

Victory Socialcare Enterprise

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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?

Requires Improvement 

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

Victory Social Care Enterprise is a domiciliary care service providing personal care and support to older people, younger adults and people with physical disabilities, living in their own homes. At the time of the inspection five people were being supported with personal care.

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.

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

The provider had not effectively operated their quality assurance systems to oversee the safety and quality of the service. Shortfalls identified included staff training, lack of supervisions and poor medicines oversight.

There were also shortfalls in the quality of recording of information relating to recruitment. We have made a recommendation about this.

Despite the issues we found, people received person centred care. Relatives spoke positively about the care people received and the registered manager. They felt able to raise concerns and were confident these would be addressed. Staff knew people well and were knowledgeable about when to refer to other health professionals for advice and support. Staff provided a consistent, reliable service.

Staff developed and implemented individualised risk assessments which mitigated risks to people's safety and wellbeing. Care plans covered all aspects of people's lives and their preferences.

Systems were in place for communicating with people, their relatives and staff to ensure they were fully involved. Feedback from people and their relatives was positive.

People and their relatives were involved in making decisions about their care. Staff respected people's privacy and dignity and promoted their independence. People and relatives were aware of the provider's complaints procedure and felt confident to raise concerns.

Staff had good access to personal protective equipment to manage the risks associated with the spread of infection including COVID-19 and adhered to government guidance to protect people.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk

Rating at last inspection

This is the first inspection of this service which registered with CQC on 10 May 2021.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to staff support, training and lack of quality performance and oversight of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Victory SocialCare Enterprise

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 Health and Social Care Act 2008.

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 homes.

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 24 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 available to support the inspection.

Inspection activity started on 23 August 2022 and ended on 26 August 2022. We visited the location's office on 23 August 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people using the service and one relative about their experience of the care provided. We spoke with ten members of staff including the provider who is also the registered manager, the administration manager, care coordinator and care workers. We reviewed a range of records. This included three people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. This meant 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.

Staffing and recruitment

- Recruitment checks had been completed to help make sure suitable staff were employed. However, there were some gaps in these records. For example, interview records and references were not consistently recorded to ensure a robust recruitment system was in place.

We recommend the provider reviews their systems and processes for recruitment to ensure robust oversight of records for all staff members.

- There were enough staff to meet people's needs. Staff worked in teams to provide consistency for people receiving care, ensuring there were enough staff to cover sickness and holidays.
- Staff had a good knowledge of people's needs and knew them well. One person told us, "The carers are lovely, they really are like family to me, they know what I like and dislike and always respect me."

Using medicines safely; Learning lessons when things go wrong

- Medicines were not always managed safely. Audits carried out had not been recorded to help monitor and make sure medicines were managed safely. This meant opportunities to learn lessons when things go wrong may have been missed.
- Some staff responsible for supporting people with their medicines required refresher training.
- People's needs were assessed to identify what support they needed to take their medicines. Where appropriate, people were supported to manage their own medicines safely.
- People told us they received their medicines on time and where supported to order and collect medicines if needed.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse. All staff had not completed their safeguarding training and some refresher training was out of date. Staff were aware of the safeguarding and whistle blowing process; however, the provider could not be certain staff had the knowledge and skills to appropriately protect people from risk of abuse.
- People told us they felt safe with staff. People said, "They are brilliant so caring and nice" and "They go above and beyond for me, I feel safe with them."

Assessing risk, safety monitoring and management

- People received support to help them live safely at home. People had personalised care plans and risk

assessments in place to reduce risk. These were regularly reviewed. Where risks were identified, support plans guided staff how to manage and reduce these risks.

- Staff were knowledgeable about risks associated with people's care.

Preventing and controlling infection

- People were protected from the risk of infection. The provider's infection prevention and control policy was up to date and procedures were in place to effectively prevent or manage infection outbreaks.
- Staff effectively used personal protective equipment (PPE) and followed good infection control practices. One relative told us, "Staff are very professional, they always wear PPE and wash their hands."

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had not ensured staff were suitably trained to carry out their roles. Staff training was out of date and some staff had not completed their initial compulsory training.
- An induction process was in place however, inductions completed did not provide staff with an appropriate introduction to their work. Induction paperwork reviewed showed staff receiving a one hour induction which included a tour of the office building and reading of policies.
- Staff did not receive regular supervision to ensure they received appropriate support within their roles. The provider policy stated, staff should receive four supervisions per year. However, records showed supervisions were not carried out consistently.

