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 Socialcare Enterprise provides domiciliary care to people living in their own homes as well as short-term residential care for up to 12 older people recovering from illness. There were 15 people receiving the care at home service when we inspected. There were five people using the residential service recovering from illness after being in hospital and being supported with personal care before they go home.

Not everyone using Victory Socialcare Enterprise receives a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. People in the residential respite service were all provided with 'personal care', but some living in their own homes were not.

People's experience of using this service:
People were not always protected from risks. This meant they could be harmed if staff were unaware of how to reduce risks because of unclear information in risk assessments or there being none in place to refer to. The provider responded to our findings by day two of the inspection and risks were reduced.

Medicines were not safely managed. People could be harmed if they did not receive their medicines because of problems with stock control and administration. Poor recording did not help identify these problems. We made a recommendation about following medicines guidelines.

People were not supported to have maximum choice and control of their lives and staff did not support this practice. People did not always have their 'best interests' protected by the use of robust mental capacity assessments and documentation. We made a recommendation about implementing the 'best interest' process and keeping accurate records of it.

Quality assurance systems did not always improve the quality of the support people received, which meant they were at risk of receiving poor care. Some checks that were usually carried out to show this, had lapsed. There was no quality monitoring plan to help drive the systems that were in place and some quality checks were poorly completed. The provider produced a quality monitoring plan and revived the quality checks immediately after our inspection.

Systems were in place to safeguard people from harm and abuse and staffing numbers were sufficient to meet people's needs with contingency emergency cover arrangements in place. Staff were recruited safely, as references and checks had been completed. The prevention and control of infection was managed well and staff were careful to maintain good hygiene standards. The provider and staff learnt lessons from the mistakes that were made.

People across both areas of the service had their needs assessed and recorded and staff undertook

appropriate training to enable them to carry out their roles. People experienced good support with nutrition and maintaining their health, staff worked well with other agencies and the premises for the residential service were suitable for meeting people's needs.

The service involved people and treated them with compassion, kindness, dignity and respect.

The service met people's needs because staff were responsive to wishes, likes and preferences. Organisation and delivery of the support given to people were also responsive. Staff were responsive to people's needs around care and support plans, complaints and end of life care.

The provider tried to give people person-centred, high quality care. Outcomes for people were generally good. The provider understood their responsibility to be open and honest. They engaged and involved people using the service, the public and staff, and fully considered everyone's individual needs.

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

Rating at last inspection:
Good for the domiciliary care part of the service (last report published 27 July 2016).

Why we inspected:
This is the first rated inspection of the service since the provider moved premises and opened the residential service in addition to the domiciliary care service.

Enforcement:
We have identified three breaches in relation to management of medicines, people's rights and effective quality assurance at this inspection. Please see the action we have told the provider to take at the end of this report.

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.

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 always safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led

Details are in our Well-Led findings below.

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

Inspection team:
One inspector carried out this inspection.

Service and service type:
This service is a domiciliary care agency, which provides personal care to people living in their own homes. Victory Socialcare Enterprise is also a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. 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. The registered manager and the director of the provider company were one and the same person.

Notice of inspection:
We gave the service 24 hours' notice of the inspection visit because we needed to ensure the registered manager would be available at the office.

Inspection site visit activity started on 26 April 2019 and ended on 7 May 2019. We visited the office and respite care home on 26 and 30 April 2019. We made telephone calls to people who used the domiciliary care service on 7 May 2019.

What we did:
Before the inspection we reviewed information we already held about the service. We received feedback from local authorities that contracted services with Victory Socialcare Enterprise and reviewed other information from people who made their views known to us. We used this information to plan our inspection.

During the inspection we gathered information about the running of the service, spoke with ten people that used the service and seven staff, reviewed records and looked around the respite care home. We looked at five people's files, four staff recruitment files and quality assurance systems and documentation that covered both services. After the inspection the registered manager sent us some documentation we had asked for to complete our evidence gathering.

Requires Improvement

Is the service safe?

Our findings

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

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

Using medicines safely.

● At the care home people were at risk of not receiving their medicines as prescribed and we were unable to determine if they had received them correctly. The control of stock, completion of records and giving out medicines were inconsistent. For example, medicines held in stock were inaccurately counted and more tablets were held than were recorded. When people refused medicines such refusals had not been accurately recorded.

● Staff used a medicines administration system to give some people their medicines, but had not always given them on the day that corresponded with the labelling. No one had experienced any harm but the errors made put people at risk of harm. Internal checks had not identified these concerns. The care home was due to have a medicines check by the dispensing pharmacist.

We found no evidence that people had been harmed. However, the provider had not always managed medicines safely. This was a breach of regulation 12: Safe care and treatment of the Health & Social Care Act 2018 (Regulated Activities) Regulations 2014.

● People living in their own homes received safe support from staff to take their medicines. Staff working in the community confirmed their responsibilities for handling medicines and told us they were confident their training enabled this. People confirmed the support they received was good.

