

Victory Socialcare Enterprise

Victory Social Care Enterprise

Inspection report

123 Etherington Road
Hull
Humberside
HU6 7JP

Tel: 01482803538

Date of inspection visit:
09 June 2016
15 June 2016

Date of publication:
27 July 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Victory Social Care Enterprise is a domiciliary care agency based close to the centre of Hull. It provides personal care to people in their own homes.

This inspection took place on 9 and 15 June 2016 and was announced. The registered provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The service was last inspected April 2014 and was found to be compliant with the regulations inspected at that time.

At the time of the inspection five people receiving a regulated activity [personal care] from the registered provider.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had completed training in a number of areas including safeguarding vulnerable adults, moving and transferring people and medicine management. However, not all staff had completed first aid or fire training which meant they did not have the skills to respond effectively in emergency situations.

New staff were inducted in line with national standards and received supervision and professional development. People were supported to eat a diet of their choosing and encouraged to eat a healthy, balanced diet. A range of healthcare professionals such as GP's, community nurses and physiotherapists were involved in the care and treatment of the people who used the service. People were supported to attend healthcare appointments, when required.

People who used the service were safe. Staff, who had been recruited safely were been trained to protect people from abuse and avoidable harm. Known risks were managed to ensure people were supported safely. Staff had been trained to administer medicines safely and regular checks were completed by senior staff to ensure any issues were identified.

People were supported by caring staff who understood their needs and delivered care in line with their preferences. Staff understood their responsibilities to treat people with dignity and respect as well as helping them to maintain their independence. Private and sensitive information was stored and handled appropriately.

People or their appointed representative were involved with the initial planning and on-going delivery of their care. Care plans and risk assessments were updated as people's needs changed. The registered provider's complaints policy was provided to people at the commencement of the service. We saw evidence

complaints were responded to appropriately and action was taken to improve the service when possible.

People who used the service, their relatives and staff, were asked to provide feedback about the service and their responses were acted upon to improve the level of service. A quality assurance system was in place that consisted of audits and checks; the systems were adequate but if the service were to grow a more scheduled and consistent approach to quality monitoring would be required. The registered provider was involved in the day to day running and management of the 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.

Staff had been trained to recognise the signs of potential abuse and knew how to report their concerns to ensure people were safe.

Recruitment systems were in place which ensured people were not exposed to staff who had been barred from working with vulnerable adults.

The registered provider ensured safety was maintained and risks were managed by undertaking environmental risk assessments at people's homes.

The registered provider had systems in place which ensured staff turned up on time and stayed for the duration of the visit; they also ensured enough staff visited people to meet their assessed needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had completed training which enabled them to meet people's assessed needs but they had not undertaken training to inform them how to respond in emergency situations.

People's consent was gained before care and support was provided. The principles of the Mental Capacity Act were followed.

People were supported to eat a diet of their choosing and encouraged to eat healthily.

People received care treatment and support from a range of healthcare professionals and were supported to attend appointments, when required.

Is the service caring?

The service was caring.

People were supported for by caring and attentive staff who had

a good understanding of their needs.

Staff knew how to maintain people's dignity and understood the importance of respecting people's rights and choices.

People were encouraged and supported to maintain their independence.

Is the service caring?

Good ●

The service was caring.

People were supported for by caring and attentive staff who had a good understanding of their needs.

Staff knew how to maintain people's dignity and understood the importance of respecting people's rights and choices.

People were encouraged and supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's care plans contained up to date information and were reviewed regularly.

People or their appointed representative contributed to the on-going planning and delivery of their care.

Referrals were made to appropriate health care professionals when required.

People were encouraged to express their views about the management and running of the service. When suggestions were made they were listened to and implemented.

Is the service well-led?

Good ●

The service was well-led.

The registered provider had quality assurance systems in place that were adequate for the size of the organisation.

People who used the service and their families were asked to provide feedback regarding the service and improvements were

made, when possible.

The registered manager understood their responsibilities to inform the Care Quality Commission of notifiable events that occurred within the service.

Victory Social Care Enterprise

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 registered 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 9 and 15 June 2016 and was announced. The inspection was completed by one adult social care inspector.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed.

Prior to the inspection, we spoke with the local safeguarding team to gain their views on the service. We also reviewed all of the information we held about the service.

We spoke with two people who used the service and two relatives. We spoke with three members of staff, one senior member of staff and the registered manager.

We looked at four people's care files as well as other important documentation such as medication administration records (MARs) and accident and incident records. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation as it applied to people who lived in the community.

We looked at a selection of documentation relating to the management and running of the service. These

included four staff recruitment files, training records, rotas, supervision records for staff, minutes of meetings with staff, safeguarding records and quality assurance audits.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person commented, "I know I am safe, I see the same carers week in and week out, they know me and how to support me." A relative we spoke with said, "Mum is very safe with the girls, she recognises them and seeing someone she knows is very reassuring for her and us." Another relative told us, "They use a hoist with mum, there have never been any problems; she is definitely safe in their hands."

