

Victory Locum Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

About the service

Victory Locum is a domiciliary care agency providing personal care to people living in their own homes.

Not everyone who used the service received personal care. 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. At the time of this inspection 4 people were receiving support with personal care.

Right Support

Effective systems were in place to closely monitor incidents and prompt action was taken to mitigate the risk of repeat incidents. Staff supported people to have choice, control, and independence over their lives. The service encouraged people to be involved fully in discussions about their care and support.

Staff supported people with their medicines in a way that achieved best possible health outcomes. Staff supported people to access health and social care support, which included a regular review of their prescribed medicines.

Relatives told us their family members were supported to make decisions about how they wanted their care to be delivered. People could communicate with staff and understand information given to them as staff supported them consistently and knew them well.

Right Care

People's dignity and human rights were promoted, and people were encouraged to make decisions about their day-to-day routines. People received kind and compassionate care and staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs.

Staff understood how to protect people from poor care and potential harm. Staff had training on how to recognise and report abuse and knew how to report any concerns. There were sufficient numbers of staff who were appropriately skilled to meet people's needs and keep them safe.

Right Culture

The service encouraged people to be involved fully in developing their care plans and making decisions about their care and support.

Staff supervision, staff meetings and spot checks were held regularly and used to develop and motivate staff, review their practice or behaviours, and focus on professional development. We saw feedback from relatives praising the management and staff team.

The service evaluated the quality of support provided to people, involving people, their families and other professionals as appropriate.

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

Rating

This service was registered with us on 23 May 2023 and this is the first inspection.

Why we inspected

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

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was 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?

Good ●

The service was responsive.

Details are in our responsive findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

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

At the time of our inspection there were two registered managers in post. The registered managers were also the nominated individuals. The nominated individual is responsible for supervising the management of the service on behalf of the provider

Notice of Inspection

This inspection was announced. 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 the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 June 2023 and ended on 27 June 2023. We visited the location's office on 22 June 2023.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about) and any feedback about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 4 relatives of people who received support for feedback on their experience of the care provided. We had discussions with the 2 registered managers who were also the nominated individuals, one via a telecall whilst we were at the office location, and a care coordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received feedback via email from 3 members of care staff.

We reviewed a range of records. This included 2 people's care records and 2 people's medication records. We looked at a variety of records relating to the management of the service. This included 3 staff recruitment files, quality assurance processes, training records and meeting minutes.

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. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People using the service were protected from the risk of potential harm. A relative told us, "[Family member] feels safe and I feel safe."
- Systems and processes were in place to help identify and report abuse to help keep people safe. Staff told us and records confirmed they received safeguarding training and knew how to recognise and report any concerns of abuse. One staff member told us, "Yes I would feel comfortable and am always encouraged to raise any concerns or ask questions."
- At the time of our inspection there had not been any safeguarding incidents, however there were systems in place to make safeguarding referrals to the relevant authorities and the manager understood their responsibility to report safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been identified and assessed. Records provided guidance to staff on the measures needed to reduce potential risk. For example, risk management plans were in place regarding falls and how to mitigate those risks.
- Staff informed the registered manager when they had concerns about people's health, or their needs had changed. This enabled the registered manager to review the risks and identify the additional support needed.
- Care plans were reviewed regularly so any changes to their needs and risk management strategies could be implemented swiftly.

Staffing and recruitment

- People and their relatives told us they were happy with the staff who provided their care and support. One relative said, "We have the same team of carers, and this is especially important to us. It means they get to know [family member] and I don't have to keep explaining what needs doing. It's working well."
- All the relatives we spoke with said they had consistency which meant the staff got to know people well and understood their needs and preferences. One staff member commented, "We have enough time and enough staff to give our best."
- Staff were recruited safely into the service. This included ID checks, previous employment references, and Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Systems and processes were in place to ensure staff supported people to take their medication consistently and safely. One relative told us, "The carers help [family member] with their medicines. We have never had any problems."
- Staff had received training in the safe handling and administration of medicines and their competencies were regularly assessed. We looked at medicines administration records (MAR) which had been completed accurately.
- Audits of medicine administration were completed to enable any errors to be identified and to enable investigations and actions to take place to help reduce the risk of recurrence.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Measures were in place to control and prevent the spread of infection. Staff completed training in relation to the control of infection and they had sufficient personal protective equipment (PPE).
- People and relatives told us staff always washed their hands and wore PPE when carrying out personal care. One relative told us, "The carers are always very careful. They always wash their hands and wear their gloves and aprons."
- The provider had an infection control policy in place that was up to date and accessible to staff.

