

Southside Partnership

Southside Partnership - 94 Strathleven Road

Inspection report

94 Strathleven Road
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Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Good 

Summary of findings

Overall summary

About the service:

Southside Partnership - 94 Strathleven Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. A Housing Association (landlord) owned the building and as the landlord were responsible for its maintenance.

This service supported people with learning disabilities and/or autism, physical disabilities and communication needs. The care home was registered to care for six adults in one adapted building. At the time of our inspection six people were living at the care home.

People's experience of using this service:

The service applied the principles and values of Registering the Right Support and other best practice guidance. This ensured people who lived at the service could live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

At this inspection the evidence we found continued to support the rating of 'Good' and there was no information from our inspection and on-going monitoring that demonstrated any serious risks or concerns.

However, although we rated the service 'Good' overall and for four out of the five key questions, 'Is the service safe, caring, responsive and well-led?'; we found the service was not always effective. Therefore, we have rated them 'Requires Improvement' for the one key question, 'Is the service effective?'

Although the care home was suitably adapted and designed to meet the physical disability needs of people living there; we saw the interior decoration had not been well-maintained. This was confirmed by discussions we had with visitors to the care home and managers and staff who worked there.

This quote from a relative summed up how most people felt about the care home, "I think my [family member] receives some really good care from excellent staff who work at 94 Strathleven Road, but I just wish they [provider] would do the place up a bit."

We discussed this issue with the registered manager. They told us they had repeatedly raised their concerns about the homes poor decorative state with the House Association. At this inspection we saw recorded evidence that showed the Housing Association had recently agreed to the providers requests to refurbish all the care homes damaged bathroom/toilets and kitchen, as well as redecorate all the communal areas, by June 2019.

Progress made by the provider in partnership with the housing Association to achieve this time specific aim will be assessed at their next inspection.

The premises issues described above notwithstanding, people seemed happy at the care home. We observed good interactions between people living there and staff throughout our two-day inspection.

The service had appropriate safeguarding policies and procedures in place and staff had a clear understanding of these procedures. Risks to people had been assessed and was regularly reviewed to ensure people's needs were safely met. This meant people were protected from avoidable harm, discrimination and abuse.

Appropriate staff recruitment checks took place before staff started working for the service. There were enough staff available to meet people's care and support needs. People received care from staff who were suitably trained and supported to meet their personal care and support needs.

The service had procedures in place to keep the care home clean and reduce the risk of the spread of infection.

People were receiving their medicines as prescribed. Medicines were monitored and safely managed in line with best practice guidance.

Staff routinely sought the consent of the people they supported ensuring they had maximum choice and control of their lives. People were supported to do as much as they could and wanted to do for themselves to help them maintain and develop their independent living skills.

People were supported to maintain a nutritionally balanced diet. People received the support they needed to stay healthy and to access health care services as and when required.

People received support from staff who were kind and compassionate. Staff treated people they supported with dignity and respect. Staff also ensured people's privacy was always maintained, particularly when they supported people with their personal care needs.

Staff understood people's preferred method of communication and acted on their wishes.

Staff met people's spiritual and cultural needs and wishes. Staff understood people's preferred method of communication and acted on their requests.

People's care plans were personalised and routinely reviewed to ensure they remained up to date.

People were supported to participate in activities within the care home and in the wider community that reflected their social interests.

No one living in the care home at the time of our inspection required support with end of life care, however there were procedures in place to make sure people had access to this type of care if it was required.

The service was well-led and management support was always available for staff when they needed it. There was an open and transparent and person-centred culture.

The provider had effective systems in place to assess and monitor the quality and safety of the care and support people living in the care home received. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.

People, their relatives, professional health and social care representatives and staff were all asked to share their feedback about the service and action was taken in response to this feedback. People, and where appropriate their relatives and professional representatives, were supported to express their views and be involved in making decisions about the care and support they received.

People's concerns and complaints were dealt with by the provider in an appropriate and timely way.

The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver an effective care home service.

