

Victory Care Limited

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Inspection report

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Date of inspection visit:

02 August 2019

07 August 2019

Date of publication:

11 September 2019

Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service

Victory Care Limited is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection the manager, who was also the provider, confirmed the service was providing personal care to two adults.

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 went through a recruitment process so that the provider only employed suitable staff, though one aspect of this process needed to be made more robust.

Care plans and risk assessments provided guidance for staff to follow. However, not all identified risks had been assessed or action taken to mitigate and reduce any identified risks. Staff were not always aware of how to reduce risk. People felt safe with staff from the service. Staff understood potential signs of abuse. People and relatives were involved in assessments of potential risks to safety and in identifying measures to keep them safe.

People received their medicines as prescribed. They were protected from the risk of infections through staff working practices. People had enough staff to meet their needs. Staff undertook induction training that supported them to have the knowledge and skills to do their job well and effectively meet people's needs.

People were provided with care and support that ensured they had good nutrition and hydration. They had access to healthcare that maintained their health and wellbeing. People were supported to have choice and control of their lives and staff supported them to do this. The manager was following up with the appropriate agency on one aspect of staff practice that relatives had identified to protect their family member's safety.

Staff knew people well. People had developed positive relationships with staff which helped to ensure good communication and support. Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

People or their representatives were involved and consulted when making changes to how their support was provided. Staff knew and understood the needs of the people using the service and care was provided based on their assessed needs. Staff were responsive to changes in people's needs to ensure people received timely intervention to maintain their health and well-being.

The person and the relative knew how to raise any concerns or make a complaint. The provider had a policy

and procedure which involved investigation and solutions to put things right. This provided information about how these would be managed and responded to. This needed information about referral to another statutory body to approach if they were not satisfied with the investigation.

Systems were in place to monitor the quality of care and support people experienced through quality assurance systems and processes to drive improvements in the service though some of these needed to be made more robust.

The person, a relative and staff spoke positively about the management and leadership of the service. The person and the relative said staff were very friendly and caring, and they had good relationships with them. The provider listened to feedback and acted to make improvements to the service. The service worked in partnership with external agencies to ensure people achieved good outcomes from their care and support.

Rating at last inspection:

The last inspection on 6 March 2016 rated the service as good.

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 well led.

Details are in our Well Led findings below.

Good ●

Victory Care 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. 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 Care Act 2014.

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.

The service had a manager who was 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. This was because it is a small service and we needed to be sure that there would be staff in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We also spoke with two members of staff and the manager.

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

After the inspection

We continued to seek clarification from the manager to validate evidence found, including risk assessments and amended procedures. We received this information from the manager.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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.

Assessing risk, safety monitoring and management.

- An assessment of health and safety of premises had been carried out for people's homes. This was largely comprehensive though had not included a plan to evacuate safely in the event of fire or whether there were smoke detectors installed in the person's home. This could have safety implications for people in the event of fire in their homes. The manager said this would be put in place.
- The manager had assessed individual risks to people's safety. Information was in place for staff of action that needed to be taken to reduce these risks. However, not all risks had been assessed. For example, risk assessments for continence and preventing pressure sores. There was a risk assessment which said there needed to be a correct positioning of a person when they were eating to prevent choking. However, staff were unaware of this.
- Staff members had a good understanding of people's needs in order to keep people safe. For example, how to assist a person to use the hoist when transferring them from one place to another.

Staffing and recruitment

- Prospective staff members suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting. However, a reference from previous care employment had not been applied for, which could have compromised
- There were enough staff to meet people's needs. The person and the relative said that sufficient staff had always been available to support them.
- Staff said there were enough staff attending calls to keep people safe.

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

- People and relatives confirmed that people felt safe and secure with staff from the service.
- Staff members knew how to recognise signs of abuse and to act, including referring any incidents to a relevant outside agency if needed. The whistleblowing procedure did not have contact details of relevant agencies for staff to contact in the event of an incident. The manager said these procedures would be amended to have this information.
- Staff had safeguarding training to know how to safeguard people.

Using medicines safely

- A person said they were prompted by staff to take their medicines when prescribed. Records showed that

people had received their medicines.

- The provider had a policy and procedure for the receipt, storage, administration and disposal of medicines so that medicines could be supplied safely to people. This had not included when to take as needed medicines. The manager said this procedure would be put in place.
- A medicine audit checked that medicine had been supplied to people as prescribed.

Preventing and controlling infection

- Staff were aware of the need to use protective equipment when providing people with personal care.
- Staff had been trained on maintaining infection control. This helped to protect people from acquiring infectious diseases.
- Staff were aware of the need to wash their hands thoroughly after completing a task to prevent infections being passed to people.

Learning lessons when things go wrong

- The manager said that they were aware of the need to learn if situations had gone wrong, such as what to do to prevent a person falling from bed. This showed action to try to ensure this accident was prevented from happening again.

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 the last inspection this key question was rated as good. At this inspection this key question remained good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- People's needs had been assessed to ensure they received the right support. Staff said that care and support plans helped them to provide care that met people's needs.
- A person and a relative said needs were fully met by staff. Timely care had been provided to people.
- Staff understood people as individuals.