Learning lessons when things go wrong

- The provider had systems in place to monitor incidents and accidents so action could be taken to promote people's safety.
- The registered managers understood how to use the information as a learning opportunity to try and prevent reoccurrences.

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 for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- An assessment of people's needs was completed before they started to receive care. These were used as a foundation for people's plan of care. Care plans provided staff with the guidance they needed to support people.
- People confirmed they had been involved with their care planning to ensure they received the care they wanted. A relative told us, "From the start we have been involved and had our say. They listen and do things how we want them."
- The assessment tool covered all aspects of a person's needs including the characteristics identified under the Equality Act 2010 and other diversity needs such as people's spiritual and cultural needs.

Staff support: induction, training, skills, and experience

- People and their relative's felt staff were well trained. One relative said, "The carer is well equipped with the knowledge to care for [family member]."
- Staff were sufficiently qualified, skilled, and experienced to meet people's needs. Records confirmed they had received an induction and on-going training relevant to their role. One staff member commented, "Yes, we do have regular supervision meetings, and our refresher training is always updated on the training schedule."
- There was a rolling programme of supervisions and direct observations. The registered managers monitored this to ensure staff were working in line with best practice.

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

- People were supported to eat and drink enough to meet their dietary needs, and this was done in a safe way. One relative said, "The carers make [family members] meals and also make sure it's the right consistency for them."
- Staff training records showed staff had completed food hygiene training and nutrition, fluids and hydration training so knew how to manage food safely.
- We saw people's nutritional and hydration needs had been assessed and guidance put in place for staff to follow.

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

- People were supported with their healthcare needs and staff worked with families to ensure people received the care they needed. A relative told us, "Communication is very good. The carers will contact a doctor and myself if they feel my [family member] needs it. They have in the past."

- Staff knew how to respond to people's healthcare needs and had access to information about who and when to contact if they had any concerns. Care plans provided an overview of the persons health needs and the involvement of health care professionals where applicable.

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

- People were supported to have maximum control over their lives. Where people lacked capacity to make decisions, there were assessments in place, taking the persons wishes into consideration and ensuring any decision was in the persons best interests.
- Staff had completed training in relation to MCA and DoL's had a good understanding of MCA requirements. They told us they always asked for permission to undertake a task first before they went ahead. Relatives we spoke with confirmed this was the case.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People were treated with kindness and compassion. A relative told us, "Our carer is lovely with [family member]. They are really gentle which I like, they have a certain way with them that makes my [family member] laugh. They have a good rapport which is important."
- Records included information about people's preferred name and other key details about their spiritual and cultural beliefs where required.
- Staff had received training in equality and diversity demonstrated an understanding of the people's care needs and the importance of respecting diversity. One staff commented, "We look after the whole person, not just their personal care needs."
- Care plans described people's individual daily routines, cultural needs, and personal preferences.

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

- Relatives confirmed they and their [family members] were involved in making decisions about their care. A relative said, "Yes, I am involved all the way. Communication is good and changes are made if we are not happy. It's always a two-way conversation and they listen and act on what we want."
- People's communication needs were assessed before they started using the service. This detailed the person's preferred way of communication to ensure information was shared effectively.
- Records showed that people's care was reviewed regularly and that people and relatives where appropriate, participated in the process.
- The registered managers said they would support anyone who wanted to use the service of an advocate. An independent advocate helps people have a stronger voice and to have as much control as possible over their own lives.