Assessing risk, safety monitoring and management

● People were not always protected from the risk of avoidable harm. Risk assessments were used, but not in place to cover all areas. Others did not describe how the risk to the person had been decided. For example, one stated the levels of risk with communication, bathing, washing and dressing, but there was no detail as to how those levels had been determined.

● Where people's needs had changed, updated risk assessments and action to reduce the likelihood of harm had not always been implemented. For example, a pressure care mattress had not been used as soon as it was available to reduce the risk of a person developing pressure wounds. The registered manager was responsive to our findings, made changes to risk assessments by the end of day two of the inspection and staff were instructed to follow them.

● The premises and equipment in the care home were safely maintained and this was backed-up with certification.

● People living in their own home had their environment assessed and reviewed to ensure it was safe for them and visiting staff. Therefore, any environmental risks to a person or staff were assessed and reduced.

Staffing and recruitment.

● Safe recruitment systems were followed with regard to security and vetting checks.
● Staffing levels were safe. Where possible staff were matched to people in the community in terms of their cultures, race and religion.
● Rotas were managed using an electronic programme. Staff told us their allocated visits were manageable. People were supported by staff who usually arrived at the agreed time.

Systems and processes to safeguard people from the risk of abuse.
● People were protected by systems in place to manage potential and actual safeguarding incidents and staff that were trained to monitor and report them.
● Staff confirmed they understood their responsibilities to safeguard people and report any concerns.

Preventing and controlling infection.
● People were protected from the risks of harm by staff operating good infection control and prevention practices. Staff followed good food hygiene guidelines and had received training in both these topic areas.

Learning lessons when things go wrong.
● The provider encouraged staff to learn lessons from any events or incidents that resulted in poor outcomes for people, to make sure they did not reoccur. Staff said they felt comfortable reporting their mistakes to the registered manager. People told us poor outcomes were rarely experienced.

Requires Improvement

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.

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 decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. For care at home services these deprivations are called Court of Protection orders. 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 for both of the services being provided.

● People's rights were not always protected. The provider had appropriate knowledge of the Mental Capacity Act 2005 and knew when they should invoke the 'best interest' process, but they did not always follow process.
● Capacity assessments were completed but poorly documented. 'Best interest' decision making was inappropriately recorded. One person was assessed as lacking capacity with health and wellbeing, but this was not clearly documented. Similar documentation for another person did not record the decision reached.
● People in the care home required urgent DoLS authorisations. We saw no evidence that applications had been made, but one person lacked capacity with health and wellbeing.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
● People had a pre-assessment and an assessment of their needs carried out. Assessments of needs were clear and detailed.
● People's equality rights were respected. Diverse needs were supported in a way that made sure people were not discriminated against. Some of the staff team were themselves from different cultures, and said their diverse needs were also well respected.

Staff support: induction, training, skills and experience.

● The registered manager effectively supported the staff team, who were employed to work in both the domiciliary care agency and the respite service. Induction, supervision and an annual check of their performance aided their development.
● Staff were also treated with equality by the provider and this was confirmed by those we spoke with. Staff gave examples of how the registered manager supported them.
● People were supported by staff who completed relevant training and qualifications to carry out their roles. People said they thought staff were competent.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.
● Staff supported people well to maintain healthy lifestyles of their choosing.
● People were effectively supported with their dietary needs and making healthy choices with their nutritional intake and diets. Everyone said they decided on their own meal arrangements or had meals prepared for and served to them. Everyone had a choice of foods and received advice and guidance from professionals when needed.
● Services of healthcare professionals were accessed as required and staff maintained good working relationships with healthcare professionals for the benefit of the people they supported.
● People and staff in the community side of the business usually contacted these professionals themselves, unless it was an emergency. Staff told us of times when they had stayed with people to support them in emergencies. Staff helped people attend appointments, if appropriate.
● People in the respite service saw their doctor or a nurse when they requested this. People were usually admitted for respite straight from hospital and so continued to have support from hospital professionals.

Adapting service, design, decoration to meet people's needs.
● People in the residential respite service had a very well designed, bespoke environment that contained many facilities, features, equipment and areas for use. For example, all rooms were en-suite and well furnished, while communal areas were spacious. A basement level reception area suitable for receiving ambulance transport was provided and a roof-top garden area made up for the lack of an external garden to the property.

Good

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.

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

Ensuring people are well treated and supported; equality and diversity

- Staff were kind, caring and considerate. They demonstrated good understanding of people's diverse needs and stated people were respected and valued whatever their age, race, religion, disability or gender. People said, "The staff are so kind. They make me laugh when we try to understand each other's culture. We are learning all about each other though" and "Staff are always very helpful and caring. They always ask if I need anything else before they leave."
- Staff confirmed the approach they used with people and explained they cared for people how they would wish for their parents or a loved one to be cared for. Staff said, "I always show respect for people and try to offer help with anything. I think, what would my mother or father want" and "People are all different, but they need to be treated with equality and respect."

