

Victory Care Limited

# Victory Care Limited

## 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

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. The previous inspection was carried out in January 2016 and the service was rated Requires Improvement.

People and relatives we spoke with told us they thought the service ensured that people received safe personal care. Staff had been trained in safeguarding (protecting people from abuse) and staff understood their responsibilities in this area.

We saw that medicines were, in the main, supplied safely and on time, to protect people's health needs.

Risk assessments had not been comprehensively in place to protect people from risks to their health and welfare. Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff.

Staff had received training to ensure they had the skills and knowledge to meet people's needs., though this had not always covered some relevant issues.

Staff 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 choices about how they lived their lives, though assessments of people's capacity had not been in place to ensure people's ability to make decisions was comprehensively protected.

People and relatives we spoke with all told us that staff were friendly, kind, positive and caring. They told us they had been involved in making decisions about how and what personal care was needed to meet care needs.

Care plans were individual to the people using the service to ensure that their needs were met, though they did not include all relevant information such as people's past histories.

People and relatives told us they would tell staff or management if they had any concerns, they were confident these would be properly followed up. Records of complaints made had not always showed they had been properly investigated.

People and their relatives were satisfied with how the service was run. Staff felt they were supported in their work by the senior management of the service.

Management carried out audits in order to check that the service was meeting people's needs and to ensure

people were provided with 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?

Good ●

The service was safe.

People and their relatives thought that staff provided safe care and that people felt safe with staff from the service. Staff recruitment checks had been place to protect people from receiving personal care from unsuitable staff. People had received care at agreed times to safely promote their health. Risk assessments to protect people's health and welfare had not been fully in place in order to protect people from risks to their health and welfare . Staff had been made aware of how to report incidents to their management to protect people's safety. People received assistance to take their prescribed medicines, though recordings were not robust.

### Is the service effective?

Good ●

The service was effective.

Staff were trained to meet people's care needs. Staff had received support to carry out their role of providing effective care to meet people's needs. People's consent to care and treatment was sought in line with legislation and guidance. People's nutritional needs had been promoted and protected. People's health needs had been met by staff.

### Is the service caring?

Good ●

The service was caring.

People and relatives we spoke with told us that staff were kind, friendly and caring and respected people's rights. People and their relatives had been involved in setting up care plans that reflected people's needs. Staff respected people's privacy, independence and dignity.

### Is the service responsive?

Good ●

The service was responsive.

Care plans contained information on how staff should respond to people's assessed needs, though information on people's

histories was limited. Care calls were usually within time to meet people's assessed and needs. People and their relatives were confident that any concerns they had would be properly followed up by the registered manager, though the complaints procedure had not always been followed. Staff had contacted other relevant services when people needed additional support.

**Is the service well-led?**

**Good** ●

The service was well led.

People and the relative we spoke with thought the service was well managed and well led. Staff told us the senior management staff provided good support to them. They said the registered manager had a clear vision and expectation of how friendly individual care was to be provided to people to meet their needs. Systems had been audited in order to measure whether a quality service had been provided.

# Victory Care Limited

## **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 6 March 2017. The inspection was announced. The inspection team consisted of one inspector.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

We asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They gave us information of how they provided a quality service to people.

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 also reviewed the provider's statement of purpose. A statement of purpose is a document which includes the services aims and objectives.

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 agency. We were told that there had been no information of concern about the current provision of personal care to people using the service.

During the inspection we spoke with three people who used the service and one relative. We also spoke with the registered manager, the deputy manager and two care workers.

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

administration records.

# Is the service safe?

## Our findings

All the people and the relative we spoke with said that personal care had been provided safely. They felt safe with staff in their homes. A person told us, "If the carers go shopping for me, they always bring my receipts and change and go through it with me. I trust them entirely." A relative told us, "We all feel safe with the carers in the house. There's no problem with that."

