

## Southside Partnership

# Southside Partnership – 227 Norwood Road

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

The service at 227 Norwood Road provides accommodation, care and support to up to five people with mental ill-health. At the time of our inspection four people were using the service.

At our previous inspection on 11 June 2013 the service was meeting the regulations inspected.

At the time of our inspection there was no registered manager at the service. The manager had started the process of becoming registered with the Care Quality Commission as required by the service's registration. 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.

The staff liaised with people's care co-ordinator from the Community Mental Health Team (CMHT) about people's care and support needs. This information, together with discussions with the person using the service, was used to develop individualised recovery and support plans. These plans were reviewed regularly and staff supported

# Summary of findings

people to work towards their goals. If there were any concerns about a person's health or the support provided, this was discussed with the person's care co-ordinator to identify what additional support could be provided.

Staff were friendly and polite, and respected people's individuality. Staff supported people in line with their preferences.

Information was gathered about any risks to people's safety and staff supported people to manage those risks. Some restrictions were in place at the service to protect people's safety and maintain their welfare.

Staff received regular training and had the knowledge and skills to support people using the service. Staff met with their manager regularly to discuss their performance and identify any areas for improvement and development. Staff told us they felt well supported by their manager and felt comfortable speaking to them if they wanted any further advice about how to support people.

Staff supported people with their medicines, and safe medicine management practices were in place. Staff supported some people to manage their finances and processes were in place to protect people from financial abuse.

The manager of the service and their line manager undertook regular checks to review the quality of care provided. Any areas for improvement were identified and where possible actioned. The manager had identified that improvements were required to the environment but had been unsuccessful in getting the required maintenance undertaken. We found the service provided an unsuitable environment for people living there. General maintenance was required and the bathrooms required renovation.

We found the service was in breach of the regulation relating to the suitability of premises and the condition of their registration to have a registered manager. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe. A suitable environment was not provided because of inadequate maintenance.

Staff supported people to manage risks to their health and welfare. Staff contacted the person's care co-ordinator if they were concerned about a person's safety.

Medicines were safely managed, and staff ensured that people received their medicines in line with their prescription. Staff were available to support people during the day and at night, and were available to accompany people in the community in line with people's preferences.

**Requires Improvement**



### Is the service effective?

The service was effective. Staff had the skills and knowledge to support people using the service. Staff attended training courses specific to the needs of people using the service so they had a greater understanding as to how to support the person.

People were able to choose their own meals and decide when they wanted to eat. Staff were available to support people if they needed it with food shopping and meal preparation.

Staff encouraged people to look after their physical health and accompanied them to healthcare appointments as required. Staff liaised with people's care co-ordinators to ensure they got support with their mental health needs.

**Good**



### Is the service caring?

The service was caring. Staff were friendly and polite when speaking and interacting with people. Staff were respectful of a person's right to privacy and did not enter their rooms without their permission, unless there were concerns about a person's safety.

People were involved in decisions about their care and staff supported people in line with their preferences.

**Good**



### Is the service responsive?

The service was responsive. Staff supported people with aspects of their mental health, physical health, activities of daily living and community engagement. Staff encouraged people to develop new skills and undertake new experiences. Staff supported people in the community in line with people's preferences.

**Good**



# Summary of findings

Staff asked people for their feedback on the support provided through 'house' meetings and completion of satisfaction surveys. There were processes to respond to and manage complaints. At the time of our inspection, no complaints had been received in the previous year.

## Is the service well-led?

Some aspects of the service were not well-led. At the time of our inspection there was no registered manager in place as required by their registration with the Care Quality Commission.

Staff felt well supported by their manager. They felt able to speak with their manager if they had any concerns or if they wanted any further advice about how to support people using the service.

The manager of the service and the provider's senior management team undertook checks to review the quality of care and support provided.

**Requires Improvement**



# Southside Partnership – 227 Norwood Road

## 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 inspection took place on 23 January 2015 and was unannounced. One inspector undertook this inspection.

