Vector Care Ltd

5 Dorchester Avenue

Inspection report

5 Dorchester Avenue
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Date of inspection visit:
14 March 2022

Date of publication:
25 May 2022

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

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
5 Dorchester Avenue is registered to provide personal care. At the time of this inspection, the service was providing personal care for three people living in a supported living scheme. People who used the service had autism and learning disabilities.

People's experience of using this service and what we found
The service demonstrated how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:
People had maximum choice and control of their lives. There was evidence of positive support, including choice, participation, and inclusion. Their support plans set out individualised goals that had been discussed and agreed with them. The service people received was provided in a house, which was similar to the other houses in the area. People's rooms were clean and personalised with their belongings and family photographs.

Right care:
Care was person-centred and promoted people's dignity, privacy and human rights. Care plans described how people should be supported so their privacy, dignity and rights were upheld. Staff spoke knowledgeably about how they ensured people received care that met their diverse needs, including spiritual and cultural differences.

Right culture:
The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives. There was an open and inclusive approach to the running of the service. Feedback from people's relatives confirmed people had choice and control over their care and were encouraged to raise any issues of concern.

People lived safely because the service assessed, monitored and managed their safety well. Risks to people had been identified, assessed and reviewed. The assessments provided information about how to support people to ensure risks were reduced.

The service had enough staff, including for one-to-one support for people. The numbers of staff matched the needs of people using the service. Pre-employment checks had been carried out. These checks helped to ensure only suitable applicants were offered work with the service.

People received their medicines safely. They were supported by staff who followed systems and processes to administer, record and store medicines safely. We observed from records people received their medicines on time.

People were protected from the risks associated with poor infection control because the service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.

The service completed a comprehensive assessment of each person's needs and aspirations either on admission or soon after. People's support plans included guidance about meeting these needs.

There was a process in place to report, monitor and learn from accidents and incidents. Accidents were documented timely in line with the service's policy and guidance.

There was an effective training system in place. People were supported by staff who had received relevant and good quality training in evidence-based practice.

People's nutritional needs were met. They received support to eat and drink enough to maintain a balanced diet. Staff had taken steps to make sure people's nutrition and hydration needs were met.

People's health needs were met. Staff from different disciplines worked together to make sure people had no gaps in their care.

Staff respected people's choices and wherever possible, including those relevant to protected characteristics due to cultural or religious preferences.

Governance processes were effective and helped to assess, monitor and check the quality of the service provided to people. Audits had been carried out on a range of areas critical to the delivery

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 04/02/2021 and this is the first inspection.

Why we inspected
This was a planned inspection based on our timelines for inspecting newly registered services.

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.

5 Dorchester Avenue

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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
5 Dorchester Avenue 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. 5 Dorchester Avenue is a care home 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 announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection
We reviewed information we had received about the service since it was registered with the CQC. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with one person who used the service and one relative about the care provided. We spoke with four members of staff, including the registered manager and the service director. We reviewed seven care records of people using the service, four personnel files of care workers, audits and other records about the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visited the service.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Training records showed all care workers had completed safeguarding training.
• The service worked well with other agencies to protect people. Staff were aware they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission (CQC) if management had taken no action.

Assessing risk, safety monitoring and management
• People lived safely because the service assessed, monitored and managed their safety well. Risks to people had been identified, assessed and reviewed.
• People's care records helped them get the support they needed because staff kept them accurate, complete, legible and up to date. The care plans provided information about how to support people to ensure risks were reduced. This included risks arising from medical conditions and environmental hazards.
• Each person's support plan was personalised to them. They were involved in managing risks to themselves and in taking decisions about how to keep safe. Care workers were aware of risks to people and supported people in the least restrictive way to make sure people were safe.

Staffing and recruitment
• The service had enough staff, including for one-to-one support for people. We observed people were receiving the support they were assessed as needing.
• There were sufficient numbers of staff on shift at the time of inspection. Staff were matched to the needs of people using the service. An on-call system was also in place to make sure staff were supported outside the office hours.
• Staff had been recruited safely. Pre-employment checks had been carried out, including at least two references, proof of identity and Disclosure and Barring checks (DBS). These checks helped to ensure only suitable applicants were offered work with the service.

Using medicines safely
• People received their medicines safely. They were supported by staff who followed systems and processes to administer, record and store medicines safely.
• The service reviewed each person's medicines regularly to monitor the effects on their health and wellbeing.
• However, people had not been assessed to check if they could self-administer their medicines. We discussed this with the registered manager in relation to people with appropriate literacy to self-administer their medicines. The registered manager agreed formal assessments would need to be carried out to weigh

up potential benefits and harms, consistent with risk-taking policy.

