

# CareTech Community Services Limited

## Vosse Court

### Inspection report

12 Vosse Court  
Streatham  
London  
SW16 3BS

Tel: 02087659934

Date of inspection visit:  
12 April 2016  
14 April 2016

Date of publication:  
02 June 2016

### 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 carried out this inspection on 12 and 14 April 2016 and the inspection was unannounced.

Vosse Court is a care home registered to provide care and support up to six adults with learning disabilities. At the time of the inspection there were six people living at the service.

The service had a manager in place, who was in the process of applying to the commission for to be a registered manager. 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.

People were protected against the risk of harm and abuse. The service had comprehensive risk assessments in place that identified risks and gave staff guidance on how to safely support people. Risk assessments were reviewed regularly to reflect people's changing needs. Staff underwent training on how to safeguard people from abuse and were aware of the correct procedures in reporting any suspicions of abuse.

People were supported to receive their medicines safely. The service had clear guidelines for staff to follow when ordering, administering, storing and disposing of medicines. Medicine administration recording sheets [MARS] were regularly reviewed and identified errors were addressed in a timely manner.

People were supported by staff that had access to comprehensive care plans. Care plans documented people's likes, dislikes, health care needs, abilities, medical needs and other important information. Care plans were person centred and detailed information in the voice of the person. People were encouraged to be involved in the development of their care plans where possible.

People received care and support from sufficient numbers of skilled and knowledgeable staff. Staff received on-going training to effectively meet people's needs. Staff underwent training in all mandatory areas such as, health and safety, first aid, safeguarding, Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS]. Rotas indicated that there were sufficient numbers of staff on shift to meet people's needs.

People were supported by staff that regularly reflected on their working practices. Staff received supervisions and appraisals from senior staff. Documents showed staff met with senior staff regularly to receive a supervision. Staff were encouraged to discuss areas of their work they found enjoyable or challenging and how they would best be supported. Staff were able to talk about any areas of work that they felt they required further training in. Staff received annual appraisals.

People's consent was sought prior to care being delivered. Staff sought people's consent and offered people choices on how they wanted to receive care and support. People's choices were respected and

encouraged. Where people were unable to give their consent staff were aware of how to support people effectively and in line with legislation.

People were supported to access sufficient amounts of food and drink. Staff monitored people's food and drink intake enabling them to quickly identify any concerns regarding malnutrition or dehydration. People were encouraged to participate in meal preparation and could access food and drink as and when they wished. People were supported to access health care services to ensure their health was monitored and maintained. Records indicated people accessed, Dr's, dentists and opticians as and when required.

People were treated with dignity and respect. Staff understood the importance of maintaining people's privacy and dignity and were able to give clear examples of how to treat people with respect. People were encouraged to raise their concerns and complaints without fear of reprisal. Staff actively sought to support people share their concerns and documented their findings. Staff were aware of the correct procedure when given information relating to a complaint.

The manager actively sought partnership working. Records indicated the manager was open to guidance and support from other health care professionals in ensuring people received the best care possible. The manager carried out audits of the service to monitor and improve the quality of care. Audits were documented and any concerns were raised with the appropriate people to ensure a swift resolution. For example we saw records relating to, food hygiene, health and safety, risk assessments, medicines, care plans and activities.

## 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 were protected against the risk of harm and abuse. Staff knew how to identify and appropriately report suspected abuse.

People received their medicines safely.

The service carried out on-going audits of the health and safety of the service to ensure the environment was safe.

People received care and support from sufficient numbers of staff that had undergone the necessary employment checks.

### Is the service effective?

Good ●

The service was effective. People received support from staff that had undertaken all mandatory training to meet people's needs.

People were not deprived of their liberty unlawfully. The manager and staff were aware of their responsibilities in line with the MCA and DoLS.

People's consent was sought prior to care being delivered.

People were encouraged to maintain a healthy lifestyle and were provided with sufficient amounts of food and drink to meet their nutritional needs.

### Is the service caring?

Good ●

The service was caring. People were treated with dignity and respect by staff who respected and maintained their confidentiality.

People were supported by staff that encouraged their independence where possible.

Staff encouraged people to be involved in making decisions about their care and provided people with information and explanations to make decisions.

### Is the service responsive?

Good ●

The service was responsive. People's care plans were person centred and tailored to their individual needs. Care plans were reviewed regularly to reflect people's changing needs.

Staff were aware of the importance of reducing the risk of social isolation and were proactive in encouraging people to participate in activities.

People's choice was sought and respected. People were encouraged to raise concerns and complaints.

**Is the service well-led?**

**Good** ●

The service was well-led. The manager operated an open door policy, whereby people, staff and their relatives could speak with her at a time convenient to them.

The manager and staff carried out audits of the service and where risks or concerns were identified action was taken to resolve issues in a timely manner.

