

CareTech Community Services Limited

Vosse Court

Inspection report

12 Vosse Court
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London
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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

Vosse court is a residential care home for six people with a range of needs, including learning disabilities and Downs Syndrome. The service is a small residential house situated in the London borough of Lambeth. At the time of the inspection there were six people using the service.

At our last inspection on 3 June 2016, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to remain safe at Vosse Court as staff were aware of how to identify, escalate and respond to suspected abuse. Staff received safeguarding training and were confident in whistleblowing should the need arise.

The service continued to develop risk management plans that identified known risks and gave staff guidance when faced with those risks. Risk management plans were reviewed regularly to reflect people's changing needs.

People's medicines were managed in line with good practice. Systems and process in place ensured people received their medicines safely and as intended by the prescribing pharmacist.

Sufficient numbers of suitable staff were deployed to keep people safe. Records confirmed staff had undergone robust pre-employment checks to ensure their suitability in working at Vosse Court.

People were protected against the risk of cross contamination as the provider had systems and processes in place to effectively manage infection control.

Staff continued to receive on-going training to enhance their skills, experience and knowledge. Staff reflected on their working practices through regular supervisions and annual appraisals.

People were supported to access food and drink that met their dietary needs, requirements and preferences. People continued to access a wide range of healthcare professional services to monitor and

maintain their health and wellbeing.

The service was aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). People's consent to care and treatment was sought prior to being delivered. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service had an embedded culture of ensuring people were treated equally and people's diversity was respected and encouraged.

Care plans clearly detailed people's social, mental health and medical needs. Care plans were person centred, reviewed regularly and gave staff clear guidance on meeting people's needs in line with their preferences. People's wishes in relation to end of life care were documented.

People were aware of how to raise concerns and complaints and felt these would be addressed in a timely manner. Complaints received were investigated and a positive resolution sought.

People spoke positively about the registered manager, however felt communication could be improved. The service had clear values of inclusion and treating people with compassion and enhancing their dignity which was shared by all staff.

The provider carried out regular audits of the service to drive improvements. Audits undertaken ensured issues identified were addressed in a timely manner.

People's views of the service and the service provision were sought through regular quality assurance questionnaires and house meetings. Quality assurance questionnaires were audited to ensure any issues were identified and rectified in a timely manner.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Vosse Court

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 comprehensive inspection took place on 22 and 29 November 2018 and the first day of the inspection was unannounced. We notified the provider of the second day of the inspection to ensure someone would be in.

The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service including information shared with us by healthcare professionals, members of the public and the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people, one relative, two staff members and the registered manager. We looked at three care plans, two medicine administration records, three staff files, the complaints file, maintenance records and other records relating to the management of the service.

After the inspection we contacted a healthcare professional to gather their views of the service.



Our findings

People told us they felt safe living at Vosse Court. One person told us, "I'm safe when I stay here. They (staff members) take me out and then bring me back." A relative said, "[Relative's] well looked after and he is definitely safe."

Risk management plans in place ensured identified risks were documented and guidance to staff to mitigate those risks was in place. Risk management plans were also in pictorial format, enabling people to understand the steps required to keep them safe. They detailed who was at risk, what could happen, if this was a historical risk, and control measures in place. Risk management plans were reviewed regularly and covered, for example, personal care, accessing the kitchen, medicines, mobility, eating and drinking and responding to the fire alarm.

Staff continued to be aware of how to identify, report and escalate to suspected abuse. Staff confirmed they felt confident to whistleblow should they feel the registered manager did not take appropriate action. Staff continued to receive safeguarding training. At the time of the inspection there were no on-going safeguarding.

Records confirmed the service had maintenance personnel available to carry out any remedial work required in a relatively quick time frame. On the first day of the inspection the provider had not completed all requirements made by the London Fire Brigade, following their inspection in August 2018. We discussed our concerns with the area manager who confirmed works would commence the following day. On the second-day of the inspection all works had been completed.

We received mixed comments about the staffing levels at Vosse Court. A relative said, "I don't think there are [enough staff], there used to be. I don't know what's changed." However, one person told us, "There's plenty of staff here, it's very good." A staff member said, "There are enough staff." Rotas confirmed staffing levels were sufficient to keep people safe. Where there were shortages in staff due to leave and staff sickness, agency staff were used. We spoke with the registered manager who confirmed a new employee had been interviewed and they were awaiting their references before offering a permanent role, which would eradicate the need for agency staff.

