Victory Care Limited

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Inspection report

The Studio, 1A Noel Street
Corner 152 Narborough Road
Leicester
Leicestershire
LE3 0BW

Tel: 01162549174
Website: www.victorycare.co.uk

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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

Victory Care Limited provides personal care for people living in their own homes. On the day the inspection the registered manager informed us that there were eight people receiving a service from the agency.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

On this inspection we found a breach of the Health and Social Care Act 2008 Regulated Activities Regulations 2014 with regarding to providing safe care. You can see what action we have told the provided to take on the back of the full version of this report.

People and their relatives we spoke with said they thought the agency ensured that people received safe personal care. Staff had been trained in safeguarding (protecting people from abuse) but not all staff completely understood their responsibilities in this area.

Risk assessments were not fully detailed to assist staff are to support people safely.

We saw that medicines were given safely and on time, to protect people's health needs.

Staff had not always been safety recruited to ensure they were appropriate to supply personal care to people.

Staff had training to ensure they had the skills and knowledge to be able to meet people's needs, though more specialist awareness of people's individual needs was not fully in place, which could have had a potential impact on meeting their needs.

Staff did not completely understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choice about how they lived their lives.

People or their relatives told us that people had been assisted to eat and drink and everyone told us they thought the food prepared by staff was satisfactory.

Staff had awareness of people's health care needs so they were in a position to refer to health care professionals if needed.

People and their relatives we spoke with told us that staff were friendly, kind, positive and caring.

People, or their relatives, were involved in making decisions about how personal care was to be provided.

Care plans were not fully individual to the people using the service, as information about social care needs was lacking. There was a risk that this lack of information meant that people's individual needs may not always be met.

People or their relatives told us they would tell staff or management if they had any concerns and were confident any issues would be properly followed up.

People and their relatives were satisfied with how the agency was run by the registered manager. There were comments for improvement from staff to ensure there was good communication between management to always provide a quality service for people.

Management carried out audits and checks to ensure the agency was running properly. However, audits did not include the checking of all issues needed to provide a quality service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People said that they felt safe with staff from the service.

Risk assessments to protect people's health and welfare were not in place.

All staff did not know how to report incidents to relevant agencies if necessary.

Staff recruitment checks were not fully in place to protect people from receiving personal care from unsuitable staff.

Medication had been supplied as prescribed but recording systems needed to be in place to prove this.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff were trained to meet people's care needs, though specialist training for people's health conditions was not comprehensively in place.

People's consent to care and treatment was not fully sought in line with legislation and guidance.

People's nutritional needs had been promoted and protected.

Is the service caring?

Good

The service was caring.

People and their relatives told us that staff were friendly and caring and respected their rights.

We saw that people or their relatives had been involved in setting up care plans that reflected people's needs.

Is the service responsive?

Good

The service was not consistently responsive.

Care had been provided to respond to people's needs, though care plans did not contain detailed information on how to respond to all of people's assessed needs.

Staff were aware of how to contact medical services when people needed health support.

People and their relatives were confident that any concerns they identified would be properly followed up by the provider, though more evidence was needed to prove this was always carried out.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People and their relatives told us that management listened and acted on their comments and concerns.

Staff told us the registered manager provided support to them and had a clear vision of how friendly individual care was to be provided to people to meet their needs.

Not all relevant systems had been audited in order to measure whether a quality service had been provided.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 January 2016. The inspection was announced. The inspection team consisted of one inspector.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the service. There were no concerns about the agency.

During the inspection we spoke with three people who used the service, three relatives, the registered manager, the deputy manager, and four care workers.

We also looked in detail at the care and support provided to four people who used the service, including their care records, audits on the running of the agency, staff training, staff recruitment records and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

Care records for people showed some risk assessments were completed to protect their safety. These included how to move people safely.

However, risk assessments were not complete or were absent. For example, a care plan stated that staff had concerns about a person's behaviour. However, there was no risk assessment in place to assist staff to safely manage the situation.

Another care plan noted a person was a risk of choking. There was no risk assessment in place for staff as to the type of food that was safe for the person to have. In another section of the care plan, we found information from a dietician stating that the person needed to have a fork mashed diet and for certain foods to be avoided, such as sausages and vegetables and fruit that had skins on them. We also saw dietician's advice about the person being weighed once a week to check they were not losing weight. However, there was no information available to indicate that this had been carried out. The advice had not been incorporated into a risk assessment for staff to follow. We also found a social work assessment which stated that the person was on a lactose free diet. However, there was no risk assessment to ensure this diet was followed. This meant staff could have supplied food which was a choking and allergy risk.

