and hydration. Accurate records were kept of feed schedules and notes were made to ensure effective changes were made if there were any difficulties.

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

- The service worked in partnership with specifically trained clinical staff such as tracheostomy nurses. One told us, "In the main they are one of our better local care providers and offer extensive training to their carers and trained staff. The service is amenable to changes when requested by external professionals."
- The service accessed hospital and hospice services for specific dedicated training and support for staff.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- Many people supported by the service were younger children and still in the care of their parents.

Documentation was signed off in agreement to the care and support to be provided. Regular contact was made with relevant family members to ensure consent to care delivery.

- Staff on duty consistently liaised with family members when they were at home. One family member told us, "I would rather have the carer who knows [family member] than a brain surgeon. I have the utmost confidence they will keep them safe."

- Another parent told us, "We are obviously [family member's] voice and have their best interests at heart so we have the most important role in their care, inVent acknowledges this and we feel fully involved. They value our feedback and recommendations."

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We visited the home of a younger person, we were very impressed with how the staff member ensured the person was involved with every aspect of their daily routine and care.
- Whilst administering medication the staff member talked through what they were doing and put each bottle in the younger person's hands for them to distinguish between the bottle shapes and where possible associate the bottle shape with the name of the medicine.
- When people have complex communication needs, different methodologies are used to help enable people to understand situations and expectations. For example, when it is time for bed a certain type of music could be played which over time could become associated with sleep and bed time. When staff use objects of reference, methodology in each daily activity it shows us they have a clear understanding of the needs of the person and they were taking every step to allow the person supported to understand what was happening around them.

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

- Choices were given to individuals whilst they were being supported. This included what to wear and what book to be read.
- We saw staff gave people choices for required interventions to help keep them safe including the use of equipment to stabilise limbs. Staff responded to cues of discomfort or were led to how long interventions should last based on available cues from people. We saw some interventions were delayed to a time when the person was more comfortable and receptive to the support required.

Respecting and promoting people's privacy, dignity and independence

- We visited one person when it was time for them to be supported with personal care. We were specifically asked if we needed to be in the room when this occurred. When we responded no, we were correctly asked to leave whilst this private support was provided.
- People we spoke with could not speak highly enough of the support they received to help look after their loved one. One told us, "The staff we have are far more than carers, they treat [family member] like the person they are not just a patient."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans held specific information to ensure people were safe. Daily records held comprehensive information on the support provided during each staff member's time at the home. This provided each staff member with key information on the person's mood and presentation at the start of each shift.
- All assessments and some care plans started as mostly generic documents. Information was added to make them specific documents to the individual supported. Further information was sometimes required to ensure the records included the specific details and individual needs of the person supported.
- We found the records in people's homes were not a replica of the office records. There was additional information in the home to ensure people were safe. However, there was also information missing from the home records which was required. This included a care plan for the use of splints to support one person's limbs. There was limited information in the record in the office and there was less in the home. It was acknowledged that the staff member providing support knew the person very well and had been both trained and assessed as competent in applying the splints.

We recommend the provider ensures contemporaneous records of support required and provided is available in each person's care record.

Improving care quality in response to complaints or concerns

- The service had a dedicated system and procedure for dealing with concerns and complaints. Issues raised with staff in people's homes would be fed up to local management and discussed in team meetings. Senior staff would then liaise with the family and aim to address concerns as soon as possible. Any changes would be shared with all staff supporting the specific person.
- More formal complaints were dealt with by staff office and recorded in line with the services procedure. We saw complaints were recorded against each region and whilst dealt with locally records were kept electronically and could be viewed across the provider group. Complaints were dealt with to the satisfaction of the complainant.

End of life care and support

- Due to the complex needs of the people the service supported, end of life care was not specifically separated from the care plans detailing the support required to people with life limiting conditions.
- We saw preferred priorities of care had been developed with people including where people wanted to spend their last days of life and who they wanted involved in that 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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The service structure included three offices from which support was provided to staff and people using the service in the office locality. However, in its current guise the structure did not allow for the one registered manager in post to be accountable and responsible for service delivery across the three offices. Systems were not yet developed to allow for appropriate governance and oversight of a service over such a large geographical area.
- Each of the three offices was used to recruit from, to support staff, to hold meetings and store records. Each office has a lead nurse acting as the business manager who completed the rotas for the area, had oversight of any concerns and met with the associated Local Authority safeguarding and commissioning teams as required.

We will be making enquiries to ensure the current structure is registered correctly with the Care Quality Commission.

Continuous learning and improving care

- We saw some monitoring documentation held at the registered location. The information seen was not consistent with effective governance and did not allow for the required oversight of service delivery. Quality assurance and audit systems were not suitably developed to identify concerns, take action where needed and monitor the effectiveness of those actions across the whole service.
- We saw inconsistent monitoring of individual records for the people being supported. There was an absence of quality measures against which the provider could assure themselves, the service delivered was meeting the requirements of the Health and Social Care Act Regulations.
- Where concerns had been identified there was not a consistent approach to address them. For example, we noted medication errors were increasing. We also noted records in governance reports for falls and medicine errors were not accurate.

When systems for quality assurance are not developed there is a risk the quality of the service delivered will not continuously improve. This could be because concerns may not be identified, action may not be taken or may not lead to improvement. This is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility

- We had email communication with staff and spoke with others in the office and in people's homes when we visited. All staff told us they had an understanding of the value of their role in making someone else's life better. Staff took pride in the service they delivered and felt supported and trained to do so.
- Where staff and people using the service or their relatives raised concerns or wanted to adopt a different approach to delivery, to make things easier or better, there was not any resistance. Appropriate steps were taken to ensure risks were minimised and any changes were undertaken smoothly and with appropriate support from external professionals when required.

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

- People we spoke with who were directly or indirectly supported by the service told us it was the best service they had worked with. The service was supporting some very poorly people and did so with complete regard and awareness of the impact of their actions.
- We were told by one person how the support of the service had enabled them to ensure a diagnosis which if left undiagnosed would have potentially resulted in a fatality. For this the family were very grateful.

Working in partnership with others

- The provider worked well with all involved professionals and practitioners. They attended meetings, relevant training and presented papers and reports to support commissioning intentions to keep people safe. This included people directly supported by the service but also the wellbeing of family members.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 (1) (2) g Correct and best practice procedures were not followed for the management of medicines
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 (1) (2) a Effective quality assurance and audit systems were not developed to ensure continuous learning across the service.