

# 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

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

### About the service

Vosse Court is a residential care home providing a regulated activity of personal care to up to six people. The service provides support to people with learning disabilities and autism. At the time of our inspection there were six people using the service.

Vosse Court accommodates six people in one adapted building.

### People's experience of using this service and what we found

People using the service and their relatives were happy with the care provided. They told us, "I am pleased with the everything the staff do"; "Wonderful service"; "Dedicated and very caring" and "Fantastic team."

People were protected from the risk of abuse and avoidable harm. Safeguarding processes were followed to keep people safe.

Risks to people were assessed and reviewed regularly to ensure staff had guidance to provide safe care.

Sufficient staff were deployed to support people. Recruitment practices and medicines management were managed appropriately. Staff practiced safe Infection Prevention and Control (IPC) measures and minimised the risk of spread of disease and contamination.

People received the care and support they required in line with the needs and preferences. They told us, "[Staff] are very kind", "Compassion is the word"; "[Staff] are helpful, kind and patient with me. It's a great house to live in." People were encouraged to be as independent as possible.

Staff were supported in their roles and received appropriate training and supervisions. People had access to healthcare services when needed and in a timely manner.

People were involved in planning their care and ensured advocacy services were sought when required. Staff knew people well and delivered care that was individualised to each person.

The provider sought feedback from people using the service, their relatives and staff to drive improvement. The registered manager worked in partnership with various organisations, agencies and healthcare professionals to ensure people received the care they required.

People, their relatives and staff spoke positively about the service and management. Staff recorded and reported concerns which the registered manager investigated and completed lessons learned.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice

People's care was delivered with kindness, compassion and respectful of each person's privacy, dignity and confidentiality. Staff promoted equality and diversity when supporting people.

People were supported to live fulfilling lives and to take part in activities of their choosing. People were given choices and the service promoted independence where possible.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support: Staff supported people to make choices about their day to day lives and be independent in their tasks.

Right care: Staff treated people with dignity and respect, with relatives feeling their loved ones were well cared for.

Right culture: The culture of the home was empowering with a registered manager that staff, relatives and professionals felt could make a difference.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Vosse Court

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

Vosse Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. [Care home name] is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke two people who used the service and three relatives about their experience of the care provided.

We spoke with five members of staff including the including the registered manager and care staff.

We used the Short Observational Framework for Inspection (SOFI)/ spent time observing people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and their medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A member of staff told us, "We are trained to support people safely. I know the types of abuse and would report anything untoward to the [registered manager], CQC, police, social services." Staff followed the provider's systems and processes to keep people from harm, escalate concerns and to make safeguarding referrals when needed.
- Staff received training in safeguarding adults and were able to describe signs and types of abuse and provide examples of what they would report.
- The registered manager tested staff's knowledge regularly via a question and answer session and in supervisions to refresh their knowledge on how to keep people safe.

Assessing risk, safety monitoring and management

- People told us felt safe at the service. Their comments included, "I feel safe here" and "I have no reason to worry. There is always someone around" and "[Staff] do keep a good lookout for us."
- Risk assessments were carried out, reviewed regularly and management plans put in place to ensure people's safety from the risk of avoidable harm.
- Staff knew of potential risks to people such as self-neglect, not eating sufficient amounts or not taking their medicines and getting lost in the community. Records showed staff followed guidance which enabled them to provide care safely.

Staffing and recruitment

- People received care from a sufficient number of staff deployed at the service. Comments included, "There is always someone around to help" and "I always have [staff] to take care of me."
- Staff told us, and rotas confirmed staffing levels were adequate and absences covered with regular permanent or the same care agency staff.
- Staff were recruited safely and underwent pre-employment checks before they started working at the service.

Using medicines safely

- People were supported to take their medicines as prescribed.
- People's medicines were safely stored and managed. Medicines administration records (MAR's) were completed and audited regularly to ensure staff were compliant with best practice.
- Protocols for PRN (as required) medicines were detailed in advising when people may need to take these medicines. Records showed that the provider had made efforts to seek approval from people's GP's where they needed to.

- Staff received medicines training and had their competence assessed.

#### Preventing and controlling infection

- People were supported in a manner that minimised the risk of infection. Comments, "The place is kept very clean" and "Staff have been wearing masks since the start of the pandemic."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The provider's approach to visiting aligned to government guidance. Staff ensured visitors followed government's protocols to minimise the risk of infection and or spread of COVID-19.