Another person's care plan presented conflicting information. It stated that person ate well with assistance. However, in another section it also stated that the person had a tendency to choke on their food and had a liquid diet but this information was not contained in a risk assessment available to staff to ensure the person was protected from any safety risks as to their food intake.

Another care plan stated that a person had continence needs. There was no risk assessment in place to manage this condition to keep this person comfortable by changing pads at required frequencies or any measures put in place to prevent pressure sores developing. Another care plan noted that the person had an identified risk of pressure sores. There was no risk assessment outlining safety measures to ensure the person had proper equipment in place to prevent pressure sores, such as sleeping on a specialist mattress or having a specialist cushion to sit on.

The registered manager said this issue would be followed up and proper risk assessments put in place. This would mean staff would then be aware of all issues and people could receive help and support to keep them safe when they needed it.

Not all staff we spoke with had been trained in protecting people from abuse or understood their responsibilities to report concerns to other relevant outside agencies if necessary. This meant that there was a risk that people's safety was not protected in case of abuse. The registered manager said this issue would be followed up to ensure all staff were aware of relevant agencies to report to if the management team had not properly dealt with instances of abuse.

Staff recruitment practices were not always in place. Staff records showed that before new members of staff

were allowed to start, checks had usually been made with previous employers and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. However, records did not always show that the necessary documentation for staff was in place to demonstrate they were fit to supply personal care to people, as some staff did not have two references in place and some staff only had one reference from a friend, we which did not provide independent evidence of their suitability. The registered manager said this issue would be followed up.

These issues were in breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014. You can see what we have told the provider to do at the end of this report.

A person using the service told us, "I have no concerns about my safety with staff. They are very friendly and caring.'' Another person said, "I know my son is safe with staff. They are all good and treat him properly. "

Risks within people's homes had been assessed and managed. We saw risk assessments set out how to protect people from identified issues in the environment such as kitchen equipment, hazardous substances and tripping risks. Staff told gave us examples of how they kept people safe such as not rushing people when supplying personal care and checking that rugs on floors were flat to eliminate tripping risks.

We found that sufficient numbers of staff were available to meet people's needs, as people and their relatives told us that calls were for the most part on time and they received the full agreed time for personal care. Where calls were late, people were mostly informed of this though one person said this had not happened. The registered manager said he would remind staff to alert people if this occurred.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These told staff what to do if they had concerns about the safety or welfare of any of the people using the service. However, they did not contain the contact details of all relevant agencies where staff could report their concerns to. The registered manager said this information would be included and he quickly sent us this information after the inspection.

Policies set out that when a safeguarding incident occurred management needed to take appropriate and action by referring to the local authority, CQC, or police. This meant that other professionals were alerted if there were concerns about people's well-being, and the registered manager did not deal with them on their own.

The registered manager said that staff only supplied medication to one person. We looked at how medicines were managed in the service and we saw evidence that the person had received their daily prescribed medicines. However, the staff member supplying the medicines to the person had signed that the person had dealt with their own medicines, when it was they that had supplied the medicine to the person. In which case, the staff member needed to record this. The registered manager said this would be carried out in the future.

We saw that staff had been trained to support people to have their medicines and administer medicines safely.

Requires Improvement

Is the service effective?

Our findings

All the people and their relatives we spoke with said that the care and support they received from staff effectively met their needs and they thought that staff had been trained to meet people's needs. A person told us, "The staff seem well-trained. They know what they are doing."

A staff member said, "I think our training is quite good". Another staff member told us, "Staff get the training they need." However, another staff member stated that they had asked for dementia training and this had not yet been delivered to them.
The staff training matrix showed that staff had training in essential issues such as such as protecting people from abuse, dementia care, moving and handling techniques, catheter training, health and safety, infection control and fire procedures, moving and handling, infection control, health and safety, food hygiene, first aid, and dealing with behaviour that may challenge the service. New staff are expected to complete induction training, which covers essential issues such as health and safety. A number of staff had also completed other relevant nationally recognised training.

We saw that staff had not received specific training in relevant health conditions that people had such as multiple sclerosis, learning disabilities and hypertension. The registered manager stated that he would be reviewing training with a view to ensuring more specific training for staff on people's health conditions. This would mean that staff would be fully supported to be aware of and able to respond effectively to people's needs.

New staff undertook an induction which included shadowing experienced staff on shifts. The staff we talked with said they had spot checks from the management of the agency to check they were supplying care properly. The provider's statement of purpose stated that all staff would receive "regular and careful supervision", though this was not in place for staff to discuss their work including how to provide a quality service, their performance and training needs. The registered manager said that the frequency of supervision would be reviewed and provided regularly in the future. This would then provide staff with regular support to provide effective personal care to people using the service.