Before the inspection we reviewed the information we held about the service, including statutory notifications received.

During the inspection we visited the service and spoke with the manager, the deputy manager and one of the support workers. We spoke with one person using the service. We viewed two people's care records. We looked at records related to the management of the service, including staff training records, incident records, staff supervision and team meeting records.

After the inspection we spoke with two people's relatives, a support worker and received feedback from two care co-ordinators from the community mental health team involved in the care of three people using the service.

# Is the service safe?

## Our findings

People's relatives told us people were safe staying at the service. One person's relative told us, "Yes, they keep [the person] safe."

Staff undertook daily checks of the premises and ensured a safe environment was provided to people using the service. At our previous inspection we noted that the environment was looking tired with liquid spills on the walls and chipped paintwork. The manager had identified that improvements were required to the environment but had been unsuccessful in getting the required maintenance undertaken. At this inspection we saw that the general maintenance of the service had continued to deteriorate with a number of spills and stains on the walls, cracks in the walls, and damage to the banisters. We also noted that in one of the bathrooms there was a missing shower curtain, water damage to the floors and mould on the walls and ceiling. We found that a suitable and pleasant environment was not provided for people using the service. This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were inducted to the health and safety procedures at the service. This included ensuring they knew what to do in the event of a fire, rules around smoking, and processes to ensure the security of the building and people's belongings. Fire alarms and emergency lighting were tested weekly to ensure they worked and fire evacuation drills were regularly practiced.

One person's care co-ordinator told us the staff assessed people's risks and communicated with them accordingly. Another person's care co-ordinator told us staff were proactive in identifying, preventing and managing risk issues. They said staff were knowledgeable and followed people's crisis and contingency plans. Management plans were developed addressing people's individual risks. For example, staff looked after one person's personal belongings as they had a history of using them to harm themselves. We spoke to the person and they were happy for staff to look after their belongings for them. Staff undertook checks of people's rooms to ensure they did not have any items in their room that they could use to harm themselves or others. People were required to smoke

outside, however, one person tended to smoke in their rooms. Staff explained to the person the risk of smoking in their room, and processes were in place to minimise the damage if an accidental fire started, including fire retardant bedding.

The staff had put some restrictions in place at the service in order to protect the safety and welfare of people using the service. For example, the kitchen was locked at night because some people were unable to safely use cooking equipment unsupervised. Sharp knives were kept locked away and staff counted the number of knives on each shift to ensure none were missing.

The service had a central system for recording all incidents that occurred at the service. This included recording details of the incident, the people involved, and action taken to manage the incident and ensure the safety of people using the service. We viewed the incidents that occurred over the six months prior to our inspection and saw that they were managed appropriately. Any concern about a person's safety was shared with the other healthcare professionals involved in their care.

Staff received training in safeguarding adults. They were able to describe signs of potential abuse, and knew of the reporting procedures to follow to ensure people received the support they required to maintain their safety. This included contacting the person's care co-ordinator from the community mental health team (CMHT) if they thought the person was starting to self-neglect because their mental health was deteriorating.

Staff stored some people's money for them to reduce the risk of them being exposed to financial abuse. People asked staff whenever they wanted money and this was provided for them. Records were kept of all financial transactions and staff checked the amount of money kept at the service on each shift to ensure all money was accounted for. People's care records included information to evidence that they were aware of the arrangements to keep their money safe and they were in agreement for staff to look after their money for them.

People completed a questionnaire about their medicines. This enabled staff to establish if people understood what medicines they were required to take and what the medicine was for. Staff met with people to discuss any aspects of their medicines management they were unsure about.

## Is the service safe?

Staff supported people to receive their medicines as prescribed. All medicines administered were recorded on a medicine administration record (MAR). We viewed two people's MAR for the three weeks prior to our inspection and these were correctly completed. Staff checked the stocks of medicines kept at the service on each shift to ensure appropriate amounts of medicine were kept at the service and that people had received their medicines in line with their prescription. We checked the stock for three medicines and the balance was correct. If people refused their medicine this was recorded on their MAR and the staff liaised with the person's psychiatrist to obtain further advice about how to support the person.