Everyone was unanimous that staff kept people safe. One person told us the care workers were very keen to ensure their front door was locked as they left; "The carers are very concerned about locking up after themselves, so that makes me feel safe when they've gone."

Staff we spoke with had been trained in protecting people from abuse. They understood their responsibilities to report concerns to other relevant outside agencies to if they had not been acted on by the management of the service.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These informed staff what to do if they had concerns about the safety or welfare of any of the people using the service. Policies set out that when a safeguarding incident occurred management needed to take appropriate action by referring to the relevant safeguarding agency. The registered manager was aware of this and stated that there had been no safeguarding issues since the last inspection.

The whistleblowing policy contained in the staff handbook directed staff to a relevant national agency, but did not have contact details for other relevant agencies, such as the local authority safeguarding team, CQC, and the police. The registered manager said this procedure would be amended. This would then supply staff with detailed information how to action issues of concern, to protect the safety of people using the service.

We saw that staff recruitment practices were in place. Staff records showed that before new members of staff were allowed to start, checks had been made with previous persons known to the respective staff member. Staff records had a Disclosure and Barring Service (DBS) in place. DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character.

Staff told us they were aware of how to check to ensure people's safety. For example, they checked rooms for tripping hazards, and checked that equipment was in a proper working condition before assisting people to move. Two people told us they needed a hoist to help them move. They felt the equipment was used safely. One person said, "The carers need to use a hoist and they use it safely. We don't have any worries about that."

We saw that people's care and support had been planned and delivered in a way that ensured their safety and welfare. For example, there was information in place which directed staff to use a ceiling track hoist and a sling with two staff members assisting, when they helped to transfer a person from one area to another. Also, there were instructions in care plans to inform staff to check equipment was in good working order. There was a risk assessment in place which directed staff to support a person to prevent choking by having a



blended food diet. This information helped to keep the person safe by reducing choking risks.

However, care plans did not always contain risk assessments to reduce or eliminate the risk of any issues affecting people's safety. For example, one care plan stated that a person at times displayed behaviour which was challenging to the service. However, there was no risk assessment in place setting out preventative methods such as using distraction. The registered manager said this issue would be reviewed and a full risk assessment put in place to protect the safety of the person and staff. However, even without the risk assessment, staff appeared to understand how to manage this behaviour. A relative told us, "Sometimes (name of person) gets angry and we have to tell the carers to do things differently that day – and they always listen to us and do what we ask."

There was information in place with regards to checking risks in the environment to maintain people's safety. For example, making sure the general layout of the premises was safe for people to use and assessing any domestic chemical liquids.

People and relatives we spoke with said that there had been proper timeliness of calls to deliver care. All the people we spoke with told us they received their visits generally on time. One person told us that if the call was very late, they would ring staff at the office, who would find out what the problem was and let them know when the call would take place, or would come and provide the visit themselves. One person told us that Victory Care Limited provided taxis for staff on a Sunday when the bus service would not get them to calls on time. They showed us that the service tried to ensure that calls were on time to protect people's safety.

All the people we spoke with told us that staff stayed for the agreed contracted time. We also saw evidence in people's care records that calls were at or near agreed times, so there was no risk to their safety. There was evidence that the service had an out of hours' service for people or their relatives to contact if they needed assistance. This showed a suitable system was in place to safely protect people's health and welfare needs.

One person received some help from the care workers with their medication; "I'm grateful for the help with my tablets. I'd struggle without the carers' help."

We saw evidence that staff had been trained to support people to have their medicines and administer medicines safely. There was also a medicine administration policy in place for staff to refer to and assist them to safely provide people with their medicines. However, records did not contain information that people had been prompted to take their medicines. The registered manager said that staff would be reminded to record this. This will help to ensure staff know when people have been prompted to take their medicines and reduce the risk of medicine errors.

In the incident file, we saw there had been no incidents or accidents since the last inspection. We saw information in staff meeting minutes that staff had been reminded to report any issues to the management so that any needed action could be taken. This showed that systems were in place to rectify any safety issues.