A failure to ensure the service had sufficient numbers of suitably qualified, competent, skilled and experienced staff is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff felt supported and able to ask for help when needed. One staff member said "My team is great, there are four of us in my team and we cover for each other if we need time off and always support each other. If I had concerns, I could go to my manager or care coordinator, they always offer me support."

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

- People's needs were assessed and regularly reviewed, so staff had information about how to support them effectively.
- People's care plans were person centred and took in to account people's wishes, promoting independence and choice.

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

- Staff supported people to plan meals, shop for ingredients and cook meals if required.
- Information about people's nutritional needs and preferences were recorded in their care plans, so staff had access to the information they needed.

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

- Staff were aware of any changes in people's needs and supported them to access any healthcare if required.

- Staff sought advice and guidance from external health professionals where necessary.
- Care plans included detailed information about people's medical conditions and how to manage any associated risks.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care plans reflected the principles of the MCA.
- People's rights were protected, assessments had been completed when people lacked capacity and best interest meetings were held, which included professionals and significant others.

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; Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and respect. People told us staff treated them well. Their comments included, "The staff are kind and caring and go above and beyond for me." and "The staff are fantastic, they are respectful and very caring."
- People's individual needs and preferences were recorded and known by staff.
- Care plans showed people were encouraged and supported to be independent.

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

- People were empowered to make choices and have as much control in the delivery of their care, as possible. One person told us, "They listen to everything I have to say, they are very understanding. I cannot praise them enough."
- Staff involved people and their relatives in day to day discussions about their care. One person told us, "I always have a good chat when they are here."

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; 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

- People had personalised support plans which covered all aspects of their life and the support they required. Support plans were reviewed regularly so staff had access to up to date information about how to support people.
- Staff were responsive to the needs of people they supported and tailored their support accordingly. One person said, "If I need support from someone before my call time I just ring up the office and they send someone to support me."

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.

- People's communication needs were assessed and regularly reviewed.
- Staff were knowledgeable about the most effective ways to communicate with people. One person told us, "The communication is very effective."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People felt confident to raise any concerns. Their comments included, "I know who to complain to if I am not happy" and, "I would tell [Name] if I wasn't happy but I am really happy."

End of life care and support

- People's end of life wishes were respected.
- Care plans contained details of people's decisions and religious beliefs.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There failed to be sufficient monitoring of the quality and safety of the service. Gaps included inconsistent recruitment records, out of date staff training, lack of supervision and failure to have oversight of medicines practices.
- Audits of medicines were not recorded to help monitor and make sure medicines were managed safely. This meant opportunities to learn lessons when things go wrong may have been missed.
- The provider had failed to follow their own policies and procedures regarding regular supervision to ensure staff were supported and able to effectively carry out their roles.

Failure to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager worked in an open and transparent way. Staff said the provider had a visible presence in the service and people and staff freely approached them if they had any concerns.
- The registered manager understood their responsibilities relating to being registered with CQC and they reported significant events to us as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Working in partnership with others

- Staff promoted a positive, person-centred culture. Relatives were happy with the care provided and how this supported people to remain in their own homes.
- The registered manager was aware of, and understood, requirements in relation to the duty of candour.
- The registered manager and staff worked closely to build good working relationships with other agencies such as the local authority.

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

- People, their relatives and professionals were included in reviews of peoples care. One relative said, "Staff go above and beyond for [family member.] We are in regular contact with staff as a family and they really know [family members] care needs and communicate well with them."

- Regular staff meetings had been held to allow staff to voice their concerns or views within the service.
- The registered manager sent out questionnaires to give people and their relatives an opportunity to provide open and honest feedback. Feedback received was positive.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to operate effective governance systems to ensure the safety and quality of the service.</p> <p>The provider had failed to ensure good standards of record keeping.</p> <p>Regulation 17 (1) (2) (a) (b) (d)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure that staff were skilled, trained and competent to perform their roles.</p> <p>The provider had failed to ensure that staff received supervision in line with their policies and procedures.</p> <p>The provider had failed to ensure induction records were completed to support new staff in their role.</p>