The staff supported people to attend medicine reviews with their psychiatrist. Any changes in people's medicines were communicated to the staff team. Staff checked all medicines picked up or delivered to the service to ensure they were in line with people's prescriptions. On the day of our inspection one person had recently had their medicine reviewed and this had led to changes in the medicines prescribed. There were a number of errors on the prescriptions provided to the pharmacy and the service picked up that one of the person's medicines had been missed off their prescription and they arranged for this to be corrected, so that the person received the medicines they required.

Homely remedies were securely stored at the service. Homely remedies are medicines that people can take without a prescription. People's GPs provided information to staff about which homely remedies were safe for people to take if required.

People and their relatives told us there were sufficient staff on duty. The service was staffed 24 hours a day, seven days a week. Staff were available to support people at the service and in the community. The service had two staff on duty during the day and one staff member sleeping in at night. The staff member on night duty was available to support people if required during the night. The service had five permanent staff. Where required, bank staff were used to cover shifts. The staff covering the shifts regularly worked at the service and were familiar with people's needs.

Permanent staff were required to undertake six 'sleep in' shifts per 28 day rota. This involved staff working 2pm until 10pm, then undertaking a 'sleep in' shift from 10pm to 8am, and working the following day from 8am to 3pm. This meant staff were required to be at the service for 25 hours. Staff told us they were unable to sleep when they undertook these shifts and were often left "exhausted" when doing the morning shift. There was a risk that due to staff working these long hours that they were not able to meet the needs of people due to them being too tired.

**We recommend that** the service reviews relevant guidance in regards to breaks between shifts particularly for staff undertaking 'sleep in' duties.

# Is the service effective?

## Our findings

One person's care co-ordinator told us they felt staff had the skills and knowledge to adequately support people. Staff completed mandatory training on topics including; first aid, fire awareness, food hygiene, safeguarding adults, infection control and equality and diversity. In addition staff completed training to enable them to better support people using the service, including; person centred thinking, managing challenging behaviour, sexual identity, substance misuse and mental health first aid.

One staff member told us their manager "pushes [staff] to advance ourselves." They said there were opportunities to undertake additional training courses, including national vocational qualifications in mental health awareness. One person using the service was diabetic and the staff were booked onto a training course to learn more about how to support the person with their diabetes. Staff were also booked onto courses regarding safe lone working practices.

Staff received supervision from their manager every three months. This gave staff and their manager the opportunity to review their performance against their roles and responsibilities, and identify any additional training staff would benefit from to further support people using the service. Staff completed an annual appraisal which reviewed their competencies and identified any areas for improvement.

Staff were knowledgeable about their requirements under the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). No one using the service was subject to DoLS and people were free to come and go from the service as they pleased. If people did not return to the service within 24 hours staff followed the provider's missing person's procedures to ensure the safety of the person. At the time of our inspection people were presumed to have capacity to consent to the care and support provided. However, staff had concerns that a person may not have the capacity to manage some aspects of their welfare and staff had requested for an assessment to be undertaken to establish if the person needed further support to receive care in their 'best interests' in line with the MCA.

People were in control of their own mealtimes and were able to choose what they wanted to eat. Staff supported people to go food shopping and supported them to prepare and cook meals at the service. Staff encouraged people to maintain a balanced diet and provided them with information about appropriate diets for their needs. For example, one person was diabetic and staff gave them information about suitable foods to eat and what to avoid. Another person was at risk of not eating and drinking sufficient amounts to meet their needs. Staff supplied drinks at the service to encourage this person to stay hydrated and provided support to them to prepare and cook meals. Staff informed the person's care coordinator from the community mental health team (CMHT) if they noticed that the person had gone a few days without eating sufficient amounts.

Drinks and snacks were available throughout the day and night. When the kitchen was closed at night, drinks were left in one of the communal rooms for people to access when they wanted.

