

Southside Partnership Wadeville

Inspection report

2a & 2b Wadeville Close
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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

About the service

Wadeville is a residential care home providing personal care for up to 11 people in two buildings, each of which has adapted facilities. The service provides support to younger adults with learning disabilities or autistic spectrum disorder. At the time of our inspection there were 10 people using the service.

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

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right culture:

The quality assurance system and processes had failed to identify and correct issues we found at the inspection. However, we found some positive aspects of culture as well. The registered manager and staff worked with other external professionals to ensure people were supported to meet their needs. The provider had a system to manage accidents and incidents. There was a management structure at the service and staff were aware of the roles of the management team. The registered manager and staff worked as a team and in partnership with a range of professionals. Staff received support through training, supervision and staff meetings to ensure they could meet people's needs.

Right support:

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. Some people's care plans required review and update. People were protected from the risk of infection. People were treated with dignity; their privacy was respected, and they were supported to be as independent in their care as possible.

Right care:

Some people's care records were not in line with the Accessible Information Standard. People and their relatives were encouraged to participate in making decisions about their care and support. An assessment of people's needs had been completed to ensure these could be met by staff. Staff showed an understanding of equality and diversity. Staff respected people's choices and preferences. The registered manager knew what to do if someone required end of life care.

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 06/12/2021 and this is their first inspection.

Why we inspected

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

Enforcement and recommendations

We have identified three breaches in relation to safe care and treatment, premises and equipment, and good governance at this inspection.

Please see the action we have told the provider to take, at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Wadeville

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

This service was inspected by one inspector, a specialist advisor, and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector returned to the service on the second day, and an Expert by Experience carried out phone calls to people's relatives to complete the inspection.

Service and service type

Wadeville 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. Wadeville is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

The service was required to have 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts that had been raised. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We sought feedback from commissioners and the local authority safeguarding team. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with six relatives of people who used the service about their experience of the care provided. We spoke with six members of care staff, the registered manager and the human resources director. We carried out observations of care provided in the communal areas. We reviewed a range of records. This included six people's care records, eight staff files in relation to recruitment and a variety of records relating to 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 a range of records related to staff recruitment and training, care plans, and quality assurance records were also reviewed.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's risk assessments and risk management plans were not always effective. For example, one person was noted as not being able to get out of the bath when previously they could. A request for a referral to an occupational therapist (OT) had been made. However, there was no progress update about this referral. We also noted, people's risk assessments were copy pasted onto the other people's risk assessments and were not each individual specific.
- Risk management plans did not have sufficient guidance for staff about how to manage people's mobility needs and the home environment. The registered manager told us, they would review all people's risk assessments and update them to reflect their current risks with sufficient guidance for staff. They told us they would do this by end of March 2023.
- Each person had a personal emergency evacuation plan (PEEP) however, their reviews were overdue. When asked at the registered manager told us they would straight away review and update the PEEPs.

Whilst we found no evidence that people had been harmed, systems in place were not robust enough to demonstrate that risks to people were safely managed and this placed people at risk of harm. This was in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives spoke positively about staff and the support their loved ones received. One relative said, "When I visit it appears quality of care from staff is good."
- Throughout our inspection we observed positive interactions between staff and people, with staff supporting people to safely move and mobilise, to eat and drink and to participate in activities.
- There were systems in place to deal with foreseeable emergencies. Records showed health and safety and equipment checks were routinely undertaken. Staff carried out fire drills in the home during the day and night.

Using medicines safely

- People received their prescribed medicine. One relative told us, "Yes, without doubt my [loved one] gets their medicines when they need them." Another relative said, "My [loved one] had tooth infection, I presume all medicines is given at the right time."
- Staff completed medicine administration records (MAR) as required to ensure people received their medicines as prescribed.
- Monthly medicines audits were routinely carried out to ensure people received their prescribed medicines correctly. However, the reasons for not administering a person's as required medicine was not recorded on

the MAR and this was not identified during their audits. We brought this to the attention of the registered manager, who said they would tell staff to record it straight away.

- The service had a medicines policy in place and staff had completed medicines training. Their competency to administer medicines had also been assessed.

Medicines were stored safely.

- The service had PRN (as required) medicine protocols in place for any medicines that people had been prescribed but did not need routinely.

Staffing and recruitment

- People were not supported by effectively deployed staff at all times. Relatives gave us mixed feedback for example, one relative told us, "Yes, there are enough staff." Another relative said, "Not always a lot of staff." A third relative commented, "When I do go only one person I seen on shift."

- We saw there was not enough one to one support available to people at all times. For example, the activity coordinator had left the service two months ago and people had limited activities on offer, apart from the regular day care centre they attend.

- We brought this to the attention of the registered manager who said, they plan to recruit staff for activities by the end of March 2023.