The manager used quality assurance questionnaires to seek feedback from people and their relatives on the service to drive improvement.

The manager actively encouraged partnership working.

# 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.

The inspection took place on 12 and 14 April 2016 and was unannounced.

The inspection was carried out by two inspectors. Prior to the inspection we looked at information we held about the service, including notifications the service had sent us. A notification is information about important events at the service, which the service is required to send us by law.

During the inspection we spoke to two people, three staff, the manager and the area manager. We reviewed five care plans, three medicine administration recording sheets [MARS], three health action plans and other documents related to the management of the service. After the inspection we spoke with one relative and one health care professional.

# Is the service safe?

## Our findings

People were protected against known risks. People and their relatives told us they felt safe living at the service. One relative told us, "It's [the service] a wonderful place, I know [relative] is safe there and I have no concerns whatsoever". Staff were supported to protect people against identified risks by having access to comprehensive risk assessments. Risk assessments had been completed for each person covering areas of their care where risks had been identified. For example, there were risk assessments in place for accessing the community, personal care, finances and communication. Each risk assessment identified the risk, the people placed at risk, level of risk, and action to be taken to minimise the risk. Risk assessments were reviewed regularly by the manager to reflect people's changing needs.

People were protected against the risk of harm and abuse. Staff were aware of the different types of abuse and the correct procedure for reporting their concerns. Staff told us, "We [staff] are here to protect people. I would document what the person has told me, I wouldn't question them I would then inform management immediately. If the concerns related to the manager I would contact head office, the CQC, safeguarding and senior management". Staff were aware of the service whistleblowing policy. Staff had safeguarding training which gave them tools to identify signs of abuse. The service had a safeguarding policy which staff had access to should they want to refresh their knowledge around the safeguarding procedure.

People received their medicines safely. Staff told us, "We do a medicines check twice daily so we can tell if an error has been made quickly. I would report any errors and document what I've found. I would also contact the GP to share any medicine errors so that I can get guidance". We looked at the Medicine Administration Recording Sheets [MARS] and found that medicine audits were completed twice a day. We found medicines were stored in people's rooms safely. Medicines that required refrigeration were temperature checked daily in line with good practice. Staff were able to explain the correct procedures for administering, recording, storing and disposing of medicines. MARS were completed correctly and where errors had been identified action was taken to address this in a timely manner.

People received care and support from staff that had undergone the necessary recruitment checks. The service had a robust recruitment procedure which ensured only staff that were skilled and suitable to work in the service were employed. We looked at the records held by the service and found that the manager obtained two references, a disclosure and barring services [DBS] check and had photo identification on file for all staff. Records relating to staff's eligibility to work in the UK were also retained on file.

People were supported by sufficient numbers of staff. People and their relatives told us there were adequate staffing levels to meet people's needs. A relative told us, "I feel there are enough staff on duty to meet [relative's] needs. Staff told us, "The manager evaluates staffing levels and skill mix to reflect the changing care and support needs". Records showed that there were sufficient numbers of staff on shift to ensure people were safely supported and able to engage in activities.

People were supported to live in a safe environment. Staff told us, "We carry out lots of checks of the environment". We found records relating to health and safety, food hygiene, maintenance management and

fire safety were completed in line with the service guidelines. Areas identified as risks were documented and addressed in a timely manner. For example we looked at the service maintenance file where staff had identified a radiator was not working, work to rectify the issue was completed the following day.

People received support from staff in the event of an emergency. People had personal emergency evacuation plans [PEEPs] in their care records. PEEPs are personalised plans that give staff guidance on how to support people to a place of safety in the event of an emergency. The documents identified if people required assistance in an emergency, what kind of support they required and how to exit the building safely. PEEPs were regularly reviewed to reflect changes to people's needs.



# Is the service effective?

## Our findings

People were supported by skilled and knowledgeable staff. People, their relatives and a health care professional told us they felt staff were knowledgeable in effectively meeting people's needs. Staff underwent an induction on completing the employment process. Staff told us, "I found the induction and shadowing staff very helpful". New staff shadowed experienced staff to gain an insight into how the service ran and how to support people safely.

People received care and support from staff that received on-going supervisions and appraisals. One staff told us, "I find the supervisions are good. I wouldn't wait for one if there was something I needed to talk to the manager about. I feel the need to be heard and will speak up if something isn't right. In the supervision we talk about any concerns we might have and people we support". We reviewed staff supervision files and found all aspects of staff roles and responsibilities were discussed. For example, how to improve in person centred practice, what is and isn't working and future development. Staff received regular appraisals where staff focused on their expected performance targets and support they required to meet their targets.