Staff files demonstrated the provider had taken reasonable steps to ensure only suitable staff were employed. Staff files contained confirmation two satisfactory references had been obtained, photographic

identification and a Disclosure and Barring Services (DBS) check. A DBS is a criminal records check providers undertake to make safer recruitment decisions.

People's medicines were managed in line with good practice and as intended by the prescribing Pharmacist. One person told us, "The staff do my medicines they give them to me." People confirmed staff members informed them what their medicines were for prior to administration. We reviewed the Medicines Administration Records (MAR) and found no gaps or omissions and stock and balance checks were correct. The registered manager carried out weekly audits which meant any errors were identified and acted upon quickly. Staff's medicines management competencies were undertaken six monthly minimising the risk of errors. Records confirmed the prescribing pharmacist had carried out an audit in May 2018 and found no concerns.

The provider's infection control policy ensured people were protected against the risk of cross contamination, which had been signed by all staff employed at Vosse Court. Staff confirmed they had access to adequate amounts of Personal Protective Equipment (PPE), including gloves and aprons. At the time of the inspection the service appeared clean and free from odour.



Our findings

People continued to receive support from staff that underwent on-going training to enhance their skills and knowledge. Staff members confirmed they received training both classroom based and via E:learning and could request additional training should they feel necessary. We reviewed the training matrix and found training provided included, for example, safeguarding, Mental Capacity Act 2005, Deprivation of Liberty Safeguards, infection control, medicines management and person-centred care.

Upon successful employment, staff members received a comprehensive induction programme to familiarise themselves with the provider's expectations, their roles and responsibilities and people living at Vosse Court. We reviewed the induction records for staff and found these covered, for example, confidentiality, reporting concerns, safeguarding, fire safety and health and safety. New staff members were required to complete a set of competencies prior to working without direct support.

Staff continued to receive regular supervisions and an annual appraisal with the registered manager to monitor and reflect on their working practices. Supervisions covered pre-arranged discussion points agreed with both the supervisor and supervisee, for example, person centred practices, barriers to performance, progress towards action and a review of previous set objectives.

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 people 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. At the time of the inspection there were three people subject to a standard DoLS authorisation.

People's consent to care and treatment was sought and their decisions respected. A relative told us, "Yes they [staff members] always do [ask for consent] it's fantastic." Staff members were aware of the importance of seeking people's consent, with one staff member saying, "I sit down [with the person] and talk to them to help them understand [what it is I'm asking]. I then get them to repeat it back to me." Another staff member said, "I may use pictures to show [the person] what I mean or am asking them." Throughout the two-day

inspection we observed staff seeking people's consent to support them in the community, visit relatives and support them in the kitchen. Staff were respectful of people's decisions.

People's health and well-being continued to be regularly monitored and were encouraged to access healthcare professional services as and when needed. Records confirmed people visited healthcare services regularly and guidance given was implemented into the delivery of care. Healthcare professional services included, for example, G.P, audiologist, district nurse, dentist and neurologists.

People were encouraged to access the communal kitchen and were supported to make meals that met their preferences and dietary requirements. One person told us, "I like the food here. I help cook the food. I like chicken and rice and noodles and fish." Another person said, "The staff make the meals for me. Sometimes I help them cook the meals. I eat all the food here and I like it." During the two-day inspection we observed staff supporting people in the kitchen and encouraging people to make healthy food choices.



Our findings

People living at Vosse Court spoke positively about the care and support they received. One person told us, "They're [staff members] very kind, they take me out. They listen to me and help me when I have good days and bad days." Another person said, "I like them [staff members], they're funny, they talk to me, they are kind and help me." A relative said, "The [staff members] are caring and loving. I personally think they really appreciate the [people] for who they are."

During the two-day inspection we observed staff spoke with people in a kind and compassionate manner, in a way they understood. Staff were observed sitting next to people when speaking with them, to ensure they maintained eye contact and gave people adequate time to respond and were unhurried. People appeared at ease with staff and there was a relaxed and welcoming atmosphere.

People continued to be encouraged to express their views and make decisions about the care and support they received. One person told us, "I get to choose what I want to do. Staff respect my choices." Staff were observed throughout the inspection asking people if they required support and where this was declined staff were respectful of people's decisions.

People's dependency levels were clearly recorded in their care plans and the level of support provided was in line with people's needs. One person confirmed staff helped them to prepare meals in the kitchen and encouraged them to do as much as they could for themselves. Where people's needs changed, care plans were updated to reflect this, ensuring the care and support provided was in line with people's individual needs.

