

Southside Partnership Wardley Street

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Wardley Street is a short-stay and/or emergency respite care service providing personal care and support to up to 7 people at any one time. This includes 5 short stay and 2 emergency beds. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were 4 people staying at the respite service which accommodates people in 1 adapted building. Approximately 40 people and their families extensively use this respite service. People staying there may also have additional care needs associated with mental health, mobility, communication, or sensory impairment.

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

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 Care Quality Commission (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.

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

People using this respite service all spoke positively about the standard of care and support provided at Wardley Street. A relative told us, "My [family member] loves to stay at Wardley Street. The staff are all so supportive there." Another relative added, "It's a wonderful service my daughter receives there. She always looks forward to going."

Right Support

People received a service that was safe for them to live in and for staff to work. The quality of the service was regularly reviewed, and appropriate changes made to improve people's care and support if required. This was in a way that suited people best. The home had well-established working partnerships that promoted people's participation and reduced the danger of social isolation.

Right Care

Staff were recruited safely and appropriately trained. There were enough staff to support people to live in a safe way, whilst enjoying their lives. Risks to people and staff were assessed, monitored, and reviewed. Complaints, concerns, accidents, incidents, and safeguarding issues were appropriately reported, investigated, and recorded. Staff were suitably trained manage people's medicines safely.

Right culture

The home's culture was positive, open, and honest, with leadership and management that was clearly identifiable and transparent. Staff were aware of and followed the provider's clearly defined vision and values. Staff knew their responsibilities, accountability and were happy to take responsibility and report any

concerns they may have.

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.

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

Rating at last inspection

The last rating for this service was good (published 12 August 2017).

Why we inspected

We undertook this inspection to check whether the service was continuing to provide a good rated service to people.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wardley Street at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Wardley Street

Detailed findings

Background to this inspection

The inspection

We conducted 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

1 inspector conducted this inspection.

Service and service type

Wardley Street is a respite '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. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. An acting manager had been in post for 5 months and would remain so while another manager, already working for this provider, submitted an application to register with us. We are currently assessing this application.

Notice of inspection

This inspection was unannounced. Inspection activity started on 23 March 2023 and ended on 30 March 2023. We visited this respite service on the first day of this inspection.

What we did before inspection

We reviewed information we had received about the service since the last 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 used all this information to plan our inspection.

During the inspection

We spoke in-person with 4 people who were using the respite service and 3 members of staff who worked there. We also received feedback from 4 relatives we contacted by telephone about their experiences of using this respite service.

We reviewed a range of records. They included 4 people's care and risk management plans. We also checked a variety of records relating to the management and governance of the service, including multiple medicine's administration record sheets, audits, and policies and procedures.

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staff duty rosters, staff recruitment and training records, and provider level audits. We received the information which was used as part of our inspection.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. 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.
- People told us they felt safe and well cared for when they stayed at the service. A relative said, "My [family member] is definitely safe when they stay at Wardley Street. He would say so if he didn't feel safe there." People whose use of words was limited looked relaxed and positive during our visit, indicating they felt safe.
- The provider had clear safeguarding and staff whistleblowing policies and procedures in place. Whistleblowing is the term used when a worker passes on information concerning perceived wrongdoing, typically witnessed at work.
- Staff were trained how to identify signs of abuse and the appropriate action they needed to take, if required. They knew how to raise a safeguarding alert. Staff had to confirm that the provider had made their safeguarding procedure available to them and they had read it. A member of staff told us, "I would tell the shift leader and the manager if I saw people being abused or neglected and let Wandsworth safeguarding team and the CQC know straight away."
- Staff demonstrated a thorough understanding of what people's gestures, and sounds they made meant and could identify if they were happy or not and things they wished to do.
- Areas of individual concern about people, were recorded in their care plans.