We assessed whether the provider was ensuring that the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted, in their best interests, to keep them safe.

There was no evidence that the provider had relevant procedures in place to assess people's mental capacity. Staff were not aware of their legal responsibilities about this issue and had not received training in its operation. The registered manager acknowledged this and send us relevant information after the inspection to be used to assess people's capacity to make decisions.

Staff members told us that people's choices were respected when they were involved in providing food and

they knew what people liked to eat and drink. They left people with snacks and drinks between calls to ensure that they could eat if they were hungry and they did not become dehydrated. We also saw evidence of this in people's care plans. We also saw that people were encouraged to eat if this was part of their care plan.

These were examples of effective care being provided to ensure that people's nutritional needs were promoted.

We saw evidence that staff contacted medical services if people needed any support or treatment. In one instance a person had displayed behaviour that had challenged the service. The GP was contacted for an appointment and a referral to a specialist team which resulted in the person's medication being reviewed which resulted in their condition improving. A staff member told us that she had contacted a community nurse as there was a problem with a person's catheter. This showed us that staff had acted to provide effective care to meet people's needs.

Good

Is the service caring?

Our findings

All the people and relatives we spoke with said that staff were friendly, polite, caring and positive in the care they provided.

People and their relatives also told us that staff listened to them so they felt able to express their views. A person told us, "I have had two staff from the agency. Both have been fantastic. As well as giving me good care they were interested in me and always had a laugh with me." Another person said, "I have always had excellent care. Staff have been more like my friends." A relative told us, "My mum has always been happy with staff from the agency. She would immediately say if anything was not all right and she never has."

People told us that their dignity and privacy had been maintained and staff gave them choices. For example, what food they wanted to eat or the clothes they wanted to wear. We saw that information from the agency emphasised that staff should uphold people's rights to privacy, dignity, choice, independence and cultural needs. Relatives from different communities stated that staff respected their cultural needs. For example, by what name they wanted to be addressed by and staff learning words from the language of the person, which made them feel that they were respected.

This presented as a strong picture that staff were caring and that they respected people.

Staff told us that they protected people's privacy and dignity. They said they always knocked on doors before entering their bedroom. One staff member told us, "We make sure people are always respected and we would always cover people when helping them to wash, and shut curtains to respect their privacy."

We looked at the provider's statement of philosophy, which emphasised that staff should treat everyone with respect, dignity and fairness. This set a good model to ensure people were treated in the caring and respectful manner.

People and their relatives told us their care plans were developed with them. They said this process had been respectful and took into account their wishes to make sure that people's needs were included. This meant that people had been given the opportunity to produce a plan of their care needs.

A relative told us that staff made sure that her mother's wishes with regard to keeping her independence were respected. For example, her mother could still prepare food but needed support in some tasks like staff getting her the ingredients. She said staff carried out these tasks and did not take over and do everything, which her mother appreciated. This type of situation ensured that people's independence was promoted and was another example of caring attitudes promoted by the agency.

Good

Is the service responsive?

Our findings

A person told us, "When staff have finished helping me they will ask if anything else needs doing. They won't just go by the care plan and then leave. "Another person told us, "If anything changes, then the staff member will be flexible." This was reinforced by comments we found in the questionnaire for people that used the service. For example, one person stated, ''Happy with the carers. Cheerful and helpful.''

A person told us that she was positioned in an uncomfortable position late at night. She rang the deputy manager who immediately came out to help her change her position. She was very grateful for this assistance. A relative told us that staff from the agency had visited her daughter in hospital to feed her as hospital staff were having difficulty doing this. She expressed her gratitude about the management of the agency for responding to this need.

No one expressed any concerns about staff not staying for the full contracted time. We saw in records that visits were recorded so times could be checked to prove this.

We found that people had an assessment of their needs and a personal profile in the care plan and that staff were aware of people's needs. All the people using the service and relatives we spoke with said that management properly assessed people's needs before providing a personal care service. Assessments included relevant details such as the support people needed. However, there was little information as to people's history and background. There was little information about people's preferences such as their food and drink preferences and how they liked to spend their time. The registered manager said this would be followed up. This would then assist staff to respond effectively to all people's individual care needs.

People and their relatives told us that care plans reviewed by the management from the agency to ensure any changing needs were recognised and could then be responded to. A relative said that her mother wanted to change her call times and the agency had been quick to respond to this request.

We looked at a care plan for a person from a minority community. There was information regarding religious preferences of people. However, there was no other information about cultural preferences such as whether footwear should be removed when entering a person's house. The registered manager stated that this issue would be followed up to ensure that a responsive service would always be delivered to all communities, irrespective of culture or religion.