People continued to have their privacy and dignity respected and encouraged. One person told us, "Staff always knock on my bedroom door." During the inspection we observed staff knocking on people's bedroom doors, awaiting permission to enter before doing so and supporting them to ensure their clothing was adjusted appropriately keeping their modesty.

People continued to be treated equally and had their diversity encouraged and respected. Where people followed particular faiths, these were respected. One person told us, "I go to church near here on a Sunday, the staff take me." People's care plans identified people's cultural and religious backgrounds and needs.



Our findings

The registered manager ensured people continued to receive personalised care that was specific to their individual needs and requirements. Although people were unsure if they had a care plan, records indicated this to be the case. Where possible people and their relatives were encouraged to devise the care plan to ensure their views were at the forefront of the care and support provided. A relative told us, "I have reviewed my relatives care plan and [the service] seek my opinion."

Care plans were in part devised in conjunction with the service needs assessment. A service needs assessment is an assessment carried out by the service prior to the person moving into Vosse Court. It details their likes, dislikes, medical, emotional, social and psychological needs. Once completed the registered manager then devised a care plan, if it is felt they can meet the person's needs. Care plans were comprehensive and gave staff clear guidance on meeting people's needs in line with their preferences. Reviews of people's care plans were undertaken regularly to reflect people's changing needs and changes were shared in a timely manner with staff members.

People continued to be encouraged to access the local community and engage in activities and college courses, that met their social and educational needs. One person told us, "I go bowling, to the cinema and shopping, I do lots of things. I don't go out on my own, staff always come with me. They help me budget my money, it's helpful for me." Another person said, "I go to college, I write but I can't remember what course it is. Staff take me out because I can't go out on my own." During the two-day inspection we observed people attending college, going shopping, for lunch, bowling and to visit relatives.

People were supported to raise their concerns and complaints and were confident these would be managed in such a way to reach a positive resolution. One person told us, "I would talk to staff if I was unhappy. The staff will help you when you complain to make it better." Another person said, "I would talk to the [registered] manager if I wasn't happy. I haven't complained yet as everything is very good." We reviewed the complaints file and found there had been one complaint in the last 12 months, which was fully investigated in a timely manner. The provider's complaints policy was in place and staff had signed these to say they had read and understood it's content.

People's preferences in relation to their end of life wishes were recorded. Details included, who they wished to be involved in the planning of their funeral, if they wished to be buried or cremated and where. Where people were unable to contribute to their end of life care plans, people's relatives were encouraged to devise the plan on their behalf.



Our findings

A registered manager was in post. 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 2008 and associated Regulations about how the service is run.

We received mixed reviews about the management at Vosse Court. Although people spoke positively about the registered manager, staff comments included, '[The registered manager] is sometimes busy and doesn't always come back to you.' And 'She's a lovely person, but sometimes you have to put things in writing to make sure she remembers.' One person told us, 'I like the [registered] manager, because she likes to talk and helps me.' Another person said, '[Registered manager] is a very good lady. They are all very good and better than other places [I've lived]. I have my own phone and the [registered] manager's number so I can call her.' A relative said, 'I have no problems, I think it's well managed. Yes, they have asked for my views. I don't think there's anything they need to improve on.' Throughout the two-day inspection we observed people and staff frequently approaching the registered manager seeking her guidance and advice. Both people and staff appeared at ease in her presence.

The registered manager was aware of their responsibilities to the CQC including the submission of notifications when significant events occurred.

Staff were aware of the provider's values and put these into practice. The values were based on five principles, being friendly, person centred, innovation, empowerment and positivity.

The provider continued to seek people's views through regular house meetings, quality assurance questionnaires and general discussions to drive improvements. We reviewed the quality assurance questionnaires for 2018 and found on the whole responses were positive. The questionnaires sought people's views around all aspects of the service, for example, facilities provided, food and drink, communication, accessibility and staff attitude.

The registered manager undertook regular audits of the service to monitor the service provision. Audits included, for example, finance, medicines management, safety checks, care plans and training checks. The registered manager also completed regular unannounced walk-through checks both during the day and at night. We reviewed the medicines audit and found issues identified were acted on in a timely manner, to minimise the impact on people.

The registered manager encouraged partnership working with other healthcare professionals. The registered manager told us, "Partnership working is beneficial for the [people we support]. We work in partnership with, district nurses, the falls clinic, occupation therapists, an audiologist, the G.P, neurologist and dentist." Records confirmed guidance provided by healthcare professionals was implemented into the care and supported delivered.