# Is the service effective?

## Our findings

People using the service and the relatives we spoke with said that staff were well trained to meet their needs and could use necessary equipment properly. The care and support they received from staff effectively met their assessed needs. One person said, "The carers all seem well trained to do the tasks we need them to do. They do everything very well." Another person told us, "I need two hoists and two carers. It all works very well. There's never a problem."

Staff informed us that they thought they had received all the training they needed to meet people's needs. They told us they completed an induction which prepared them for their role as staff members before they worked unsupervised. They confirmed that they received regular supervision and appraisal which added to their skills and learning.

A staff member said, "I have had lots of training. I don't think I need anything else to help me do my job at the moment." Another staff member said, "The training covers all I need to know."

Staff training information showed that staff had training in essential issues such as such as how to move people safely and keep people safe from abuse.

We saw evidence that staff had been supplied with training about people's health conditions, such as training in dementia and learning disabilities. However, training for other health conditions that people had, such as epilepsy and sight impairment, had not been provided to staff. The registered manager stated that guidance notes would be put in place for staff to explain these conditions. He swiftly contacted us after an inspection and supplied evidence that guidance notes had been put into place. This meant staff would be able to further understand the symptoms of these conditions and the challenges it meant for people and their relatives.

We saw evidence that new staff were expected to complete induction training. This training included relevant issues such as infection control. There was also evidence in staff meetings that staff training issues were raised to remind staff about essential issues. We also saw evidence that new staff received Care Certificate training. This is nationally recognised comprehensive induction training for staff.

Staff told us that when new staff began work, they were accompanied and shadowed by experienced staff on shifts. At the end of the shadowing period, the new staff member, if they did not feel confident and competent, could ask for furthermore shadowing to gain more experience to meet people's needs.

Staff felt communication and support amongst the staff team was good. Staff also told us they felt supported through being able to contact the management of the service if they had any queries. Supervision with staff had taken place and this included relevant issues such as staff training, staff performance and any issues they had with their work. This helped to advance staff knowledge, training and development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. All three people agreed that the care provided was appropriate for their needs and that their consent was sought by staff before care was provided.

We did not see evidence of assessments of people's mental capacity, to demonstrate that people had been supported to make decisions about their care. The registered manager said these would be put in place. After the inspection, he swiftly supplied this information. When we spoke with staff, they were aware of their responsibilities about this issue as they told us that they asked people their permission before they supplied care. Staff had also received training about the operation of the law. This meant that staff were in a position to assess people's capacity to make decisions about how they lived their lives.

People and their relatives were satisfied with the support staff provided when they assisted with meal preparation, provision and choice offered. A person told us, "I have a microwave meal or an omelette usually. I've taught the carers a few quick meals, so they'll make these for me too." Another person said that they received help preparing meals from staff. They said that staff made meals they had requested and prepared them well. We also saw information in people's care plans about the assistance some people needed to promote their nutritional needs.

People told us that staff were effective in responding to health concerns. One person told us they had felt unwell recently and staff had encouraged them to ring for a GP appointment. The person told us, "One carer came with me to the doctor's surgery because she could see I wasn't well. That's the sort of people they are." The other two people had relatives living with them who could ring for medical assistance if needed. A staff member told us that they had called for an ambulance when they saw a person looked unwell. This resulted in the person having treatment for this condition. This showed us that people's health needs had been protected because of the effective care that staff had provided.

## Is the service caring?

### Our findings

People we spoke with all thought that staff were kind, friendly, patient and caring in their approach. A person said, "The care workers are all very protective of me and want to make sure I'm alright. Occasionally I can be late if I've been delayed shopping, but the carers always wait for me and make sure I'm alright." A relative told us, "We all have a good relationship with the carers. We get on very well and that's very important to us. The carers help (name of person) eat his meals, and they never rush him. They are very kind and patient with him, even though he can be slow."