Rating at the last inspection:

Good overall and for all five key questions, 'Is the service safe, effective, caring, responsive and well-led?' (Report was published on 09 November 2016).

Why we inspected:

This unannounced comprehensive inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

All services rated "Good" overall are re-inspected by the CQC within two and a half years of the published date of our last planned comprehensive inspection.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates in keeping with our inspection methodology (See above).

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

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 Safe.

Details are in our Safe findings below.

Good ●

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 Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Southside Partnership - 94 Strathleven Road

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector was involved in carrying out this inspection.

Service and service type:

This service is a 'care home' where up to six adults with learning disabilities and/or autism, physical disabilities and communication needs receive accommodation and personal care.

The service had a manager registered with the CQC. 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:

Our inspection was unannounced on the first day and announced on the second day.

What we did:

Before our inspection, we reviewed all the key information we held about this service, including our Provider Information Return (PIR) and notifications the provider is required to send us by law about incidents and events involving people living in the care home and the service itself.

During our inspection we met with all six people who lived at the care home, a visiting relative and a community art therapist, the registered manager, the deputy manager, two senior area managers and five

support workers. We also looked at a range of records including; three people's care plans, six staff files and various documents relating to the overall management of the service. This included medicines administration record (MAR) sheets, accidents, incidents, complaints and quality assurance audits.

People living in the care home had complex communication needs and were not able to communicate their views to us through speech, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep safe and to raise concerns when abuse occurred.
- The service had effective safeguarding policies and procedures in place.
- The registered manager and staff had received up to date safeguarding adults at risk training and knew how to recognise abuse and protect people from the risk of abuse. One member of staff told us, "We update our safeguarding and staff whistle blowing training every two years and I'm confident everyone who works here wouldn't hesitate to report abuse if they knew it had happened."
- The registered manager had reported allegations of abuse or neglect to the relevant local authority safeguarding team and the CQC when it was identified. The registered manager was also clear about processes and when to report concerns to the local authority, Police and the CQC.

Assessing risk, safety monitoring and management

- Care plans included detailed risk assessments and management plans to help staff reduce identified risks. This included, for example, risks associated with people eating and drinking, accessing the home and the wider community, having an epileptic seizure and managing their money.
- Staff gave us examples of the signs they needed to look out for which might indicate a person was becoming distressed and the action they should take to manage the situation.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely.
- Staff routinely participated in fire evacuation drills, had received fire safety training and knew what to do in the event of a fire.

Staffing and recruitment

- There were enough staff on duty to support people safely.
- We observed staff were available when people wanted them and responded in a timely manner to people's requests for assistance.
- One member of staff said, "There's always four staff in the morning and the registered manager arranges for us to have more staff on duty if there's a special event happening in the home or in the local community."
- The provider operated safe staff recruitment procedures that enabled them to check the suitability and fitness of all new employees. This included looking at people's proof of identity, right to work in the UK, employment history, previous work experience, employment and character references and criminal records (Disclosure and Barring Service) checks. The DBS check provides information on people's background, including any convictions, to help providers make safer recruitment decisions and prevent unsuitable people from working with people in need of support.

Using medicines safely

- People were supported by staff to take their prescribed medicines safely and when they should.
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered. This included clear guidance for staff regarding the use of 'as required' medicines.
- Medicines administration records (MARs) were appropriately maintained by staff and we found no gaps or omissions in recording.
- Staff had received training about managing medicines safely, which was routinely refreshed.
- Audits were routinely carried out by the registered manager and senior staff to check medicines were being managed in the right way.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
 - We saw the care home was kept clean.
- The provider had an infection control and basic food hygiene policies and procedures in place.
- Staff were trained in infection control and had access to supplies of personal protective equipment and knew how to prevent the spread of infection.
- Staff had access to equipment to maintain good food hygiene practices, such as different coloured chopping boards, and had received basic food hygiene training. This helped ensure food was prepared and stored in a way that reduced risks to people of acquiring foodborne illnesses.