Before the commencement of the service a risk assessment was completed of the person's property to ensure that any risks were identified and action could be taken to ensure the safety of the people who used the service and staff. Other risk assessments had been developed in relation to specific aspects of people's care such as medicine administration and moving and transferring people. The risk assessments contained advice and guidance to enable staff to manage the risk and support people safely.

People were protected from abuse and avoidable harm by staff who had been trained to recognise the signs of potential abuse and were aware of their responsibilities to report anything they became aware of. During our discussions each member of staff we spoke with independently described the different types of abuse that may occur and told us they were confident anything they reported to the registered manager would be investigated. The registered manager told us, "I report everything to the safeguarding team and will investigate if they ask me; I can't have anything on my conscious."

Records were kept of all accidents and incidents that occurred. We noted that due to the type of service the majority of incidents were unwitnessed by staff but records confirmed appropriate action was taken to ensure people received the support or medical attention they required when staff became aware of their injuries. The registered manager told us, "We always inform people's families and if people do not need medical attention then I always go and see them just to make sure they are alright, obviously if they do [need medical attention] then staff call the emergency services."

People received their medicines as prescribed. The staff training records showed that staff had completed training to ensure they had the skills and knowledge to administer medicines safely. We looked at the Medication Administration Records (MARs) for two people who used the service and saw that they had been completed accurately without omission. A member of staff told us, "They [the registered provider] do checks to make sure we are doing medicines properly. It's good because if I ever have any questions I know who to ask so I don't make a mistake."

We reviewed four staff files and saw that they had been recruited following safe recruitment practices. Before prospective staff were offered a role within the service they interviewed; their answers to each question were scored, references were requested and a check with the Disclosure and Barring Service (DBS) was carried out. The DBS carry out a criminal record check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions. The registered manager told us, "Having something on the DBS would not necessarily mean we would not employ someone, if it was a long time ago and they declared it in the interview we would look at how we could support them, maybe working

in two person calls. Everyone deserves a second chance."

People were supported by suitable numbers of staff. Records showed that the service employed a high number of staff compared to the amount of people they provided a service to. The registered manager told us, "We want the same staff to visit the same people; they get to know one another and build up a rapport" and also said, "We have lots of staff who can cover shifts if anyone is sick."

The registered manager told us, "We don't have responsibility for the maintenance of any equipment; staff have to check it is in good working order before they use it but they would report any problems to the occupational therapists." We saw evidence to confirm that on one occasion staff had identified issues with equipment it had been reported without delay to ensure it could be fixed or replaced causing minimal disruption to the person who used the service.

Is the service effective?

Our findings

The people who used the service and their relatives told us that care and support was delivered by competent and capable staff. One person said, "They always know what to do, it puts my mind at ease because they are all very good." A relative commented, "The staff do a great job, they are professional and provide a good level of care."

We reviewed the registered provider's training records and saw that some staff had completed a range of training to equip them with the skills to meet the needs of the people who used the service. Including, but not limited to, safe handling of medicines, moving and transferring people, safeguarding vulnerable adults and dementia awareness. Not all staff had completed this training but we were assured by the registered manager that due to the range of people Victory Social Care Enterprise supported [some people required a cleaning or shopping call] not all staff required the same level of training. They also confirmed that people who received a regulated activity [personal care] were only ever supported by staff who had completed the relevant training to meet their assessed needs.

Training such as emergency first aid and fire awareness had only been completed by a very small number of staff which could lead to people not receiving the care and support the need in an emergency situation. We discussed our concerns regarding this lack of training with the registered manager who confirmed first aid training had been arranged with St Johns ambulance service and fire training would be provided as a matter of urgency.

New starters completed their induction and training in line with a national programme called the Care Certificate. The registered manager confirmed, "All new starters will familiarise themselves with the policies and procedures, they shadow more experienced staff for the first month and when they have completed their training they can work by themselves." A senior member of staff commented, "We do spot checks on the staff but I will make sure I check on the new starters a bit more often, just to make sure they are ok." This helped to ensure people received care and support from staff who had been trained to deliver care in line with best practice guidance.

The registered provider utilised the local authority commissioning services training diary to ensure staff kept their knowledge and skills up to date. The registered manager told us, "We have online training as well, the [local authority commissioning services] training diary might only have safeguarding on once a year so we need to know we can give the staff the training they need."

People were supported to eat a diet of their choosing. When it had been identified that people were having issues with their dietary intake there was evidence to show that referrals had been made to relevant professionals such as dieticians and Speech and Language Therapists (SaLT). A member of staff told us, "It's hard sometimes, we encourage people to eat healthily but it's their choice at the end of the day." Another member of staff said, "I can only make what's there, I'll do boiled eggs, sandwiches, soups; if we shop for people we can get things we know are healthy."