People received care from staff that had up to date training to effectively meet their needs. A relative told us, "I feel the staff are trained well". Staff told us, "I think we have a lot of training, both classroom based and e-learning. The training helps me to carry out my role and I think I could ask for more training if I felt I needed it". Another staff told us, "The training refreshes you and you still learn every day, no matter how long you've worked here". Records indicated that all staff had received mandatory training, including, safeguarding, moving and handling, health and safety, mental capacity act 2005 [MCA] and deprivation of liberty safeguards [DoLS]. At the time of the inspection a new member of staff had not undertaken all mandatory training, however these were scheduled and have now been completed.

People's consent was sought prior to care being delivered. When asking a relative if they felt staff sought consent, they told us, "Knowing my relative they would have to, but yes they do. I have seen them asking for his consent if he needs help". Staff told us, "We [staff] give people choices, we don't just do things for people, we get their permission". Throughout the inspection we observed staff seeking people's consent. For example, staff were observed asking if people wanted support with personal care, meal preparation and accessing the community.

People were not deprived of their liberty unlawfully. The 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. 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. Staff were able to demonstrate sound knowledge of their responsibilities in line with the MCA and DoLS. The manager had followed the correct procedures in applying for DoLS authorisations. At the time of the inspection there was one DoLS authorisation granted by the local authority.

People were supported to access health care services to monitor and maintain their health. At the time of the inspection staff were supporting people to attend health care services in the local community. Staff told us, "If someone needs to go to attend an appointment, we [staff] always support them with that". Records confirmed what staff told us. We reviewed people's care plans which documented people's health care visits and found that people were supported to have access to, GPs, dentists, opticians, psychiatrists, audiologists and the community nurse. The service had in place health action plans [HAPs]. The Department of Health states a Health Action Plan explains to people how they can get healthy and the type of health they can receive. The HAPs were in pictorial format and detailed in a manner people could understand

People were supported to eat and drink sufficient amounts to ensure their nutritional needs were met. A relative told us, "Oh yes [relative] gets enough to eat and drink. Knowing [him/her] would tell them if [he/she] didn't like something and would let me know". We observed lunchtime and saw that people were offered an alternative meal if they did not like what was planned. Healthy options of fruit were available after the meal and people were offered hot and cold drinks throughout the day.

# Is the service caring?

## Our findings

People were supported by staff that were kind, compassionate and caring. People told us, staff were their friends and that they got along well with them. A relative told us, "Some care homes have staff that can carry out any duties but these staff actually care. And it's a caring home. It's the type of people they are, they care about people in their care". They went on to say, "[Relative] couldn't get better care even if [he/she] lived at home with relatives. We don't refer to it as a home it's their home there is a difference".

Throughout the inspection we observed staff interacting with people in a respectful and compassionate manner. Staff engaged with people warmly. Staff knew people well and were observed talking to people about their history and demonstrated kindness and professionalism at all times.

People had their dignity and privacy respected. A relative told us, they believed their relative's dignity was always respected. A health care professional told us, "I do believe they treat [person's name] with dignity and respect." During the inspection we observed staff encouraging people's privacy and dignity. For example, staff offered people support with personal care, however did so quietly so as not to draw attention to their discussion when in close proximity to other people, this ensured their dignity was not compromised.

People were encouraged to maintain their independence where appropriate. Staff told us, "We [staff] get people to do things for themselves as much as possible if it's safe to do so". A health care professional told us, "[Person's name] participates in activities and house duties which is really positive". We observed staff encouraging people to maintain their independence, for example people helped staff prepare meals and clean the communal areas, which they enjoyed. Staff were aware of the importance of not doing things for people so that they did not become reliant on staff to do things that they could manage themselves.

People were kept informed of what was happening at all times. A health care professional told us, "Staff are very aware of [person's] need to know what is happening, and any changes need to be managed well. The service do this well". Staff told us the importance of information sharing and how people need to know what is happening as "It's their lives and they need to know". Throughout the inspection we observed staff informing people of what was going on and plans that were in place for the day. Staff spoke to people in a manner they understood and we observed them encouraging people to be involved in making decisions about the day ahead.

People were protected against having their confidentiality breached. Staff were aware of the importance of maintaining people's confidentiality at all times. Staff told us, they shared information with only those that were authorised to know. The service had policies that gave staff guidelines on how to ensure they did not breach people's confidentiality. Records kept by the service were kept secure in a locked office with only authorised staff able to gain access.

## Is the service responsive?

### Our findings

People received care and support that was person centred and tailored to their individual needs. Care plans were comprehensive, individualised and people were actively involved in writing and reviewing them. Care plans were written in an easy read format and contained pictures to enable people to understand their records and express their feelings. 'My life story' was a section of the care plan that had personal photographs and contained phrases such as 'my likes and dislikes,' 'what support I need' and 'what to do if I am anxious'. The care plans also included information for the staff about how to communicate effectively with the person, depending on their mood, written by the person themselves in a 'communication passport'. A one-page profile was attached to the front of care plans as a quick reference for staff.

