

Victory Socialcare Enterprise

# Victory Socialcare Enterprise

## Inspection report

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Date of inspection visit:  
07 March 2023

Date of publication:  
03 May 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Victory Social Care Enterprise is a residential care service providing accommodation to a maximum of 12 people, some of whom are living with dementia. At the time of this inspection there were 10 people using the service.

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

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### Right Care:

The provider had not ensured all staff were suitably trained or supported to perform their roles. Some staff required refresher training to ensure they had the knowledge and skills to safely meet people's needs. Staff did not receive regular supervision; however, staff felt the registered manager was supportive and approachable.

Staff did not always follow risk assessments effectively.

Medicines were managed safely however, guidance for staff relating to medicines which were prescribed on an 'as and when required' basis (PRN) needed more detail.

There were enough staff. Staff were recruited safely and received an induction to ensure they had the skills and knowledge to undertake their role.

### Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care plans were being updated to ensure people received person centred care.

The service gave people care and support in a safe, clean, well-furnished environment. People were supported to make decisions following best practice in decision making and staff communicated with people in ways that met their needs.

### Right Culture:

The ethos, values, attitudes and behaviours of management and care staff were working towards ensuring people using services led confident, inclusive, and empowered lives. The provider worked closely with the local authority to create an action plan to improve the service and to embed these changes within practice however, further improvements were needed to ensure changes were fully embedded in practice. We have made a recommendation about this.

People and those important to them were involved in planning their care and staff evaluated the quality of care supported to people, involving the person, their families and other professionals as appropriate. 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. Relatives told us they were happy with the service and care given.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update and update

The last rating for this service was requires improvement (published 07 May 2019)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

The last rating for this service was requires improvement (published 07 May 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Enforcement and Recommendations

We have identified breaches in relation to assessing risk, staff training, staff supervision and poor-quality assurance systems.

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

Follow up

We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Victory Socialcare Enterprise is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Victory Socialcare Enterprise is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the provider was the registered manager.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 1 person who used the service 3 relatives about their experience of the care provided. We spoke with 7 members of staff including the provider, director, deputy manager, senior care workers and care workers.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 4 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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

### Assessing risk, safety monitoring and management

- People were placed at risk of harm because staff had not received full fire safety training as per fire policy and staff had not completed regular fire drills. The staff training matrix showed staff were due to complete their fire training in a few days' time.
- Personal emergency evacuation plans (PEEPS) were in place. However, these were not accessible in the event of an emergency. There was a fire grab bag in place near the front door, but this did not include the PEEPS.
- Risk assessments were completed to identify risks to people's health and safety however, these were not always followed by staff. For example, staff did not remove the hot water urn used to make hot drinks in the lounge as per risk assessment.

The failure to adequately assess, monitor and reduce risks to people's health and safety is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

### Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely.
- Guidance for staff to administer medicines prescribed 'as and when required' (PRN) were in place however, some protocols required further information to be included to aid staff.
- Staff received training to administer medicines and had their competency checked.
- The provider had a medicines policy in place for staff to follow.

### Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse. Some staffs safeguarding 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.
- Relatives told us they felt their family members were safe and well looked after. One relative said, "The staff are lovely, [family member] is well looked after and very safe here."

- The registered manager was transparent in reporting any issues or concerns to the local authority's safeguarding team. This helped to safeguard people from the risk of abuse or neglect.

#### Staffing and recruitment

- Appropriate staffing levels were in place to meet the needs of people in the service.
- The registered manager had robust oversight of staff rotas, which showed there were enough staff on each shift.
- Staff told us there were enough staff to meet people's needs.
- Safe recruitment practices ensured staff were suitable to work with people who may be vulnerable.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Visiting was carried out in line with current government guidance.

#### Learning lessons when things go wrong

- The service regularly sent out questionnaires to people using the service and their family. However, there was no analysis or summary of these. This meant opportunities to learn lessons when things go wrong and to improve the service may have been missed.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

At our last inspection the provider had not always made requests for restrictions to be authorised and documentation did not support decisions. This was a breach of regulation 11 (Need for consent) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Care plans reflected the principles of the MCA. Where restrictions were in place, appropriate DoLS applications had been made to the local authority.
- 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.

Staff support: induction, training, skills and experience

- The provider had not ensured all staff were suitably trained or supported to perform their roles. Some refresher training was out of date and needed completing to ensure staff had the correct skills and knowledge to provide safe care. The provider had identified this shortfall and staff were being supported to

complete training as soon as possible.

- Staff had not received supervision in line with the providers policy. The deputy manager advised supervisions were currently under review and staff had begun to receive supervisions as part of the services improvement plan.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans were being reviewed to ensure they were person centred and clearly reflected people's care needs. Updated care plans reviewed were person centred and gave clear instruction to support staff to care for people effectively.
- Staff made appropriate referrals to other agencies, when required, such as the falls team and people's GP.
- People were supported to attend medical appointments when needed.

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

- People's nutrition and hydration needs were effectively met.
- Snacks and drinks were offered to people throughout the day.
- People were offered choice of meals. We observed people eating a nutritious, well-balanced diet.

Adapting service, design, decoration to meet people's needs

- The layout of the service met the needs of the people who lived there.
- Bedrooms were personalised with people's own ornaments, furniture, and pictures.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At our last inspection the provider had failed to operate a robust and effective quality assurance system. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The provider had failed to complete effective monitoring of the quality and safety of the service. The issues we found during the inspection had been identified by the provider prior to our inspection, and an action plan in place to improve the is ongoing. These issues related to fire safety, lack of staff training and supervision and risk assessments not being appropriately followed by staff.
- 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.
- Competency checks had been carried out for staff however, there was little feedback from management to allow staff to learn and improve care if they had answered questions wrongly.

The failure to operate robust quality assurance and safety monitoring systems was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and the deputy manager were both committed to driving the necessary improvements within the service.
- The provider 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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider worked closely with the local authority to create an action plan to improve the quality of the service. Some improvements have been made; however, improvements were still needed in some areas.

We recommend the provider continues in their efforts to embed the changes made and continue to make appropriate improvements in a timely manner.

- Relatives told us they were happy with the service, communication, staff and management. One relative said "The staff and manager are very approachable and knowledgeable. They always have time to talk to me and will ring me with any concerns."
- 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.

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

- Improvements made by the provider had begun to promote a positive, person-centred culture.
- Relatives told us the service was well run. One relative said, "The manager and team are very good, I can go to them with an issue, and it will be dealt with."
- The provider had an open-door policy and relatives and staff said they could go to the management team any time if they needed.
- The provider was open and honest with people and informed relatives when accidents and incidents had occurred.

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to adequately assess, monitor and reduce risks to peoples health and safety.  Regulation 12 (1) (2) (a) (b) (c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to operate effective governance systems to ensure the safety and quality of the service.  Regulation 17 (1) (2) (a) (b)