Preventing and controlling infection
• People were protected from the risks associated with poor infection control because the service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
• Care workers were supplied with appropriate personal protective equipment (PPE), which they used effectively and safely.

Learning lessons when things go wrong
• There was a process in place to monitor any accidents and incidents. Accidents were documented timely in line with the service's policy and guidance. These were analysed for any emerging themes and learning.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The service completed a comprehensive assessment of each person's needs and aspirations either on admission or soon after. People's support plans included guidance about meeting these needs.
• Support plans set out current and long-term aspirations of each person. Policies and procedures met current legislation, including guidance from reputable national organisations such as NICE.
• Staff ensured people had up-to-date care and support assessments, including medical, cultural, religious, psychological, communication, likes and dislikes.

Staff support: induction, training, skills and experience
• People were supported by staff who had received relevant and good quality training in evidence-based practice. The training was relevant for supporting people with a learning disability and or autism, including mental health and learning disability awareness and positive behaviour support.
• New staff had completed an induction programme based on the Care Certificate framework. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
• Staff received support in the form of regular supervision and appraisal to enable them to carry out their duties. There were clear procedures for peer support that promoted good quality care and support. New staff also shadowed experienced members of staff until they were ready to provide care on their own.

Supporting people to eat and drink enough to maintain a balanced diet
• People's nutritional needs were met. They received support to eat and drink enough to maintain a balanced diet. Staff had taken steps to make sure people's nutrition and hydration needs were met. There were healthy eating guidelines for someone who was known to be at risk of malnutrition and dehydration.
• Care assessments and planning considered individual requirements in relation to nutrition and these were known to staff. People were involved in choosing their food, shopping, preparing and cooking their meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People's health needs were met. Staff from different disciplines worked together to make sure people had no gaps in their care. People's support plans identified their needs and input from a range of professionals, including GP, speech and language therapists and occupational therapists.
• Each person was registered with a GP and had an annual health check. Annual health checks are for adults and young people aged 14 or over with a learning disability. By having annual health checks, it ensured problems were spotted earlier, so that people received the right care.

• Each person had a health action plan (HAP) and hospital passports that were reviewed regularly. A HAP contains actions needed to maintain and improve the health of an individual with a learning disability and any help needed to accomplish this. For example, each HAP included as a minimum a health checklist, health professional contacts and details of medication and other treatments. We noted from HAPs that people had received the first, second and a booster vaccine for protection against COVID-19.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA.

• The service was working within the principles of the MCA. Care records documented whether people had capacity to make decisions about their care. People, or their legal representative, signed care plans to give their consent to the care and support provided. For example, one person did not have capacity to manage their finances and deputyship was in place. Deputyship is a way of getting the legal authority to make decisions on someone's behalf.
• Mental capacity assessments and best interest's decisions had been completed for specific decisions, including where medical interventions were required.
• There were no people under DoLS. The registered manager understood people's freedom could only be restricted where they were a risk to themselves or others, as a last resort and for the shortest time possible.

Adapting service, design, decoration to meet people's needs
• The service had been developed and designed in line with the principles and values underpinning Registering the Right Support and other best practice guidance. The service was a home fitting into the residential area and other domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.
• The premises provided a specious environment where people could move freely with no restrictions. People's bedrooms were personalised to reflect their preferences.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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 had access to support and care regardless of their individual circumstances. All factors about them had been considered, including cultural and religious aspects. Staff treated people as their equal and created a warm and inclusive atmosphere.
• There were practical provisions for people's differences to be respected. Appropriate staff were available to support people. Notably, people were supported if they preferred to be attended to by staff of their own sex for specific cultural or religious reasons.
• Staff had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. There were relevant policies in place, including, equality and diversity and Equalities Act 2010.
• The service celebrated major religious days, including Christmas, Easter, Diwali and Eid. One person practised the Muslim faith and the service offered support to attend a local Mosque. There was space at the home dedicated for praying. During the Ramadan month, the service confirmed they were providing meals to break fasting in the evening.

Supporting people to express their views and be involved in making decisions about their care
• There were systems and processes to support people to make decisions. As addressed earlier, the service complied with the provisions of the MCA 2005, which meant people were involved in making decisions about their care.
• Staff supported people to express their views using their preferred method of communication. This was recorded in people's files. For example, one person's support plan instructed staff, "I have communication difficulties and use sign language and written form of communication. I also lip read. When communicating, look at me and talk slowly." We observed staff supported people to express their views using their preferred method of communication.