The records of the care delivered to people provided evidence that staff encouraged people to eat and drink suitable amounts as advised. Records were kept of what people had eaten and drank which enable their dietary intake to be monitored. We were told that a pictorial menu was taken to one person's house to instigate discussions around the different types of food they enjoyed which would enable staff to ensure they provided meals the person preferred.

We saw evidence in people's care files to show that they were supported by a range of healthcare professionals. GPs, community nurses, physiotherapists, emergency care practitioners and social workers had contributed to the on-going care of the people who used the service. Staff supported people to attend medical appointments as required and the outcome of any appointments were recorded in the person's care plans and changes made where necessary.

Staff told us they understood the importance of gaining consent before care and support was provided and the people we spoke with confirmed that staff involved them in making decisions in their daily lives. 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.

For people in the community who need help with making decisions, an application should be made to the Court of Protection. The registered manager told us the person that at the time of our inspection no one who used the service was under a Court of Protection order.

Is the service caring?

Our findings

A person who used the service said, "The staff are dedicated, compassionate, attentive and caring. They have made such a difference in my life." We were also told, "Sometimes staff go out of their way to help me, they stay longer than they should when I need something, they will collect things for me and make sure I have everything I need; they are very generous people." A relative said, "It goes without saying, if they were not caring then we would not have them. They are all lovely with mum but one girl is especially lovely."

One member of staff told us, "I love working with people; I absolutely love this job; I get such gratification knowing I am helping someone that needs it. They might be at the end of their life and not have any family and I know what I do has a huge impact on their lives." Another member of staff said, "I would let anyone one from Victory support my family. I don't even have to think about that, all the staff really do care." A senior member of staff commented, "I tell all my staff you have to leave people with a smile on their face, they might not see anyone else that day so our visit is really important."

The registered manager told us about the actions of staff during our inspection. They said that staff had attended a morning call and had quickly noticed the person was unwell. They had gained professional advice and the person was taken to hospital. The person did not have relatives that could be called to meet the person at the hospital so staff went with them. The registered manager explained, "My staff will always go with people [to the hospital] we support elderly, vulnerable people, the staff go to make sure the person is ok and there is a friendly face with them at all times."

During discussions it was apparent staff understood the need to treat people with dignity and respect as well as encouraging them to maintain their independence. One member of staff told us, "I treat everyone the way I would want to be treated, I always ask permission to do things, I say please and thank you, it gets you a long way in this world." Another member of staff said they would always ensure that doors and curtains were closed and people were covered over when they were providing personal care. The care plans that we saw consistently re-affirmed the need for staff to treat people with dignity during their interactions.

Staff told us they helped people to maintain their independence and encouraged people to make choices whenever possible. A member of staff explained, "Everyone can do some things for themselves, I get people to choose what clothes they want to wear and what they fancy for lunch. Some people need help with personal care but can still do things like wash their hands and face. One lady helps me make her lunch, she doesn't do a lot but feels involved and that's important to her." Another member of staff said, "I always give people choices, we have the same tasks to do but one day they might want personal care first and their breakfast making afterwards, another day they might want it the other way. I never assume that because we have done something one way one day it will be the same the next."

People's private and sensitive information was treated confidentially. The registered provider had a confidentiality policy for staff to refer to as required. We saw that internal IT systems were password protected to ensure only authorised people had access to relevant information. Care files left in people's home had included statements that the contents of the file were confidential. A member of staff told us,

"When we talk about people, no matter where we are really we use their initials, it's just something we all do. It helps to stop people being able to work out who we are talking about." Another member of staff said, "I would never share anyone's private information, we are in a position of trust and to go about gossiping wouldn't be right."

The registered manager shared their thoughts on providing a high level of consistent care, they told us, "I try and send the same staff to people so that they know each other and the clients see someone they recognise" and went on to say, "If there is sickness or one of the staff can't get to a call I will go myself, I have done all the training and like to help people; that is why I set up this business. Delivering care for everyone who needs it is what I am passionate about."

Is the service responsive?

Our findings

People who used the service and their relatives confirmed they were involved with the on-going planning and delivery of their care. One person said, "I met with [name of the registered manager] and told her what I needed, I know I could change anything at any time, if I want them to come earlier or later or whatever, I can just ask. What I say goes." We were also told, "I have a care plan in my house, I told the social worker what I could and couldn't do, it's been tweaked a few times over the years." A relative commented, "I have been involved at every stage, I answers questions for the care plan [to be produced], we have reviews and I am always updated by the [name of the registered manager]." Another relative said, "I am involved in all the reviews, we see people together and make decisions together as well."