Learning lessons when things go wrong

- The registered manager told us there had been one accident involving people living in the care home in the last 12 months.
- The provider had systems in place to record and investigate such accidents. This included a process where any learning from these would be identified and used to improve the safety and quality of support provided to people.

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

Requires Improvement: 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 had access to their home and external grounds because the environment had been suitably adapted to meet the physical needs of everyone who lived there. For example, all the homes doors had been suitably widened and kitchen worktops made height adjustable to ensure people who used wheelchairs could access them.
- However, a relative, many external professionals, and the homes management and staff team all told us, although 94 Strathleven Road was a homely and comfortable place for people to live, the premises had not been well-maintained in recent years. Typical comments we received included, "I think the home is a bit rough around the edges...It's in desperate need of a lick of paint", "This is a great place, but it could be so much better if the landlord did the building up a bit" and "They've [The Housing Association] haven't done anything major to the place for ages, hence the poor state of the bathrooms and kitchen."
- During a tour of the premises we saw most of the communal areas were poorly decorated. For example, we saw large numbers of tiles missing from walls in a communal toilet and bathroom, and scuffed and worn paintwork on skirting boards and walls in the open plan kitchen/dining area, lounge and corridors.
- We discussed this issue with the registered manager. They told us they had repeatedly raised their concerns about the homes poor decorative state with the landlord. At this inspection we saw recorded evidence that showed the landlord had recently agreed to the providers' requests to refurbish all the care homes damaged bathroom/toilets and kitchen, as well as redecorate all the communal areas, by June 2019.
- Progress made by the provider working in partnership with the housing association to address this issue will be assessed at their next inspection.

Staff skills, knowledge and experience

- Staff had the right mix of knowledge, skills and experience required to meet people's needs. Records indicated staff had completed training that was relevant to their role. All staff completed an induction in line with the Care Certificate, which is the national standard for all new social care workers. Mandatory training also included learning disability and autism awareness.
- In addition, specialist training was available to help staff meet some people's specialist health care conditions, which included epilepsy awareness and understanding how to use percutaneous endoscopic gastrostomy (PEG) feeding tubes. PEG feeding is an endoscopic medical procedure in which a tube is passed into a person's stomach.
- Staff told us they felt supported by their line managers. They received regular one-to-one supervision meetings with the registered manager and group meetings with their co-workers. This enabled them to give feedback about their work performance and training needs.

- Staff demonstrated a good understanding of their working roles and responsibilities. Staff spoke positively about the training they had received and felt it was always relevant to their role. One member of staff told us, "The training is very good here... It's what I think the provider does best." Another member of staff said, "The e-learning is excellent. I've learnt so much since I've been working here."

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's care plans clearly described what decisions people could make for themselves.
- The registered manager demonstrated a good understanding of the MCA and DoLS. They had applied for DoLS on behalf of people who lived at the care home. We saw clear records of restrictions that had been authorised by the supervising body (the local authority) for people's protection and in their best interests, which were kept under regular review.
- Staff had completed MCA and DoLS training, understood who they supported lacked capacity and always asked for people's consent before commencing any personal care tasks.

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

- People's needs were assessed before they moved into the care home. These initial assessments were used to develop an individual's care and risk management plans as staff learnt more about the person.
- Care and support was planned and delivered in line with the individual assessments described above, which were reviewed regularly or when their needs or wishes changed.
- Staff demonstrated good awareness of people's care needs and preferences. They told us care plans and risk assessments were easy to follow and included sufficiently detailed guidance about how to meet people's care needs.

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

- People were encouraged to eat and drink sufficient amounts to meet their nutritional needs and wishes.
- The level of support people required with this varied and was based on people's specific health care needs and preferences. People's care plans included assessments of their dietary needs and preferences which indicated their dietary requirements, food likes and dislikes, and what assistance they needed to eat and drink safely.