Staff support: induction, training, skills and experience

- A person and a relative said staff had been well trained to do their jobs. A person said, "Staff know how to help me."
- People were supported by staff who had received ongoing relevant training. If staff requested more training, they said management would arrange this for them. Guidance notes were in place for health conditions to assist staff to understand people's conditions.
- On joining the service, staff received an induction and training in relevant issues such as how to assist people to move safely, and how to safeguard people. Training was to be provided to staff on end of life care.
- Staff were given opportunities to review their individual work and development needs in supervision sessions.

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

- A person and a relative told us that staff provided food of people's choice, which was well prepared. Staff always left a drink at the end of the call to prevent people from becoming dehydrated.
- Staff were aware of people's dietary requirements. People had food provided that respected their cultural choices.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information on meeting their health and social needs.
- If people had an accident staff were aware to report this so that healthcare services were called to provide healthcare.

Supporting people to live healthier lives, access healthcare services and support

- People said that if they needed to see a doctor, this was reported to their relative.
- People's health and wellbeing was supported by staff. Records of people's care showed this happened.

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 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 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA. We found that relatives had made a best interests decision to prevent their family member from hurting themselves. The manager said that the DoLS team would be contacted to see whether this was acceptable for staff to carry out this way of working.

- Mental capacity assessments had been recorded after assessing people's capacity to independently make decisions about their lives.
- A person was able to consent to their care. They told us that staff asked their consent before providing personal care.
- Staff were trained to understand the MCA and said they always asked people's consent to care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

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

- A person and a relative said that staff were kind and caring. A person said, "Staff could not be more friendly and caring towards me."
- A person and a relative said that staff listened to what they said, and that people's wishes were respected.
- The service user handbook stated that staff should treat people equally whatever their backgrounds.

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

- A person and a relative told us that they had been involved in care planning at the beginning of their involvement with the service. This was shown in records.
- They said management staff kept in touch with them and asked them about the quality of care provided by the service.
- There was evidence that people and their representatives had been consulted about whether care provided still met people's needs.

Respecting and promoting people's privacy, dignity and independence

- A person and a relative said staff respected people's privacy and dignity. A person told us, "Staff are careful to protect my dignity." A care plan outlined that staff should leave the person when they needed to use the bathroom, to give them privacy and dignity.
- A person and a relative said staff ensured people always made choices, such as for food, drink and clothes choices.
- They also said staff supported people's independence to be able to do the things that they could do.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

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

- Personalised care was provided. The person using the service and a relative said staff provided them with care that met their individual needs. The person said, "Staff are very good. I always get two staff to help me, which I need. I get the same staff which is good because they understand how I like things done."
- Care plans had some information about people's preferences, though this did not fully cover their life histories and likes and dislikes. This meant staff did not have comprehensive information to assist them to provide people with all their individual needs. The manager said this information would be sought from the person and relatives.
- Staff members were aware of people's important routines.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager understood their responsibility to comply with the Accessible Information Standard (AIS). The service identified people's information and communication needs by assessing them and ensured people could understand information relevant to their needs.
- The relative of a person using the service with communication difficulties said staff always spoke to their family member and used gestures to help communication. This made their family member happy. Communication through gestures were not included in the person's care plan. The manager said this information would be added to the care plan after discussion with the person's relatives to ascertain what gestures were effective for communication.
- The manager said large print documents would be made available for people with visual difficulties that none were needed at this time.

Improving care quality in response to complaints or concerns

- No complaints had been received since the last inspection.
- The person and the relative told us they had no complaints about the service. They said they had raised minor concerns in the past and management had swiftly taken action which satisfied them.
- There was a complaints procedure in the service user's guide which set out how complaints would be investigated with a response provided to the complainant. The procedure did not include that people could

refer their complaint to the local government ombudsman if they were not satisfied with the investigation by the local authority. The manager said this policy would be amended.

End of life care and support

- End of life care and support was not needed at the time of the inspection visit.
- The manager said that he was planning to have discussions about end-of-life wishes, if they wanted to discuss this issue.
- Staff training had been carried out or was being planned for 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The person and the relative told us that individual care was provided to meet needs and preferences.
- The manager worked with healthcare professionals to improve people's health.
- The manager were aware about their legal responsibilities under their CQC registration, including notifying CQC of significant events and incidents in the service. The current CQC rating was displayed.

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

- People and relatives had opportunities to share their views about the service through reviews and spot checks on staff.
- Staff were supported to share their views about people's care directly with management and in staff meetings. They told us they felt encouraged to share ideas to further improve the service.
- The manager promoted positive team working. Staff were thanked for their work and positively encouraged to put forward their suggestions. One staff member told us, "I feel comfortable speaking with the management." There was effective communication and consistency in the care and support people received.

Continuous learning and improving care

- The manager was always looking to make improvements to the care and support provided, to achieve the best possible quality of life for people.
- This included reviews of people's needs to ensure the care provided was appropriate, and reviews of all aspects of the service to ensure people had the best care possible.

Working in partnership with others

- The service worked with health and social care professionals to ensure people's needs were met.
- People were supported to use local services if this is what they wanted. For example, a person was assisted to go to church.

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

- There was a manager in place registered with CQC.
- Quality audits were carried out to drive improvement of the service. Some needed to be more robust to ensure all risk assessments were in place and that relevant staff references were always taken up. The manager said this issue would be followed up.
- People and staff were positive about the management and leadership of the service. There was a reliable staff team who said they took pride in providing care and support to people using the service.