Assessing risk, safety monitoring and management

- People were risk assessed and were actively supported to take acceptable risks and enjoy their stay at Wardley Street safely.
- People had up to date care plans that contained detailed person-centred risk assessments and management plans to help staff keep people safe. These risk assessments included all aspects of people's personal, health, social care needs and wishes. Staff kept people safe by regularly reviewing and updating people's risk assessments as their needs, interests and pursuits changed. A member of staff told us, "Risk assessments and management plans to keep people safe are easy to follow and understand."
- The service had an experienced staff team who were familiar with people's daily routines, preferences, the risks they might face and the action they needed to take to prevent or appropriately manage those risks. For example, this included staff being aware of the action to take to minimise risks associated with people choking whilst eating and drinking. A relative told us, "The staff are acutely aware of my [family member's] sensory impairment needs and the risks associated with them, and do an excellent job preparing the service to make sure the environment is as safe as it can possible be for him whenever he stays there."
- Staff received positive behavioural support training and appropriately dealt with situations where people displayed behaviour that communicated distress. Staff appropriately dealt with situations patiently helping people to calm down when they were getting anxious. There were personal behavioural plans if required.

- Regular checks were completed to help ensure the safety of the service's physical environment and fire safety equipment. There was clear guidance available to staff to follow to help them deal with emergencies. For example, personal emergency evacuation plans were in place for everyone who was currently staying at the service, which were all kept in a single file to make it easy for staff to access this essential information in an emergency.

Staffing and recruitment

- We were assured the provider's staffing and recruitment systems were safe.
- There were enough staff to meet people's needs. During our inspection, staffing levels matched the staff duty roster for the day shift and enabled people's needs to be met safely. Staff were visibly present, providing people with the appropriate care and support they needed. For example, we observed staff were always quick to respond to people's requests for assistance or to answer their queries.
- The provider used a dependency tool to calculate the number of staff that needed to be on duty at any one time in order to meet people's needs. For example, a minimum of 2 staff were always on duty during the day and there was 1 waking member of staff on duty at night.
- Staffing levels were flexible and routinely increased if more staff were required. For example, at weekends when more staff were required to support people to engage in fulfilling community based social activities . This was confirmed by a member of staff who told us, "Staffing levels are often increased at weekends when there's no day centres for people to attend so we can go out and enjoy more social activities in the local community."
- People told us the service had enough staff to meet their care and support needs. A relative said, "There always seem to be enough staff on duty in the service to keep my [family member] safe and there's often extra staff at weekends so they can take people out."
- The provider's staff recruitment process was thorough, and records demonstrated they were followed. The provider conducted thorough pre-employment checks to ensure the suitability of staff for their role. These included checks on prospective new staff's identify, previous employment, their character, their right to work in the UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The staff recruitment process also included interview questions that were scenario-based to identify prospective staffs' skills and knowledge of learning disabilities. A newly recruited support worker told us, "My new employer conducted pre-employment checks on me. They let me start working here, including a DBS check, previous employment references, my identity, and the state of my health. I also had a really thorough interview with the [acting] manager."

Using medicines safely

- Medicines systems were well-organised, and people received their medicines safely.
- Medicines were safely administered, appropriately stored, disposed of, and regularly audited by managers and senior staff. We found no recording errors or omissions on any medicines administration record (MAR) charts we looked at.
- People's care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered. For example, a single easily accessible record known as the shift file contained all the essential information staff needed to know about who was currently staying at Wardley Street. It included detailed guidance about their medicines regime and when and how to safely administer any 'as required' medicines people might be prescribed.
- Staff authorised to manage medicines in the service were clear about their responsibilities in relation to the safe management of medicines. These staff received safe management of medicines training and their competency to continue doing so safely was routinely assessed by managers.

Preventing and controlling infection

- The provider followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely in line with the government's risk-based approach to PPE. All staff working at the service were required to wear PPE when providing people who stayed there any intimate personal care. A member of staff told us, "We've adopted a risk based approach to wearing PPE and only put it on when we're supporting people with any personal care."
- We were assured that the provider was accessing testing for people using the service and staff. The provider continued to routinely evaluate people about to stay for respite care and staff working at the service for COVID-19.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People told us, and we saw that the service, looked and smelt hygienically clean.
- We were assured that the provider's infection prevention and control policy was up to date. Regular infection prevention and control audits took place. Staff received infection control and food hygiene training that people's relatives said was reflected in their work practices. This included frequent washing of hands, using hand gel, and wearing PPE, such as gloves and facemasks.

Visiting in care homes

- The service's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely. People could visit the service whenever they wished.

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.

- People consented to the care and support they received from staff at the service.
- Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and DoLS.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The home had regularly reviewed accident and incident records to reduce the possibility of reoccurrence.
- Any safeguarding concerns and complaints were reviewed, analysed, and responded to with emerging

themes identified, necessary action taken and ways of avoiding them from happening again looked at. This was shared and discussed with staff during team meetings and handovers.