Care plans were reviewed regularly to reflect people's changing needs. A relative told us, "I can have access to [relative's] care records but at the moment it's not something we do." Staff discussed the care plans with people, their relatives and others involved in the care and support of the person annually or when changes were identified. A health care professional told us, "I have attended a review and there was a really positive feel to the meeting. The review focused on [person's] strengths and positives. It was about the things [person] could do and that was positive." Staff encouraged people to make decisions about the care and support they received which was then documented and the care plan based around the individual's preferences. .

Staff encouraged people to make choices about the care and support they received. Both relatives and the health care professional told us people were able to make choices and staff respected their decision. Staff told us they supported people to make choices that were based on people's preferences. Throughout the inspection we observed staff supporting people to make choices and staff gave people information enabling them to make choices when they appeared uncertain. For example when supporting a person who was unsure of what to eat, staff gave them information about what was available and what they could purchase from the shop. We also observed staff explaining the nutritional benefits of the different food options.

People were supported by staff that actively encouraged people to raise concerns and complaints. A relative told us, "[Relative] would always tell me if [he/she] has a concern or complaint and I would then raise this with the service. I can also make a complaint if I need but I have never had the need to." Staff told us, "We haven't had any complaints in quite some time, but I think this is because we speak with people all the time and can tell if there's a problem and resolve this quickly for them". The service had a complaints procedure that gave staff guidance on how to respond appropriately to concerns and complaints received. The manager sent us a new pictorial complaints form for people which gave clear guidance on how to raise a complaint. The form identified who to complain to, what they could expect and what to do if they were dissatisfied with the outcome. The manager was aware of the importance of responding to complaints in a timely manner.

People were encouraged to participate in a wide range of activities, both in-house and in the local community. A relative told us, "I do know [relative] goes out when they choose to, people are always out and about". A health care professional told us, people were able to participate in activities of their choice. At the

time of the inspection, four people were attending a day centre, one person was shopping and one person went for a walk on the local common. Staff told us, people were able to decline participating in activities and were offered alternatives. The service had a two week rolling activities rota on the noticeboard in the lounge. Activities included day centres, theatre trips, cinema, bowling, street performances, college courses and discos.

People were protected against the risk of social isolation. Staff told us, "We [staff] spend time with people and talk to them. If there is a change in their behaviours or demeanour we are aware immediately. We always encourage people to spend time with others, but are respectful that they want their own space sometimes and we monitor this".

During the inspection we observed people spending time in their rooms and staff asking if they wanted to join their peers in the lounge or on activities. Staff supported people to maintain contact with relatives and friends. One person told us they often have visitors which we observed. A relative told us, "I am always welcomed with open arms by the staff and the manager, when I visit".

## Is the service well-led?

### Our findings

People were supported by a manager that encouraged an open and inclusive environment. A relative told us, "The manager is excellent. She rings me to let me know updates on [relative] and she is very approachable and nothing's too much trouble". A health care professional told us, "I am really happy with the service". Staff told us, "I feel supported by the manager and if I don't agree with something, we can have a discussion about it. She seeks staff opinions on the care plans and that makes us feel valued". Another staff told us, "The manager is generally good".

The service was homely and welcoming. People were welcomed into the service and the atmosphere was inclusive and relaxing.

The manager operated an open door policy which meant people, their relatives and staff could speak with her at any time. Staff told us, "The manager is approachable, I have no problems talking to her about anything at all". Another staff told us, "Yes the manager is approachable but sometimes she's very busy in the office. The manager does listen to staff and our ideas, but I think she could spend more time talking to staff instead of doing paperwork". Staff confirmed they could call the manager for support and guidance at times when the manager was not in the service. During the inspection we observed staff seeking and receiving support from the manager.

The provider had arrangements for daily, weekly, monthly, six monthly and annual audits of the service. For example we saw audits relating to, health and safety, fire safety, medicines, food hygiene, care plans, risk assessments and health and wellbeing. Where issues had been identified, action was taken to address the issues in a timely manner. The manager oversaw staff who completed the audits and gave staff guidance and support.

The manager sought feedback on the service provision to drive improvement. A relative told us, "I complete a questionnaire yearly but I can share my views whenever I feel the need to". The manager sent out annual quality assurance questionnaires obtain feedback, which were then completed and returned to head office and an action plan developed to address areas identified for improvement. Staff also sought feedback on the service through monthly key worker meetings. These meetings were one to one meetings where people could meet with their key worker and discuss things that were important to them, including what they thought could be improved.

The manager actively sought partnership working with other health care professionals. The registered manager told us, "It's important to have a good relationship with other health care professionals as it benefits people. We can share ideas and gain support and guidance". Records showed the manager had sought guidance from health care professionals and implemented the guidance given.