People and their relatives told us they would speak to the registered manager if they had any concerns, and would feel comfortable about doing so. One relative told us that her mother did not think they staff member properly listened to her. The registered manager had then immediately acted on this and replaced the staff member. Other people and relatives told us that they were confident that the registered manager would be responsive to any issues that they raised. No one mentioned any situation or instance where anything raised was not dealt with in a professional and positive way.

Staff told us that they had never received any complaints from relatives but that they would report any

issues to the registered manager and they were confident the issue would be dealt with speedily and effectively.

The provider's complaints procedure gave information on how people could complain about the service if they wanted to. This did not include information on contacting the local government ombudsman should they have concerns that there complaint not be being investigated properly from the local authority. The registered manager said this procedure would be altered accordingly and quickly sent us the amended procedure.

We looked at the complaints file. We found that no complaints had ever been made about the service and this was confirmed by the registered manager. However, we found that a relative had complained in June 2015 that a staff member had shouted at them. This had not been recorded as a complaint. The registered manager acknowledged this and stated this type of incident would be recorded as complaint in the future, though action had been taken with regard to this situation. This would then provide evidence that complainants received a service properly responding to their concerns.

A person told us that staff had contacted other professionals, such as medical professionals when her mother had been unwell or proscribed medicines had not been sent from the pharmacist. A staff member said that she had contacted the lift company as a person's stair lift had broken down. This told us that staff had liaised with other agencies to ensure that people had received care responding to their needs.

Requires Improvement

Is the service well-led?

Our findings

A person told us, ''Yes. I think the agency seems to be well run. I have never had a problem with it and the staff are good. '' Another person said, ''The manager is an open, happy and cheerful person who leads a good agency.''

A relative told us, ''If you ring up the office they do things for you quickly.'' Another relative said, ''I had a problem some time ago but the manager sorted it out straight away.'' Another relative said he requested a weekly rota of carers so he knew who was to supply care and this was quickly supplied by the agency.

There were positive comments found in the satisfaction questionnaires provided to people. One person stated, ''Office is quick to respond to requests.''

Staff were given information as to how to provide a friendly and individual service. For example, to respect people's rights to privacy, dignity and choice. Staff told us that the managers expected them to provide friendly, individual personal care to people.

We also saw in staff meetings that staff had been thanked for their commitment and hard work. We saw that the agency arranged regular meetings with staff, which included relevant issues such as supplying personal care to people and staff training. This meant staff had been supported and valued, which is an indication of a well led service.

Staff members we spoke with told us that they would recommend the agency if a relative of theirs needed this service.

Staff told us they could approach the registered manager about any concerns they had. One staff said, "I know if I contact the office then management will try to help me out with any queries." Staff told us that the registered manager led by example and always expected people and relatives to be treated with dignity and respect.

Staff said they felt supported and were given clear guidance on maintaining personalised care for people, although one staff member told us that management called staff to work on every day for over two weeks and did not always appear to recognise that staff needed rest days. The registered manager said this issue would be followed up.

Staff said that essential information about people's needs had always been communicated to them.

Staff had been received more support through spot checks and personal appraisal meetings. This meant that staff were supported to discuss their competence and identify their learning needs. We did not see any evidence of one-to-one staff supervision sessions where staff are being given the opportunity to speak about their issues in greater detail. The registered manager said that this issue would be followed up to ensure staff were all supported through supervision on a regular basis.

We saw that people had been asked about their views about the running of the agency through a satisfaction survey. These had been overwhelmingly positive in the five questionnaires that had been returned. Everyone had stated that they were satisfied with the service. We did not see questionnaires for relatives and staff to ascertain their views on the running of the service. The registered manager said these would be put into place so that relevant views could be sought and acted on when necessary to improve the services of the agency.

We saw some quality assurance checks in place. Staff had periodic spot checks where a number of relevant issues were checked by management such as staff attitude and call times being met. Information stated in the provider's statement of purpose stated that the service would ensure that quality monitoring systems to check services would be put into place. However, we did not see systems to evaluate issues such as audits of care plans, call times and medication records, the quality and extent of staff training and the robustness of staff recruitment checks.

The registered manager said he would review the quality monitoring system to ensure that all essential systems had been checked to ensure a quality service had been provided to people using the service. After the inspection, the registered manager sent us templates to carry out quality assurance audits for staff training, the recruitment of staff and checking medicines had always been supplied as prescribed. Carrying this out will then help to develop the quality of the service to indicate a fully well led service.

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 did not take formal enforcement action at this stage. 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 Robust risk assessments to protect people's health care needs and robust staff recruitment systems were not in place.