People told us they were aware of the registered provider's complaints policy and knew how to raise concerns. We were told, "The complaints information is in my pack [welcome pack], if I had any problems I would tell the manager or a senior, I see them often enough so it wouldn't be a problem" and "We have a great supervisor, we see them regularly so would raise any concerns with them," and "I would go straight to the boss if I had a complaint, she has handled or concerns in the past, we received a very professional response."

An assessment of people's needs was completed before the service confirmed they could provide the care that was required. The registered manager explained, "Usually a social worker would refer people to us, they have written the support plan's so I would go and attend a meeting then go and meet the person and develop our care plans from there."

People's initial assessments along with the Hull City Council reablement plan were used to develop personalised care plans that met the specific needs of each person who used the service. Each person had a number of care plans in place that detailed the support they required regarding personal care, medicines, mobility, communication, pressure care, eating and drinking and psychological well-being. Task sheets were then created which contained guidance for staff to enable them to support people effectively.

People's preferences for how care and support was recorded along with other relevant information to enable staff to deliver person centred care. For example, the care plans we saw contained information in relation to people's family lives, other important people in their lives, their hobbies, interests, goals and aspirations. This helped to ensure people received a personalised service tailored to their individual needs.

The registered provider had a complaints, suggestions and compliments policy in place that included response and acknowledge times as well as the complainant's right to remain anonymous. The policy was provided to people at the commencement of the service to ensure they knew how to raise any concerns or complaints. We saw evidence to confirm that when complaints were received they were responded to in line with the policy and action was taken to improve the service when possible.

A member of staff we spoke with said, "I do spot checks of the staff all the time and part of that is going and seeing people so they will raise little things with me when I see them. I think dealing with little issues is a big

part of my job." A member of staff said, "If someone complained to me and I could do something about it there and then I would, if not I would ring the office and tell the manager."

Is the service well-led?

Our findings

A person who used the service told us, "I can only speak from my experience but I think it [the service] is very well run. The service I get is excellent." A relative said, "It was a bit bumpy to start with but over time has become and very good professional serve that we would be lost without."

The staff that we spoke with told us they found the registered manager to be approachable and supportive. One member of staff said, "It's good working here, if I have ideas about different ways of doing things I know I can raise them and they would be listened to." Another member of staff said, "I wouldn't have dreamed of being a team leader but I was encouraged to go for the role and now I'm doing it, there is always someone I can go to for help and advice."

Staff were provided with a forum to raise concerns and provide feedback on the service. We saw evidence to confirm that team meetings were held periodically. Meeting minutes confirmed that a range of topics including people's care and support needs, staff training and holiday entitlements were all discussed.

At the time of our inspection the registered provider's quality assurance systems were appropriate to the size of the organisation. However, they would require further development to ensure their consistency and effectiveness if the service were to expand. The registered provider was going through a transitional period. They had made the decision not to apply for the local authorities' recent tendering process and the number of people they provided a regulated activity too had decreased. The registered manager told us, "We are smaller than we were and we can use that as an opportunity to make sure we have the right systems in place and everything we do is done as well as possible."

We saw that audits and checks were completed on a periodically basis to ensure any areas that required improvement were identified. For example, care plans, personnel records, staff training, medicines and accidents and incidents were all reviewed by the registered provider on a three monthly basis.

Spot checks were completed on an ad hoc basis to ensure staff arrived on time, stayed for the duration of the call, were dressed in the Victory Social Care Enterprise uniforms and completed the tasks required in a person centred way. A team leader told us, "They [the spot checks] are really useful, I can see if the staff are doing a good job, if they need some more training or if they give out medicines properly." The registered manager told us, "We will check on the new staff in the first week and as often as is needed. I always speak to the clients and their families to make sure they are happy."

The service were rolling out a new call management system, staff were issued with mobile phones that ensured the registered provider could monitor staff arrived for each call at the designated time and stayed for the entirety of the call duration. A member of staff we spoke with said, "We are still working them out, the battery life isn't great but when it's sorted they will be great. We can see all the calls we have and even get care plans on them so if you are covering for someone you can read about the person and know what you are doing before you go into the call." The new technology also meant that staff had access to people's care plans and could update them in a more timely way.

The registered manager told us that policies and procedures were purchased from an external company and then each document was adapted to ensure its suitability. The said, "It is really good because whenever legislation changes we automatically get the new policies. Any changes I require I just liaise with them and they update them for me."

We saw that people who used the service and their families were asked for their feedback. Questionnaires were sent out, or completed by people with the support of staff, as required. We saw that people's responses were collated and action was taken to improve the service when possible. The registered manager told us and the people we spoke with confirmed that they were visited on a weekly basis by the registered manager. A person we spoke with said, "One of the best things about them is they listen; they will make any changes I want, it's flexible and I really appreciate that."

The registered manager understood the requirements of their registration and the restrictions of the regulated activity. The Care Quality Commission had been notified of accidents, incidents and other events, as required.