Staff supported people to live healthier lives, access healthcare services and support, and provided consistent, effective and timely care within and across organisations

- Care plans included detailed risk management guidance to help staff reduce risks associated with people's specific health care needs. These had been developed in conjunction with the relevant health care professionals. For example, the service had worked closely with speech and language therapists to develop a management plan to minimise the risk of people with swallowing difficulties choking when they were eating.

- Staff told us if they had any concerns about a person's health and wellbeing they would immediately notify the registered manager, so that appropriate support and assistance could be sought from the relevant health care professionals.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- A relative told us, "The care is good here...The staff are always professional and treat my [family member] well."

- People looked at ease and comfortable in the presence of staff. Conversations we heard between people and staff were characterised by respect and warmth.
- We observed staff throughout our inspection taking their time to sit and engage with people through the spoken word or non-verbal gestures. These interactions were always conducted in a relaxed and friendly manner.

- Information about people's spiritual and cultural needs and wishes were included in their care plan.

- Staff had received equality and diversity awareness training and demonstrated a good understanding of people's cultural heritage and spiritual needs and wishes.

- Staff met people's spiritual and cultural needs and wishes. For example, staff ensured people who wished to attend places of worship could. Several staff told us the staff team was ethnically diverse, which meant they could routinely prepare meals that reflected the diverse cultural heritage and tastes of everyone who lived at the care home. Another member of staff told us, "At weekends [name of person living in the home] likes to wear clothes that reflects their black African cultural heritage, which we always support them to do."

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

- People, and where appropriate their relatives and external health and social care professionals, were involved in helping to plan the package of personal care and support they received.

- Care plans included people's views about how they wished to be supported and identified their communication needs and preferences.

- Staff understood people's preferred method of communication and acted on their wishes. For example, we observed a person used a series of hand gestures and facial expressions to ask staff to change their footwear, which was interpreted correctly and acted upon promptly by staff.

- Furthermore, all staff had received Makaton training to help them communicate with people who preferred to use this method of communication, which we observed several members of staff use to effectively communicate with one person who lived at the home. Makaton is a recognised language programme that uses signs and symbols to support the spoken word to help people with learning disabilities communicate.

- The registered manager also gave us a good example of how assisted technology had been used to enable a person to communicate their emotions and needs using an electronic tablet fitted to their wheelchair. This person showed us how they used a pointer to activate the touch screen and let others know

how they were feeling or what they wanted.

- The service could provide information in different formats and were aware of their responsibility to meet the Accessible Information Standard. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand. For example, the service had developed easy to read plain language and pictorial versions of people's care plans, weekly activity timetables and complaints procedure.
- This all helped people access and understand the information they needed to make informed decisions about the care and support they received.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity promoted.
- During mealtimes we observed staff on numerous occasions assisting people to eat their meal in a patient and dignified manner. Staff were overheard constantly explaining to people in a reassuring tone of voice what they were having for their lunch and how they were going to be assisting them.
- Staff spoke about people they supported in a respectful and positive way. Several staff gave us good examples of how they upheld the privacy and dignity of people they supported including, ensuring doors were kept closed when they were supporting people with any personal care.
- People were supported to be as independent as they wanted to be. For example, we observed staff routinely invite people to choose what they wanted to eat for their lunch on both days of our inspection and support two people to go shop for the ingredients of their chosen meal. We also saw a person had been supplied with a specially adapted electric wheelchair which had been fitted with a joy stick control that made it easy for them to operate. This enabled this individual to move freely around the home and wider community and maintain their independence.
- People's care plans reflected this enabling approach to promoting independence and included detailed information about what people wanted and could do for themselves.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support which was responsive to their needs and wishes.
- People's care plans were person-centred and included detailed information about everyone's life history, strengths, likes and dislikes, and preferences for how they wanted their personal care and support to be provided.
- If people's needs and wishes changed their care plan was reviewed and updated accordingly to reflect this.
- People were supported to make informed choices about various aspects of their daily lives. We observed staff invite people to decide what they ate for their lunch by showing them various items of food to choose between each morning.
- Staff were knowledgeable about people's needs, strengths and wishes. For example, staff knew when and where people preferred to eat their meals and what social activities they liked to participate in. Several staff told us how they helped support people to choose what they wore each day by showing them various items of clothing from their wardrobe.
- People were supported to follow their interests and live active fulfilling lives at home and in the wider community. During our inspection we observed staff encourage and support people to participate in an arts and craft session, relax on a swing in the garden, and go for a walk in a local park.
 - Care plans reflected people's social interests.
 - Staff gave us examples of people's social activities within the last year which had included, watching a well-known Premiership club play football, picnics in the park, a boat trip on the river Thames, and a weekend away at a well-known music festival.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if they were unhappy with the standard of care they or their family members received at the home. A relative told us the procedure was easy to follow.
- The provider had an easy to read pictorial version of their complaints procedure, which people living in the home could understand. This set out clearly how the provider would deal with any concerns or formal complaints they might have.
- The procedure set out how they would deal with people's concerns and complaints.
- A process was in place for the registered manager to log and investigate any complaints received, which included recording any actions taken to resolve issues raised.
- Records showed in the last 12 months people were satisfied with the way the registered manager had dealt with their complaint.