People completed a questionnaire about their physical health. This enabled staff to establish the person's understanding of their physical health and if there was any further support they required. The findings from this self-assessment were discussed at the person's next appointment with their GP. We saw that this had highlighted some concerns about people's physical health that had not been identified on admission to the service and the person was being supported to access specialist medical appointments to meet their needs.

People were supported to attend healthcare appointments, including appointments with GPs, Dentists, Chiropodists and Opticians.

Each person had a care co-ordinator allocated from the CMHT. One person's care co-ordinator told us, "We work in partnership to develop good working relationship." The service liaised with people's care co-ordinators about people's mental health needs and informed them if they had any concerns that a person's mental health was deteriorating. The manager asked people's care co-ordinators for a placement review if they felt the service could no longer support a person's mental health needs.

# Is the service caring?

## Our findings

One person's relative told us, "The staff are really good." They felt staff involved them in their relative's care whilst respecting the person's decision about how much they wanted their relative to be involved. They told us there was clear communication from the staff about people and any changes in their health and support needs. They told us, "There was always someone to talk to, especially [the person's] key worker and the manager." They told us staff listened to the person and they knew them well.

Staff told us they encouraged two way communication with the people they were supporting. They spoke to people every day to "make sure they are ok." We observed staff speaking to people politely and respectfully. One person's care co-ordinator described the staff as "polite, friendly and approachable." Staff were knowledgeable about a person's needs, preferences and interests. Staff reassured people when they were showing signs of anxiety.

People were involved in decisions about their care. Staff met with people to discuss their support plans and to identify any goals they wished to achieve whilst at the service. Staff supported people in line with the person's preferences and wishes. For example, if people wanted, staff were available to support them in the community. Each week people had dedicated time in which they were able to request to undertake a specific activity and identify which staff member they wanted to do it with, through a 'personalisation' programme.

People's privacy was respected. People had their own bedrooms and staff did not enter their rooms without the person's permission, unless there were concerns about the person's safety. Staff knocked on people's doors and announced their presence before entering people's rooms.

People were supported to build upon and maintain relationships with their relatives. People's families came to visit them at the service and one person was supported to spend weekends staying with their relatives.

Staff had discussions with people about confidentiality and sharing of confidential information. People were made aware that some information relating to their health and support needs would be shared with other healthcare professionals involved in their care to ensure they received the care they required. We saw that people had signed consent forms to agree that they were happy for this information to be shared and who they were happy for it to be shared with. On the whole information about people was kept stored in a locked cabinet so that other people using the service and visitors were not able to access the information, however, on the day of the inspection we saw instances when some information was not always securely stored, for example, medicine administration records. We informed the manager of this and they told us it was an oversight and they would ensure all records would be stored securely.

# Is the service responsive?

## Our findings

One person's relative told us, "Staff are really good...they really help [the person]." Another person's relative told us the staff were "helping [the person] to build their confidence."

Staff used the mental health 'recovery star' (a recognised tool to plan care and support for people recovering from mental illness) to structure and prioritise the support provided to people. The recovery star allowed staff and people to rate their needs on a ten point scale for different aspects of their life including, their physical health, mental health, relationships, employment/education and daily living skills. During key work sessions, when people met with a member of the staff team dedicated to support them, people went through the scores on the 'recovery star'. An action plan was produced with clear information about how the person wished to be supported to attain their goals and become more independent. People met with their key worker monthly to look at what progress the person was making against their goals. If people were not progressing as expected staff liaised with the person's care coordinator to obtain further advice about how to support the person.

Staff told us they tried "to encourage people to go and try new things." They supported people to access the community and supported them to undertake different activities and widen the places they went to visit. This included supporting people to undertake leisure activities, activities of daily living and sightseeing in the city. People were allocated hours for staff to support them with whatever activities they wanted to do, for example, going clothes shopping.

One person's relative told us they would like staff to support the person using the service to go out more and engage in more activities. The staff told us they would also

like to undertake more activities with people and encourage them to develop new skills and interests, however, they were finding it difficult to motivate people at the time of the inspection.