Respecting and promoting people's privacy, dignity, and independence

- People were encouraged to maintain their independence and do as much as they could for themselves where appropriate. A relative told us, "[Family member] can't do all the things they used to, but the staff do try and maintain the little independence they have left."
- People told us that staff treated them with respect and always made sure their care was carried out in private. One relative commented, "The carers have a very respectful way about them. They are polite and caring and treat [family member] with such dignity. We couldn't ask for any better."
- A confidentiality policy was in place. The registered manager team understood their responsibility and ensured all records were stored securely.

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 for this newly registered service. This key question has been rated Good. This meant 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

- Relatives told us the registered managers were responsive when things needed to be changed. One told us, "Our lines of communication are always open, and they do listen. I discussed with the manager that the previous team were not a good fit for us. They changed the team and now it's working well."
- A needs assessment was completed and used to develop a plan of care. This had been reviewed regularly and when people's care needs changed.
- The care and support plans we looked at were reflective of people's current needs and provided staff with information they needed to provide care and support in line with people's preferences.
- People received person centred care from a regular, reliable, and consistent staff team, which helped to build trust and support.

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.

- People's communication needs were assessed, and details of any specific needs were recorded. The registered manager said they would consider each person individually and would provide any support they needed.

Improving care quality in response to complaints or concerns

- There was a complaints procedure and policy in place that had been provided to people and their relatives, so they knew how to make a complaint. A relative told us, "How to make a complaint was discussed with us when we first had the assessment. I know how and who to make a complaint to."
- The registered manager told us that there had been no formal complaints about the service and records confirmed this. There were processes in place to ensure that all complaints, both formal and informal, verbal and written would be dealt with appropriately.

End of life care and support

- At the time of our inspection staff were not providing end of life care to anyone. The registered manager told us that staff had received the appropriate training in relation to end of life care and records we looked at confirmed this.

- There was an end-of-life policy in place that staff could refer to if they needed.

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 for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- The registered managers were committed to delivering good quality care to people in their homes. Everyone spoke positively about the approachability, availability, and caring personality of the registered managers. One relative said, "The manager is particularly good. They oversee the team we have, to make sure everything is working well."
- Staff told us they were happy working at the service and felt supported by the registered managers. One staff member said, "We are a close-knit team. We get lots of support from the management team. They are approachable and fair."
- The provider invested in the learning and development of its staff, which benefited people through the maintenance of a stable, motivated, and skilled staff team. Staff told us this made them feel valued and appreciated.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team were aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- Staff informed us they felt well supported, listened to and the management were open and contactable. One staff member commented, "I feel valued because when Victory Locum gets good feedback from people I am being rewarded and praised."
- The provider had a system of checks in place to monitor the quality of the service. This included regular checks of records and spot checks of staff when supporting people.
- Effective communication systems were in place to ensure staff were kept up to date with any changes to people's care and support systems to staff.
- Systems were in place to manage staff performance including supervisions, appraisals, and a training programme. A staff member informed us, "Our regular staff meeting is always every month, and we can also share our experience through a survey questionnaire."
- The registered managers understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.

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

- Team meetings took place monthly, and these provided opportunities for staff to receive information and discuss topics relevant to their roles. Minutes were taken and we saw a range of topics were discussed.
- Surveys were used to invite feedback from people using the service and relatives about the support received. A report was created to analyse the findings and we saw an action plan was completed to follow up on any actions identified. A relative told us, "They do ask for my feedback and they act on what I say."
- Staff understood their role to provide quality care and report concerns to the management team. Staff were aware of the whistleblowing procedure and were confident, any concerns and suggestions made would be listened to and acted on.

Continuous learning and improving care; Working in partnership with others

- We found a commitment to the continuous improvement of the service and the care provided. The registered managers told us they used information from audits, complaints, feedback, care plan reviews and accidents and incidents to inform changes and improvements to the quality-of-care people received.
- The registered managers were developing leadership training for senior team members so they could better understand their current roles, improve risk management and provide more managerial oversight.
- The provider's policies and procedures were kept up to date to ensure the service delivery would not be interrupted by unforeseen events.
- There were systems in place to learn lessons when things went wrong, so that improvements were made to enhance the care people received.
- The registered manager and staff team worked with health and social care professionals and responded to people's changing needs.