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

- People supported in their own homes told us they made their own decisions on how they wanted their care and support delivered. They made choices about support with personal care, domestic needs and nutrition. They said their views, choices and decisions were listened to.
- Those people in receipt of care in the care home told us they felt well supported by considerate staff, but they all wished to recover quickly and return to their own homes. People said, "I have very good support here and know I have been helped a great deal, but I do hope to get back to a place of my own" and "Staff are caring. They help when I need them to, but I do want to go home eventually."
- While no one used the services of an advocate, the provider would assist them to source one if needed.

Respecting and promoting people's privacy, dignity and independence

- We observed staff being caring and supportive, respecting people's privacy and dignity and encouraging independence.
- People supported in their own homes expressed their privacy and dignity was always respected. They gave examples of how staff exercised discretion when helping with personal care or handling information about them. Staff demonstrated their commitment to encouraging people's independence.
- Those people in the care home confirmed staff were caring and respected their privacy and dignity when supporting them in the bathroom or their bedrooms.

Good

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
● The support provided to people was person-centred. People's support plans contained clear information on how care was to be delivered in line with their preferences, likes and dislikes.
● People's social and cultural needs, diverse values and beliefs were met. Staff understood what it was to be different and respected that people deserved to be treated equally.
● All care was delivered in an anti-discriminatory way and in line with preferences, interests and choices.
● People's support plans had been devised with input from people and relatives. They included details on people's lives, skills, abilities and how they or their relatives preferred their health to be managed.
● The registered manager followed the requirements of the Accessible Information Standard to give people and their relatives information they needed in a format suitable to their needs. Two people expressed they wished some of the staff could verbally communicate better, as some of them did not have English as their first language. These people felt it sometimes made it difficult for them and staff to understand one another. The provider knew about this and arranged for staff to have English lessons.

Improving care quality in response to complaints or concerns
● People told us they knew how to make complaints. They told us they were listened to but had few causes for complaint about the service. People supported in their own homes said, "I have always been highly satisfied with the support I receive and so never needed to complain" and "if I needed to complain I would speak to the provider. I feel confident I would be listened to."
● Those in the residential respite service said, "There's nothing to grumble about" and "Everything is fine at the moment."

End of life care and support
● Plans were in place to ensure people would be sensitively supported to acquire the equipment, medical intervention and medication they would need for a peaceful death, under full supervision of a health care professional, should they wish to die at home.

Requires Improvement

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.

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

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

- Checks to ensure quality and safety of the service were not effective. For example, checks were not completed frequently, and some were not completed fully. Checks had failed to recognise the issues we highlighted at this inspection such as unclear risk assessment, shortfalls in medicines management and ineffective records of people's capacity needs.
- Records of some checks completed in the respite service, for example, on kitchen and bathroom cleaning, did not evidence that robust checks were taking place. Other quality checks had lapsed and had not been completed to test the quality of the domiciliary care service in the last 12-months. The provider sent us a newly devised audit schedule immediately after we had inspected to show work had begun to review quality checks across both services.

We found no lasting effects on people. However, the provider had ineffective quality assurance systems and records. This was a breach of regulation 17: Good governance of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Few staff working for the company had any input into quality assurance. The care coordinator did make telephone calls to people and carried out 'spot checks' on staff. No staff were aware of or involved in regulatory requirements. Responsibility for this lay with the registered manager / provider.
- The provider was aware of their registration requirements. They had informed appropriate agencies and organisations of events that happened at the service or to people while being supported by staff. They notified us of these, as legally required to, but there had been very few incidents to notify us of over the last year.
- Staff working in the community setting had a good understanding of their roles. They shared information easily with the provider and each other because of the service being small and already established. Staff in the residential respite home were still establishing roles and responsibilities but were always under the supervision of the registered manager / provider.
- General Data Protection Regulations were understood and keenly followed.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The provider offered person-centred care and created a culture among the workforce, which was friendly, open and receptive to advice about improving the service. Staff were signed up to the work ethic across

both services for the benefit of people that used them. Staff recognised when they were valued and benefitted from their employment conditions.

● People told us they were involved in discussions about their care and information was appropriately shared with only those who needed to know.

● People were issued with satisfaction surveys and they had expressed their satisfaction with the care and support they received. Comments were positive and demonstrated the staff were considerate of people's equality characteristics. People we spoke with on the telephone also echoed this in their comments to us.

Continuous learning and improving care.

● The registered manager / provider attended Hull City and East Riding of Yorkshire Council provider forums to learn about and share best practice.

● Staff were encouraged to improve the care and support they provided by expanding their knowledge through completing new and updated training. Staff learned from experience and used their learning to improve their performance.

Working in partnership with others.

● The provider and staff worked well with other health and social care professionals. They asked for advice, shared information and learned from health care professionals' instructions.

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 Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider and staff had not always acted in accordance with the Mental Capacity Act 2005, when a person lacked mental capacity to make an informed decision. Regulation 11 (1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always ensure the proper and safe management of medicines. Regulation 12 (2)(g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems were not operated effectively to monitor and improve the service. Records were not always effectively maintained. Regulation 17(1)(2)(a)(c).