- However, staff told us they felt there were enough staff to meet people's needs safely and to attend appointments when required. There was on-call management support available for staff as and when required.

- The provider carried out satisfactory background checks for all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, criminal record checks and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.

- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood the different types of abuse, and the signs to look for. Staff were aware of the action to take if they suspected someone had been abused including reporting their concerns to the manager and the local authority safeguarding team.

- Staff completed safeguarding training. They knew the procedure for whistleblowing and said they would use it if they needed to.

- The registered manager confirmed there had been no safeguarding incidents since their registration in December 2021.

Preventing and controlling infection

- People were protected from the risk of infection.

- Staff understood the importance of effective hand washing, using personal protective equipment (PPE) and disposing of waste appropriately. This protected people and themselves from infection and cross-contamination.

- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

Visiting in care homes

The provider had visiting arrangements in place that was in line with the government guidance and the manager ensured all visitors followed it. The provider screened all visitors to the home for symptoms of acute respiratory infection before they could enter the home. Visitors were supported to follow the

government's guidance on hand washing, sanitising, wearing personal protective equipment (PPE), temperature checks.

Learning lessons when things go wrong

- There were systems and processes in place to manage and follow up on accidents and incidents.
- Staff completed accident and incidents records. These included details of the action staff took when responding and when minimising future risks, as well as details of who they notified, such as the registered manager.
- The registered manager monitored these events to identify possible learning and discussed this with staff.

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 as requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were not provided in a well-equipped, well-furnished and well-maintained environment which met their needs. For example, a dish washer was not working, staff washed utensils with their hands, one of the kitchen sink cupboards were removed but not replaced as yet which was unsightly. A bathroom light was not working, one of the toilet seats and flush was broken, and one of the stove's oven door and knob was broken.
- There was no sensory room for people to access at the home, to promote their well-being.
- The furniture and furnishings in the lounge did not support people's needs. For example, the sofa sets were completely worn out and required replacement.
- Some people's rooms were not personalised and required decoration. For example, one person's bedroom roof and wall was repaired due to water leakage but not redecorated.
- The registered manager was aware of these concerns and told us they had escalated this to their management about maintenances, repairs, redecorations and replacement of fixtures and furniture's but were short of budgetary provisions.

Whilst we found no evidence that people had been harmed, systems in place were not robust enough to demonstrate that the premises were managed, to meet the needs of people. This was in breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Mental Capacity Act (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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was working within the principles of the MCA and appropriate legal authorisations were in place to deprive a person of their liberty. However, one person's record referred to "They are subject to a court of protection restrictions such as a deprivation of liberty regarding their accommodation, care and support." The registered manager clarified that this is a mistake and was wrongly put in their care records and that they will amend the record as appropriate immediately.
- The registered manager told us they continued following up with the local authority about people's DoLS standard authorisation renewals.
- Staff training records showed they had received MCA training. Staff knew about people's capacity to make decisions through verbal or nonverbal means and this was well documented.

Staff support: induction, training, skills and experience

- The provider supported staff through supervision and training to ensure they had the appropriate knowledge and skills to meet people's needs. However, staff supervision records were not maintained and this required improvement.
- Training records confirmed that staff had completed training that was relevant to people's needs. This training included safeguarding adults, medicines administration, health and safety, fire safety, behaviours that communicate a need, learning disability, and equality and diversity.
- Staff told us they could approach their line manager for support.

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

- People's needs were assessed to ensure these could be met. There had been no new admissions and people had been living at this home for several years.
- The assessments looked at people's medical conditions, physical and mental health, mobility, nutrition, choices, and the home environment.
- Where appropriate, people and relatives were involved in this assessment. This information was used as a basis for developing personalised care plans, to meet each person's needs.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support needs. Staff knew people about how to support them to make choices.
- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed and were supported to access healthcare services. However, some of their reviews were outstanding. The registered manager told us that the work was in progress.

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

- Staff supported people to eat and drink enough to meet their needs. People could exercise choice and could access enough food and drink.
- Some people had dietary requirements and they were offered in accordance with individual needs. Staff told us, how they supported a person with making food choices. For example, about a person who had specific dietary needs.

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

- Staff supported people to access healthcare appointments if needed. People's care records included evidence of regular contact with health care professionals for example, the GP, dentist and nurse.
- People's health needs were recorded in their care plans along with any support required from staff in relation to these needs. However, their health action plan reviews were in progress.
- Staff told us they would notify their line manager if people's needs changed and if they required the input of a healthcare professional, such as a district nurse or a GP appointment.

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.