#### Learning lessons when things go wrong

- People's care provision improved because staff learnt lessons when things went wrong. Staff reported and recorded accidents and incidents which the provider monitored to identify patterns and trends.
- The registered manager held team meetings to discuss incidents and to ensure staff learnt from mistakes to minimise the risk of accidents happening again.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- People may live in an environment not suitably adapted to their needs because of their health needs. One person's health needs meant that they may need some adaptations such as making doors, staircases and rooms easily more easily recognisable as their health needs changed.
- We spoke with the registered manager who told us the person's care had not been impacted by the environment and would continue to monitor and review the person's needs to ensure the suitability of the placement. The registered manager told us if the person's care needs changed, they could be given a choice to the provider's other homes that could meet that need.
- The home environment was adapted to meet the needs of people living there. Furniture was laid out in the way that people could freely move around.

We made a recommendation that the provider must provide an environment to meet the needs of people living with dementia.

Staff support: induction, training, skills and experience

- Staff were supported to undertake their roles. However, staff had not received an annual appraisal in the past year. We asked the registered manager who told us the COVID-19 pandemic had an impact on the service and the most effort was on keeping the service running. This had not adversely affected them or the practice. We were assured by the reason and the action plan in place to complete the appraisals. We will review this at our next inspection.
- Staff told us they found supervisions beneficial. Comments included, "We meet regularly with [registered manager] and talk about service users and my work" and "I get all the support I need. The [registered manager] listens and gives sound advice". Records showed staff received regular supervisions where they discussed their practice and the support they required to do their work.
- People were supported by staff trained to undertake their roles. Staff told us, "We attend a variety of training" and "The [registered manager] is hot on getting us attend all the mandatory training. We get time to do this." Staff completed the training the provider considered mandatory such as safeguarding people from abuse, infection control, health and safety, Mental Capacity Act and manual handling.
- New staff received an induction which enabled them to get to know people and their needs before they started providing care.

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

- People had their health and well-being needs assessed and met. People and their relatives where appropriate took part in the assessments and review of each person's needs.

- People were happy staff delivered their care when needed and in line with their needs and preferences. Care plans contained information about people's health, care and support needs, routines and preferences.
- The registered manager reviewed and updated care and support plans which ensured staff supported people effectively.
- Care was delivered in line with the provider's guidance and best practice.

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

- People received support to access health professionals and other agencies for appropriate care when needed. Staff worked closely with specialists that included learning disability nurses, occupational therapists, speech and language therapists as well as people's GPs to ensure people's needs were met in a timely manner.
- Staff followed guidance recommended by healthcare professionals to deliver support effectively.

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

- People were supported to eat and drink healthily and enjoyed the meals provided at the service. Comments included, "The food is lovely. We get to choose what we eat" and "[Staff] prepare the food for us and we have more than enough to eat."
- Staff involved people in menu planning and food preparation and encouraged them to include fresh food, vegetables and fruit in their diets.
- Staff knew people's food and drink preferences and ensured each person had their choices on the menu.
- People's dietary needs were assessed, and any allergies were recorded. Staff followed guidance professionals such as speech and language therapists and dieticians, for example by ensuring a person's food was prepared at the right texture or food cut into small pieces.
- We observed people preparing their own lunch and snacks with staff support and guidance.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People consented to the care they received. Care records showed information about where each person had given their permission to receive care and support. Staff worked within the principles of MCA and supported people to make decisions about their care.
- Staff received training in MCA and knew their responsibility to carry out capacity assessment with each person.

- Care records contained information about what decisions people could make for themselves and where they may require more support, for example to make decisions about managing their finances, medicines and personal care.
- Staff had access to the provider's policy on MCA and DoLS which provided them with guidance on how to uphold people's rights to make decisions about their care and support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect. They told us staff were kind and caring and showed patience when providing their care. They told us, "[Staff] are gentle with me" and "[Staff are respectful and treat me as part of their family. We get along very well in the house."
- People told us staff did not discriminate against them. One person told us, "[Staff] value my tradition. They know what matters to me."
- Staff had worked at the service for a long time and had developed meaningful and caring relationships with the people they supported.
- Care records contained detailed information about people's life history, background, cultural and diverse needs.

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

- People received support to express their views about the support they required and decisions about their care.
- Staff involved people and their relatives where appropriate in planning and developing their care and support plans. The registered manager and staff advocated on people's behalf when this was necessary, for example when a person required to make a decision about having medical treatment.
- Staff provided care and support to people as planned in line with their preferences and flexibly for example, about their daily routine when they had a hospital appointment.
- Regular meetings were held involving people, to ensure they were happy with the service being provided, for example staff discussed people's preferences and flexibility of staff in their work.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and had their privacy and dignity upheld. Staff told us, "We respect people's spaces, for example I knock on the person's bedroom door before going in" and "I close doors when providing personal care and make sure my colleagues do not come into the person's room during that time."
- Staff supported people to remain as independent as possible by encouraging them to do things they could do for themselves. Care records plans showed details about what people were able to do independently such as managing their medicines and preparing meals.
- Staff understood their responsibility to maintain people's confidentiality and told us they shared information with relevant professionals and relative when appropriate.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their individual needs and preferences. People and their relatives were happy with the care provided by staff. Comments included, "[Staff] help me to do the things I enjoy doing" and "Staff have been brilliant. [Person]'s confidence has grown over the years. [Person] is now playing the guitar and living their life to the fullest."
- Care plans contained information about people's needs, health conditions and the level of support they required. These were regularly reviewed and updated to ensure staff were aware of people's current needs and the support each person required.
- People were supported to undertake voluntary work in the community and attend college as they chose.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information about their care in a manner they understood. Assessments were carried out on people's communication needs and information provided to staff on how to communicate effectively with them.
- People's care plans detailed their communication needs.
- The provider ensured people were provided with information in a format they understood in line with AIS, such as easy read, large print or pictorial aids. For example, menus, activity plans and surveys were in pictorial format and large font.