- The provider had systems in place to record and investigate any accidents and incidents as they occurred. This included a process where any learning from these would be identified and used to improve the safety and quality of the service they provided. For example, the number of medicines recording errors where staff had failed to correctly sign for medicines they had administered, had been significantly reduced since the provider had increased monitoring checks on completed MAR charts. The provider also reassessed staff's competency to manage medicines safely.

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 the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People using the service and staff spoke positively about the way the service continued to be managed by the acting manager who had been in day-to-day charge since November 2022. A relative told us, "The [acting] manager is very good at keeping us updated about any changes in our [family members] needs and is very approachable." A staff member added, "We have a very well-established, experienced staff team here who all work well together as one big happy team. I think we're extremely well-managed and supported by the [acting] manager and the senior staff who take it in turns to be shift leaders and manage a day shift."
- The quality and safety of the service people received was routinely monitored by managers and staff at both a provider and service level. This was done by conducting regular internal audits and checks to staff training and support, observing staffs working practices, health and fire safety, medicines management and infection prevention and control. A member of staff told us it was the responsibility of the person in charge of the shift each day to conduct daily walk about tours of the building and check the health and safety of the environment was being appropriately maintained.
- The outcome of these audits and checks were routinely analysed to identify issues, learn lessons, and develop action plans to improve the service they provided people. For example, the provider's quality assurance systems had indicators that identified how the service was performing, areas requiring improvement and areas where the service was achieving or exceeding targets.
- Records demonstrated that safeguarding alerts, complaints and accidents and incidents were fully investigated, documented and procedures followed correctly.
- We saw the service's previous CQC inspection report, which was clearly displayed in a communal area within the service and was easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- Staff understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

Continuous learning and improving care

- The service improved care through continuous learning.
- The provider's policies and procedures included how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled the provider, [acting] manager, and staff to learn from and improve the service.
- People and their relatives gave regular feedback that identified if the care and support given was focused

on their needs and wishes. Feedback from people using the service who had limited vocabulary was taken by interpreting their positive or negative body language to activities and towards staff.

- Performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The services culture achieved good outcomes for people and was positive, open, inclusive, empowering, and person-centred. A relative told us, "The staff are very aware of my [family members] needs, and what he likes and doesn't like to do. For example, they [staff] know he likes to stay in the same bedroom whenever he visits, so they make sure that always happens, which makes him happy."
- People's care plans were person-centred and contained detailed information about their unique strengths, likes and dislikes, and how they preferred staff to meet their care needs and wishes. For example, essential information staff needed to know about the prescribed medicines, financial transactions made and personal emergency evacuation plans of everyone who was staying at the respite service at any given time, were kept in a single record for ease of access purposes. A member of staff said, "It's really comforting knowing vital information we need to know about the medicines people are taking, how we can evacuate them safely from the building in an emergency, and how people spend their money when they stay with us can be accessed quickly."
- Staff understood the need to be open and honest when things went wrong. They reported all concerns to the relevant people and organisations and shared outcomes with people, their relatives, and the staff team.

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

- The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives, and staff.
- The provider used a range of methods to gather people's views about what the service did well or might do better. For example, this included feedback meetings staff held with people at the end of their stay to find how what their experience had been and what they might do to make their stay better next time.
- Managers and staff ensured they engaged and involved people using the service in its day-to-day running. They did use various methods to communicate with people and share valuable information with them in ways they could easily understand and preferred. For example, staff used easy to read pictorial cards to help people who could not communicate verbally with them make informed choices about what they wanted to eat at mealtimes.
- During the inspection, staff regularly checked that people staying at the service were happy and getting the care and support they needed.
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual meetings with their line manager and group team meetings with their fellow co-workers. Staff told us they received all the support they needed from the service's management. A member of staff said, "I feel I get all the training and support I need from my employer to do the best job I can."

Working in partnership with others

- The provider worked in close partnership with various community health and social care professionals and external agencies. This included GPs, social workers, speech and language therapists and occupational therapists.
- Staff told us they regularly consulted with these external bodies and professionals, welcomed their views and advice, and shared best practice ideas with their staff.

