

Victorletticia Care Limited

Victorletticia Care services

Inspection report

Mccarthys Business Centre
Education Road
Leeds
LS7 2AL

Tel: 07897930037

Date of inspection visit:
26 June 2023
03 July 2023

Date of publication:
13 September 2023

Ratings

Overall rating for this service	Insufficient evidence to rate
Is the service safe?	Insufficient evidence to rate
Is the service effective?	Insufficient evidence to rate
Is the service responsive?	Insufficient evidence to rate
Is the service well-led?	Insufficient evidence to rate

Summary of findings

Overall summary

About the service

Victorletticia Care services is a domiciliary care service registered to provide personal care to adults. At the time of our inspection, the service was not providing any care. As a result we were unable to provide a rating for this service.

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

We could not gather the experience of people using the service or their relatives because direct care to people was not being provided at the time of our inspection.

We found some aspects related with the management of the service needed improvement. These related with the registered manager's knowledge around their responsibilities to inform CQC of relevant changes happening with the service and other statutory notifications. We found some aspects of how the recruitment policy and mental capacity act requirements was applied needed improvement. We made a recommendation in relation to this area.

There were policies and procedures in place to ensure people were supported safely including with the management of their medication, to prevent the spread of infections and in case of any accidents or incidents.

Care was planned in a way where people were supported to have maximum choice and control of their lives and for staff to support people in the least restrictive way and in their best interests. The policies and systems in place supported this practice. There were systems in place to provide support with additional training and ongoing support.

Care planning documentation was centred around people's needs and preferences.

There were quality assurance policies and procedures in place but these had not been used yet used by the service.

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

Rating at last inspection

This service was registered with us on 3 July 2019 and this is the first inspection.

Why we inspected

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

Enforcement and Recommendations

We made a recommendation in relation to good governance.

Follow up

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?

We were unable to rate this domain.

Details are in our safe findings below.

Insufficient evidence to rate

Is the service effective?

We were unable to rate this domain.

Details are in our effective findings below.

Insufficient evidence to rate

Is the service responsive?

We were unable to rate this domain.

Details are in our responsive findings below.

Insufficient evidence to rate

Is the service well-led?

We were unable to rate this domain.

Details are in our well-led findings below.

Insufficient evidence to rate

Victorletticia Care services

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

This inspection was conducted by 2 inspectors.

Service and service type

This service is a domiciliary care agency. It can provide personal care to people living in their own houses and flats.

The service had a registered manager. 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

This inspection was unannounced.

Inspection activity started on 26 June and ended on 17 July 2023. We visited the office locations on 26 June and 3 July 2023.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning team, and Healthwatch Leeds. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and with one staff member.

We reviewed a range of records. We reviewed blank care documentation, including medication records the provider told us they would use when they started providing a regulated activity. We looked at one staff file in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. At this inspection this key question was not rated because the provider was not carrying out a regulated activity and there was insufficient evidence to provide a rating.

Staffing and recruitment

- Some aspects of recruitment required improvements to ensure there was always an application form and evidence of an interview for staff.
- Other aspects of recruitment, such as DBS checks, had been completed for staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures in place in relation to safeguarding and whistleblowing. In our conversations with the registered manager we were assured that appropriate steps would be taken, when required, to protect people from abuse, neglect or harm and the relevant authorities contacted.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were policies in place and relevant documentation to assess and manage relevant risks to people's care, such as risk of choking, issues with their skin integrity and falls.
- We reviewed the provider's risk management policies and procedures and accidents and incidents documentation and found these to be adequate.

Using medicines safely

- Policies and procedures in place to manage medication were in line with relevant guidance and good practice.
- The registered manager explained us staff would only support people after receiving the relevant medication training and being assessed as competent to complete this task.
- The registered manager told us they would complete regular medication audits to ensure any issues were addressed quickly.

Preventing and controlling infection

- Infection control procedures were in place including detailed guidance on how to wash hands and prevent the spread of COVID-19.
- Staff told us they knew how to use personal protective equipment, such as plastic gloves and aprons, in line with guidance.

Is the service effective?

Our findings

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

This is the first inspection of this newly registered service. At this inspection this key question was not rated because the provider was not carrying out a regulated activity and there was insufficient evidence to provide a rating.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager's knowledge of the principles of the MCA was adequate, but less consistent in how to apply it. For example, how to conduct a mental capacity assessment or what to do when relatives had power of attorney for health and care decisions.
- The policies, procedures and documentation in place were detailed and in line with best practice guidance.
- Staff had received training in MCA and told us how they asked people consent before performing care and support and how they would involve the family and the registered manager if they thought the person lacked capacity to make decisions about their care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager told us how they would assess people before starting to provide them with care.
- We reviewed blank care needs assessment and this covered several areas of people's needs and preferences, such as personal care, medication, nutrition and communication. This ensured relevant information would be gathered to plan people's care and ensure staff were aware of people's needs and

preferences.

Staff support: induction, training, skills and experience

- Staff had completed mandatory training and this had been completed by an external provider via face to face training.
- The provider made available the documents they would use to assess staff's competency in specific areas of people's care.
- The registered manager told us staff would be supported through an initial induction, shadowing experienced members of staff, regular supervision meetings and spot checks.

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

- The registered manager told us how they would work with specific healthcare professionals to ensure people's changing needs were met appropriately, such as physiotherapists, speech and language therapists and social workers.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. At this inspection this key question was not rated because the provider was not carrying out a regulated activity and there was insufficient evidence to provide a rating.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- There was relevant documentation in place to be use to assess people's needs and plan their care in a person centred way.
- Care planning documentation reviewed included a section about the person, their personal care needs, mobility needs and other areas that could be identified as a risk and would require adequate support from staff.
- The registered manager told us they would review people's care regularly and seek feedback from people and their relatives to ensure changing needs were considered and care continued to be provided in a person-centred way.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager told us how they made information available to people in different formats and how they would change their approach to facilitate communication, if required. For example, they could make information available in large print or in a picture format to ensure effective communication between people and staff.

Improving care quality in response to complaints or concerns

- The provider had policies and procedures in place to manage complaints and concerns.

End of life care and support

- The registered manager told us they would work closely with relevant professionals such as district nurses and palliative nurses if they were supporting a person requiring 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.

This is the first inspection of this newly registered service. At this inspection this key question was not rated because the provider was not carrying out a regulated activity and there was insufficient evidence to provide a rating.

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

- Improvements were required in some areas of the registered manager's knowledge, such as understanding of regulations and best practice guidance in relation to safe recruitment and application of the mental capacity act requirements.
- The registered manager's understanding was not robust in relation to when to submit statutory notifications to CQC, which are required by law. At the time of this inspection, the location was operating from a different address of what it was registered in. After our inspection, the registered manager showed us evidence that an application to change address had been submitted.

We recommend the provider reviews their management oversight processes to ensure these are effective in identifying and addressing areas for improvement.

- The registered manager was receptive to the inspection process and told us they were willing to learn and improve.
- There was a quality assurance policy in place and we reviewed the documentation that would be used to completed spot checks and medication audits.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Documentation reviewed confirmed that consideration of the equality characteristics relating to the needs of people or staff had been taken.
- The registered manager showed us the forms they would use to invite people and relatives to complete a survey on the quality of care.

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

- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and accountability when things go wrong. The registered manager was aware of their responsibilities in relation to this requirement.

Working in partnership with others

- The registered manager described how they would work with healthcare professionals to ensure people's needs were met.