Improving care quality in response to complaints or concerns

- People and their relatives were happy with the quality of care provided. They understood how to make a complaint if they were unhappy with any aspect of the service. One person told us, "I can talk to any of the [staff]. Nothing is a bother here" and "I am happy here. [Registered manager] is also checking on us. Can't complain".
- People and their relatives were provided with the complaints policy and procedure which included guidance on how to make a complaint and how the provider addressed concerns.
- The registered manager investigated and resolved complaints in line with the provider's procedures.
- The provider maintained a record of complaints received at the service and a monitoring system to check on progress of investigations. We reviewed a complaint and records showed the concern was resolved in

line with the providers complaints policy.

#### End of life care and support

- People were involved in discussing their end of their life wishes. At the time of this inspection, there was no one receiving at end of life care and support.
- The registered manager understood their responsibility to ensure people received appropriate care at the end of their lives via working with other health and social care professionals and agencies.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received person-centred care which was inclusive to ensure their needs and preferences were met. Relatives told us, "Staff are very supportive. [Person] has blossomed during the time they have lived at the service" and "I am happy because [person] is happy at the service. There is no better place for them to be than the [home]."
- People and their relatives commended the management of the service and were positive about the care provided. Comments included, "[The registered manager] is approachable and professional"; "The home is well run and the care very good" and "[Registered manager] is very open, communicates very well and interested in the welfare of everyone in the home".
- Staff shared the provider's vision which included being friendly, positive, empowering, innovative and person centred. Relatives told us staff demonstrated these values when providing care.
- Staff told us they felt supported in their roles and worked well as a team. Staff felt able to approach the registered manager with any concerns and to share their ideas about how to improve the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us the registered manager and staff were happy to discuss any issues that affected care delivery.
- The provider and registered manager understood their responsibilities under the duty of candour. A policy was in place to encourage staff to be open and honest when things go wrong and a whistleblowing policy to escalate issues.
- Staff told us the registered manager encouraged them to be open and honest about any concerns with their care delivery to ensure issues were resolved and lessons learnt.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People received care that met regulations and other statutory requirements. The registered manager ensured notifications of significant events were sent to CQC and the local authority safeguarding teams as required by regulations.
- The registered manager effectively used the providers quality assurance systems to assess and monitor the quality of the care. The provider undertook regular audits of the service and checked various aspects

such as care planning, record keeping, premises maintenance, medicines management, staff supervisions and training. Improvements were made when needed.

- The provider ensured staff had up to date policies and procedures to ensure staff had sufficient guidance to meet regulatory functions.
- People's health and well-being were discussed at team meeting and staff roles were reinforced on how to meet people's needs, identify and manage risks, policies and procedures and medicines management. Staff told us they were clear about their roles and enjoyed working at the service.

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

- People who used the service and their relatives held regular meeting with the registered manager or staff and were involved in the reviews of their care and running of the service. Comments included, "[Staff] contact us regularly with updates about [person] and "We have review meetings about [person]."
- People were given opportunities to share their views about care and support provided. They felt the registered manager valued their contributions and used them to develop the service. The provider undertook surveys, consultations and contacted people, their relatives and staff via emails, letters and telephone calls to get feedback about the service and make the required improvements.
- Staff told us communication and their daily interaction with people enabled them to understand and provide people with the support they required.
- The registered manager met regularly with staff to ensure they were up to date with important changes, for example changes in the COVID-19 guidance.

Continuous learning and improving care

- Staff told us the registered manager encouraged them be open about incidents.
- The provider completed lessons learned for incidents which happened in the service, to ensure continuous learning took place and to improve staff's practice.
- Staff told us handovers and team meetings were used to discuss concerns which enabled continuous learning.
- Incidents and accidents were reported and recorded. The registered manager discussed the incidents with staff which ensured continuous learning took place.

Working in partnership with others

- The registered manager and staff worked in partnership with the local authority, various other agencies and health professionals to ensure people received the support they required.
- The registered manager made referrals to other organisations where people could receive additional support for their health and wellbeing.