People told us that care workers listened to them, respected their wishes and allowed them to be as independent as possible. People told us that their privacy and dignity were respected at all times. A relative told us, "I hear the carers knocking on (name of person) bedroom door and waiting for an answer before they go into the bedroom."

Staff informed us they were always introduced to people who used the service before working unsupervised with them. They thought that people who used the service were always treated with respect and dignity by all staff.

The provider's statement of purpose set out that each person needed to be involved, and in agreement with care decisions. People and the relative told us they had been involved in planning their, or their family member's care. A relative told us, "We were involved in the care plan at the beginning and all the reviews since. We know everything that's in the care plan." We saw evidence that people or their relatives had signed care plans to agree that their plans met their assessed needs.

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One care plan outlined a person's choices of how they wanted a cup of 'cooled tea.' Another care plan recorded that a person wanted their medicine at 11am. Staff told us that they would always listen to what people wanted with regard to their choices. For example a person liked to go out and this was always arranged for them. This indicated that people's choices were sought and encouraged.

Staff gave us examples of promoting people's privacy such as leaving people when they were using the bathroom, shutting doors when visitors were present and covering people when helping them to wash and dress. They said they were mindful of protecting people's privacy and dignity.

A staff handbook was provided to staff. This emphasised that staff should uphold people's rights to privacy, dignity, choice, confidentiality, independence and cultural needs. This encouraged staff to have a caring and compassionate approach to people.

People told us that staff respected their independence so they could do as much as possible for themselves. Care plans we looked at stated that staff needed to encourage people's independence. People said that being independent was very important to them.

This presented as an indication that staff were caring and that people and their rights were respected.

Care plans included information about people's religious, cultural and spiritual preferences to provide information to staff on respecting people's beliefs. For example, it was stated that a person wanted to visit the mosque. However, there was no information available as to whether this took place. The registered manager said this would be followed up to ensure staff fully respected people's preferences.

## Is the service responsive?

### Our findings

People and relatives told us that staff responded to people's needs. One person told us, "The carers charge up my wheelchair, which is very helpful. They've also come up with a way of washing my hair in bed because I can't bend at the sink, so I'm all ready for the hairdresser when she comes." People said that staff took the time to check whether there was anything else they needed, before they left.

People we spoke with and a relative told us the care received met assessed needs and that they had regular reviews involving management staff. A relative told us, "The manager will come down and review (name of person) needs quite regularly, so we're happy with that."

The people we spoke with told us they received care from regular care workers who they knew and they were happy with this. A person said, "It's worth a lot when you know the carers well."

There was other information in people's care plans about responding to their needs. For example, in one person's care plan, there was reference to ensuring that the person had their phone and glasses by them at all times. This responded to their needs to contact people if they needed to and to be able to see properly.

We found that people had an assessment of their needs. Assessments included relevant details about the support people needed, such as information relating to their mobility and communication needs. For example, in one care plan, there was a statement about how to assist a person to move and how to speak with them.

There was some information as to people's personal histories, though this was limited. The registered manager said that this would be followed up so that more information would be available about people's backgrounds, to enable staff to get to know them as individuals. There was information about people's preferences. This helped to ensure that people's individual needs were known and responded to.

Staff told us that they always read people's care plans so they could provide individual care that met people's needs. They said that care plans were updated if people's needs had changed, so that they could respond to these changes. We saw evidence of information about people's changing needs to evidence that staff have the information to respond to needs.

All the people we spoke with knew how to contact the office for queries or to make a complaint. None of the people we spoke with had made a complaint within the last two years as they had no cause for complaint. All three people felt if they needed to make a complaint it would be taken seriously and acted on. A person told us, "I've always had a good response from the office if I've asked about a carer being late. It doesn't happen very often, but they always sort it out for me."

Staff told us they knew they had to report any complaints to the registered manager. They had confidence that issues would be properly dealt with.