Staff supported people to express their views and opinions. People were able to do this through individual discussions with their key worker or the manager of the service. People were also invited to express their views about the service during 'house' meetings. We viewed the minutes from the last 'house' meeting. These meetings gave people the opportunity to raise any concerns they had about the service, to identify any trips or activities people wanted to do, and to discuss processes affecting the service including cleaning of communal areas. People were asked during 'house' meetings if they had any complaints they wanted to raise about the service or the support they received. No complaints had been made in the last year. Staff supported people if they wanted to make a complaint and all complaints were to be recorded on a central spreadsheet so the manager and the provider's senior management team could ensure appropriate action was taken to investigate and address any concerns raised.

People were asked to express their views about the service and the support they received through completion of satisfaction surveys. We saw that this included a survey about the general support received and specific surveys in relation to the support provided with their medicines and their physical health. We saw that most people were satisfied with the support they received.

The service kept a record of compliments received by people using the service and their relatives. We viewed some of the compliments received. The comments included one person saying thank you to staff for the support provided in the community and at the service, and "making me feel a little better." One person's relatives said, "I'm so thankful [the person's] got you guys [the staff] to look after them."

# Is the service well-led?

## Our findings

One staff member told us in regards to their manager that they were “fabulous. I could not ask for a better manager.” One person’s care co-ordinator told us the staff responded well to feedback and used it to improve the quality of service provision.

At the time of our inspection the service did not have a registered manager due to confusion about transferring the manager’s registration in 2010 when the Health and Social Care Act was reviewed. The manager was in the process of reapplying to become the registered manager of the service as required by their registration with the Care Quality Commission. At the time of our inspection the service was in breach of Regulation 5 of the Care Quality Commission (Registration) Regulations 2009.

The manager adhered to the other conditions of the service’s registration and we were notified as appropriate of any incidents that occurred at the service that resulted in potential harm to people or involvement of the police.

Staff were clear about the service’s management structure. Staff told us the manager provided good leadership and they were comfortable speaking with their manager if they needed any advice about how to support people using the service. The service manager, who line managed the home’s manager, had recently been appointed. They had come to visit the service and speak with staff and people using the service. They also reviewed the support provided to people and looked at the quality of people’s recovery and support plans. Members of the provider’s board of trustees had been to visit the service and speak with people. This enabled them to find out more about the service and to review the quality of service provision.

A peer support programme was in place to assess the quality of the service. This involved a manager from one of the provider’s other services to visit and review service provision. They assessed the quality of care based on the Health and Social Care Act 2008 regulations. The last visit looked at people’s care records, staff training and medicine management processes. There were no concerns raised about the quality of service provision.

The manager and staff undertook regular checks to ensure the quality of the service. This included the manager undertaking quarterly audits on the quality of care records, to ensure people’s risk assessments and recovery support plans had been reviewed and reflected people’s current needs. Staff also undertook quality checks on each shift, including reviewing medicine stocks, reviewing people’s finances managed by the service and petty cash amounts, and ensuring people’s important documents stored by the staff were kept secure. Health and safety checks were undertaken by the service to ensure any maintenance needs were identified, and to ensure a safe environment was provided to people.

Staff told us they were well supported by their manager. One staff member described their manager as “one of the best.” Staff were supported formally by their manager through three monthly supervision sessions and annual appraisals. We saw that supervision had been completed and reviewed the support provided to people at the service. Supervision also gave staff the opportunity to review what they had done well and any areas of their roles where they felt they could improve. One staff member told us, “if you’re doing anything wrong [the manager] tells you and advises you what to do.” Staff told us they felt valued and appreciated by their manager, and their manager always told them “well done” when they were doing well.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 5 (Registration) Regulations 2009 Registered manager condition</p> <p>The service provider in respect of the regulated activity did not adhere to the registered manager condition. Regulation 5 (1) (a).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>The premises used by the service provider were not suitable for the purpose they were used for and were not adequately maintained. Regulation 15 (1) (c) (e).</p>