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

- People and their relatives had been consulted about the care and support they received. One relative told us, "They [staff] speak in friendly and gentle tone of voice with my [loved one]. Another relative said, "Yes my [loved one] been there for many years, needs are assessed."
- Staff respected people's choices and preferences, such as the clothes they wanted to wear, their food and drink preferences, and what activity they wanted to do during the day. One member of staff said, "I give them choice and make them choose clothes, and ensure we dress them well, so they won't get cold."

Ensuring people are well treated and supported; respecting equality and diversity. Respecting and promoting people's privacy, dignity and independence

- The service was non-discriminatory, and staff told us they would always support people with any needs they had with regards to their disability, race, religion, sexual orientation or preferred gender.
- We saw staff engaged in conversations with people in a relaxed and natural manner.
- People were supported to maintain their independence. Staff told us they encouraged people to complete tasks for themselves, as much as they were able to and records seen confirmed this.
- Training records confirmed that staff had received training on equality and diversity. One staff member told us, "I make sure that I treat people with respect, irrespective of their colour religion and race."
- People's care records included sections about their cultural and religious backgrounds and relationships that were important to them.
- Staff confirmed that people were supported with their spiritual needs where requested. For example, the provider arranged for people to attend places of worship.
- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms.

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 requires improvement. This meant people's needs were not always met.

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

- Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. However, some care plan reviews and updates were outstanding, this required improvement. The registered manager told us, they are in the process of reviewing and migrating all care records on to the computer and they planned to complete this by the end of March 2023.
- Staff had knowledge of the support people needed when delivering care. However, the daily care records about what support and care staff provided to each person was very brief and was not clear to reflect if all planned support was given. The registered manager told us, they would advise staff to record all the care delivered in line with the care plan.
- Care plans included the level of support people needed from staff and what they could manage to do for themselves.

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 service identified people's information and communication needs by assessing them for example, about objects, photographs and use of gestures. However, not all people's care records were made available in formats that met their needs in line with the Accessible Information Standard and this required improvement.
- Notwithstanding the above, staff offered choices to individual people using a communication method appropriate to that person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop relationships with those close to them. Staff recognised people's need for stimulation and supported people to follow their interests and take part in activities. These included listening to music, accessing day care centre and local community.
- However, there was no sensory room when people required, the activities coordinator had left a couple of months ago and their position was vacant, which limited the indoor planned activities for all people. The registered manager told us, in the light of the budget constraints, they were actively pursuing to fill this

vacancy at the earliest possible.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for managing complaints and this was accessible to people and their relatives. One relative told us, "I could find out, ring Wadeville and say not happy and how I make a complaint and ask advice. However, had no complaints to make." Another relative said, "I'd find out how to make one if needed. My [loved one] is cared for, presentable, and looks lovely."
- The registered manager told us there was no complaints since the registration of the service in December 2021.

End of life care and support

- The provider had an end of life care policy in place. The registered manager told us that none of the people currently using the service required support with end of life care. They said they would liaise with the appropriate health care professionals to provide people with end of life care and support, when it was required.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The systems in place to understand and address the quality and safety issues within the service were not operating effectively.
- There were audits in place, however, they had failed to address that all care plans and risk assessments had not been kept up to date. People's personal emergency evacuation plan reviews were out of date overdue. Some medicine administration records (MAR) for as required medicines were not completed correctly. The premises repair and redecoration work were outstanding. One person's mental capacity assessment was inaccurate. Some people's health action plans and health passport reviews were outstanding. Not all people's care records were made available in formats that met people's needs in line with the Accessible Information Standard

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a clear management structure at the service. Staff were aware of the roles of the management team. Staff understood their roles and responsibilities.
- The service had an on-call system to make sure staff had support outside of office working hours and staff confirmed this was available to them.

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

- There was a duty of candour policy in place and the registered manager understood the requirements of Care Quality Commission (CQC) to be notified of significant events and their responsibilities under the duty of candour.
- Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had encouraged and empowered staff to be involved in service improvements through staff supervision and staff meetings. One member of staff said, "In our staff meetings we talk about teamwork." Another member of staff commented, "We discuss how to work in the best interests of people at all times."
- Records showed staff encouraged relatives to involve in care reviews and best interests decision making process, as appropriate.
- Staff meetings were held to discuss areas such as any changes in people's needs, guidance for staff about the day to day management of the service, coordination with health care professionals and any changes or developments within the service.

Continuous learning and improving care. Working in partnership with others

- The registered manager demonstrated a willingness to provide good quality care to people. They had started making improvements, for example about review and update of care plans, but the progress was slow.
- The senior management team and the manager were committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.
- They worked closely with local authority commissioners and healthcare professionals.

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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The risk assessments and risk management plans were not effective. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA RA Regulations 2014 Premises and equipment People's care and support was not provided in a well equipped, well-furnished and well maintained environment which met people's needs. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to understand and address the quality and safety issues within the service were not operating effectively. |