The provider's complaints procedure in the information supplied to people gave information on how people could complain about the service. The procedure set out that the complainant should contact the service. It provided information about referral to relevant agencies such as the complaints authority but not the local government ombudsman. The registered manager said the procedure would be amended.

We saw evidence of a complaint in a person's care plan. This did not include information about the complaint. The registered manager said this had been resolved quickly. However, it had not been recorded in the complaints file, so there was no evidence that the complaint had been properly investigated. The registered manager said this would be carried out in the future. This will then provide assurance to complainants that they have received a comprehensive service responding to their concerns.

We saw evidence in a care plan that the service had involved an occupational therapist with regard to providing bathing facilities for a person. This indicated that people's needs had been responded to.

## Is the service well-led?

### Our findings

When asked if they would recommend Victory Care Limited, without exception people and relatives we spoke with all said they would. One person said, "It's a thoroughly good service – from the carers and the office. I would recommend it to anyone." Another person told us "I've got the office number keyed into my phone, so I can ring them at any time. I know they'll answer me and sort anything out that I need." The relative said, "It all seems to be well run and we have no problems with any part of the service. We get random visits from the office staff. Sometimes they see the carers and sometimes they just speak to us about how things are going."

The people we spoke with told us they had received questionnaires from Victory Care Limited in the past asking them to comment on services. This asked people relevant questions such as staff punctuality and reliability, staying for the agreed time, any changes requested as needed and helpfulness of the office staff. We saw evidence that people were fully satisfied with the service they received.

There was evidence in the compliments file that relatives had expressed gratitude for the standard of service their family members had been provided with. For example, one relative stated, "We can't thank you enough for all the times you have gone the extra mile." Another relative stated, "You have done a difficult job magnificently."

The people we spoke with all felt confident about speaking with members of the management team. People told us that when they had rung the office staff, they had been friendly and helpful and resolved issues swiftly. A relative told us, "I think the office staff are very helpful when you ring."

All three people told us they thought the service was well managed and would recommend the agency to family and friends. A relative told us, "This service is really good and we would recommend it to anybody."

People and relatives we spoke with who had contact with the registered manager and office staff said that they had been impressed with the commitment to providing a quality service. We saw evidence that visits to people to check on the quality of service were regularly carried out by the management of the service.

People and a relative told us that initial assessments of the personal care needed were made. They said they had received visits by senior staff to observe the care staff at work and review the care provided. They were satisfied with their packages of care which, they said, had met their needs.

We looked at how staff managed serious incidents at the service. No serious incidents had occurred since the last inspection. We saw evidence that in the past, 'serious incident reports' had been completed to see whether issues could be learnt from, whenever these occurred. This helped to protect people from risks to their health and welfare from such incidents in the future.

Staff told us that the management of the service expected them to provide friendly and professional care to people, and always to meet the individual needs of people.



All the staff we spoke with told us that they were supported by the management of the service. They said that management were always available if they had any queries or concerns. They told us they would feel confident about reporting any concerns or poor practice to management staff. They said that managers asked what they thought about the service and they took staff views into account. They confirmed that staff in the office gave them important information as soon as they needed it. There was evidence in staff meetings that staff were thanked for providing quality care to people using the service. This encouraged staff to provide quality care to people.

Spot checks had been made by the management of the service to observe staff performance. We saw that action had been taken if there had been an issue with the performance of staff. For example, ensuring that staff made detailed records of care provided. This showed that checks had been made to ensure that staff had always provided a quality service to people.

Staff confirmed that essential information about people's needs had been communicated to them, so that they could supply appropriate personal care to people. We saw evidence of this in the records we looked at. This indicated that a system was in place to ensure staff had up-to-date knowledge of people's changing needs.

We saw quality assurance checks such as medicine audits, hoists servicing, staff recruitment records and care plan audits to check the quality of the care provided. A comprehensive auditing process assisted in developing the quality of the service to meet people's needs.