End of life care and support

- None of the people currently living at the care home required support with end of life care, however

people's end of life care wishes were clearly recorded in their care plan.

- We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms in care plans for people who had made this decision.
- The registered manager told us they would liaise with the GP, the multi-disciplinary team and the local hospice to provide people with end of life care and support if 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

Good: 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

- The service had a registered manager in place who was also responsible for managing another of the providers care homes located in South West London. 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.
- A relative and staff we met all spoke positively about the way the service was managed. Feedback we received included, "I think the relatively new manager does a good job", "The manager is very approachable and is often here, so he's easy to get hold of" and "No complaints about the management...There's a real sense that we're all in it together."
- The registered manager was knowledgeable about their responsibilities about the Health and Social Care Act 2014 and demonstrated good knowledge of people's needs and the needs of the staffing team. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the care home.
- There was an organisational structure in place.
- The care home had a deputy manager who was responsible for the day-to-day running of the service in the registered managers absence. In addition, senior area managers visited the service weekly. Staff understood their individual responsibilities and contributions to service delivery.

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 living in the care home, their relatives and professional representatives.
- The provider used a range of methods to gather people's views which included regular house and relative's meetings, care plan reviews and satisfaction surveys. Satisfaction surveys people had completed were in the main positive about the standard of service provided at the care home.
- The provider also 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. This was through regular face-to-face contact with the managers, which included individual and group meetings. Several staff told us they liked working for this provider and felt managers listened to what they had to say and acted upon their suggestions. One member of staff remarked, "I love working here. We're just one big team really", while another member of staff said, "I feel the managers listen to us and in my case, were all extremely supportive when I needed it most."

Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality of the service. We saw there was a rolling quality assurance programme in place which involved board members, managers and staff all carrying out regular audits and checks to monitor the standard and safety of the service they provided.
- The registered manager told us they used the checks to identify issues, learn lessons and implement action plans to improve the service they provided. For example, they had used incident reporting to identify what might cause a person's behaviour to become challenging and with support from various external health and social care professionals had developed positive behavioural management plans to reduce this risk.

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

- We saw the services latest CQC inspection report and rating was displayed clearly in the care home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The provider had a clear vision and person-centred culture that was shared by managers and staff. Staff knew of the provider's values and we saw they upheld these values when supporting people. The registered manager told us they routinely used group and individual supervision meetings to remind staff about the providers underlying core values and principles.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Working in partnership with others

- The registered manager told us they were in regular contact with the local authority that commissioned the service and various external health and social care professionals. The registered manager also said they frequently discussed people's changing needs, reviewed joint working arrangements and shared best practice ideas with people's GP's and occupational therapists.
- The provider had good links with other resources and organisations in the local community, such as local activities centres, church groups and voluntary organisations.