Respecting and promoting people's privacy, dignity and independence
• People's privacy, dignity and independence were respected. Their support plans described how people should be supported so that their privacy and dignity were upheld.
• Staff maintained people's independence by supporting them to manage as many aspects of their care as they could. People undertook household chores with minimal support to increase their level of independence.
• Privacy was upheld in the way information was handled. The service recognised people's rights to privacy and confidentiality. Confidentiality policies had been updated to comply with the General Data Protection Regulation (GDPR) law. People's care records were stored securely in locked cabinets in the office and,

electronically, which meant people could be assured that their personal information remained confidential.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 person centred care. This was delivered through recognised models of care and treatment for people with a learning disability or autistic people, including positive behaviour support.
• People's care files contained meaningful information that identified their abilities and support needs. This ensured staff were knowledgeable about their individual needs and preferences. Staff could describe to us how people liked to be supported.
• Staff provided people with personalised and co-ordinated support in line with their support plans, health action plans and communication plans.
• There were arrangements to make sure staff were informed about any changes in people's needs. Care plans were regularly reviewed to monitor whether they were up to date so that any necessary changes could be identified and acted on at an early stage. This ensured people received personalised care.

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.

• The registered manager was aware of the importance of making information accessible to people. People's communication needs were highlighted in their support plans, so that staff knew how to best communicate with them.
• Information was presented in different formats to support people to communicate to the best of their abilities. There were a range of communication formats, each personalised to the specific needs of the person, including Makaton, facial expressions, pictures and gestures. As a result, people lived a meaningful life through increased involvement, choice and independence.

Improving care quality in response to complaints or concerns

• This is a newly registered service and at the time of the inspection had not received any complaint. People's relatives told us they had made suggestions, which had been received and responded to positively. We saw from records the service had received several compliments about the care people had received.

End of life care and support

• None of the people receiving care was on end of life care. The registered manager explained that she would ensure that all care workers received the training and support they needed to provide people with end of life

care if the need arose.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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
• Relatives' feedback confirmed care was planned to meet people's needs, preferences and interests. Results from surveys showed people and relatives had commented positively on person centred care and inclusion.
• There were a range of formal systems to ensure people had choice and control over their care. People participated in regular meetings and surveys. Notably, people felt empowered to make decisions and choices about their lives.
• There was an open and inclusive approach to the running of the service. Staff attended regular meetings and were free to express their views. They told us they felt able to raise concerns with managers without fear of what might happen as a result.
• Whilst the service worked hard to instil a culture that promoted and protected people's rights, we discussed rights, in the context of empowering people with appropriate literacy to self-administer their medicines, including keeping medicines in their rooms. The registered manager agreed formal assessments would need to be carried out to weigh up potential benefits and harms in each individual case.

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
• The leadership complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of notifiable events and other issues.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care
• The service had a clear management structure consisting of the service director, registered manager, and team leader. Staff were well informed of their roles and reporting structures. They described the management in complimentary terms such as, supportive, hardworking, caring and accessible.
• The registered manager was passionate and committed to providing quality care. They were knowledgeable about regulatory requirements and issues relating to the quality of the service. They were receptive to our feedback and told us the service would make reasonable adjustments where this was required.
• The registered manager had a sense of responsibility. Governance processes were effective and helped to assess, monitor and check the quality of the service provided to people. Audits had been carried out on a range of areas critical to the delivery of care including health and safety and medicines management. This

helped monitor the performance of staff and the quality of the service provided to people.
• Accidents and incidents were appropriately investigated and escalated. This supported effective decision making and allowed for action where performance was not meeting standards.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The service sought feedback from people and those important to them and used the feedback to develop the service. People and their relatives had indicated the service was "good or excellent" in a survey that was carried out in February 2022.
• Relatives spoken with confirmed there were opportunities for them to share their views and discuss issues with staff and their comments were actioned.
• The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, which we saw had been fully considered in relevant examples.

Working in partnership with others
• There was evidence the service maintained a good working relationship with all health and care services to enable multi-disciplinary teamwork. The registered manager and her deputy knew when to seek professional input and how to obtain it.
• The service worked in partnership with a range of health and social care agencies to provide care to people. These included GPs, psychologists and district nurses. There was also ongoing work with the local authority that commissioned the service.