

# 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 effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We conducted an unannounced inspection of Wardley Street on 3 November 2014. The service provides respite care and support for up to seven people with learning disabilities. There were five people using the service when we visited. This was our first inspection of the service.

There was a registered manager in post. 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.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard people they supported. Staff had received safeguarding adults training and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

# Summary of findings

Staff followed safe practices for administering and managing medicines. People had their medicines as required and staff recorded these clearly and accurately.

All staff were trained in the Mental Capacity Act 2005 and senior staff were trained in the Deprivation of Liberty Safeguards. Staff demonstrated a good understanding of their responsibilities in relation to this legislation and protecting people's rights.

People using the service and their relatives gave excellent feedback about the staff at the service. Staff demonstrated an understanding of people's life histories and supported people to meet their individual needs in a caring way. People using the service and their relatives were involved in decisions about their care and how their needs were met. People had care plans in place that reflected their assessed needs.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role. Staff were provided with a range of appropriate training to help them carry out their duties.

Staff received regular supervision and appraisal. There were enough staff employed to meet people's needs. The service operated a flexible rota to ensure enough staff were available to meet people's individual needs on each shift.

People were supported to maintain a balanced, nutritious diet and their nutritional needs were monitored. People were supported effectively with their health needs and had access to a range of healthcare professionals.

People using the service and staff felt able to speak with the registered manager and provided feedback on the service. They knew how to make complaints and there was an effective complaints policy and procedure in place. We found complaints were dealt with appropriately and in accordance with the policy.

The service carried out regular audits to monitor the quality of the service and to plan improvements. Where concerns were identified action plans were put in place to rectify these.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected that abuse had occurred.

The risks to people who use the service were identified and appropriate action was taken to manage these and keep people safe.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

Medicines were managed safely and administered as prescribed.

Good



### Is the service effective?

The service was effective. We found staff were meeting the requirements of the Deprivation of Liberty Safeguards (DoLS), and other aspects of the Mental Capacity Act 2005.

People were supported by staff who had the appropriate skills and knowledge to meet their needs. Staff received an induction and regular supervision, training and annual appraisals of their performance to carry out their role.

People were supported to eat a healthy diet and were able to choose what they wanted to eat.

People were supported to maintain good health and had access to healthcare services and support when required.

Good



### Is the service caring?

The service was caring. People using the service and their relatives gave excellent feedback about the care provided by staff.

Staff understood people's needs and knew how to support them. Staff understood people's diverse needs and helped them to meet these.

People using the service and their relatives were involved in decisions about their care. People were treated with respect and staff maintained people's privacy and dignity.

Outstanding



### Is the service responsive?

The service was responsive. Staff understood how to respond to people's needs. There was a range of activities available for people to meet their social and leisure needs.

People knew how to make a complaint. People were confident that their concerns would be addressed and the service managed complaints appropriately.

Good



### Is the service well-led?

The service was well-led. The service had an open and transparent culture and staff reported they felt confident discussing any issues with the registered manager.

Good



# Summary of findings

Systems were in place to assess and monitor the quality of the service people received. We saw evidence of regular auditing and close working with the local authority contract monitoring team to check the quality of service provided. Where improvements were required, action plans were developed to address these.

# Wardley Street

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. A single inspector carried out the inspection.

Prior to the inspection we reviewed the information we held about the service. The provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted a representative from the local authority safeguarding team.

We spoke with staff both during and after our visit over the telephone. We spoke with three people using the service, five relatives of people using the service, three support workers, the deputy manager and the registered manager. We were unable to observe care and support because at the time of our visit the two people present did not want to speak with us and remained in their rooms. We also looked at a sample of five care records of people who used the service, four staff records and records related to the management of the service.

# Is the service safe?

## Our findings

People using the service and their relatives told us they felt safe staying at the service. Comments people made included “[My family member] is very safe” and “I feel very, very safe at Wardley Street. It is secure. The only place I would go to is Wardley Street.” People using the service and their relatives confirmed they did not have any issues regarding people’s safety and told us they knew who they could speak with if they had any concerns.

Staff understood how to recognise potential abuse and how to report their concerns. Staff gave examples of the possible signs of abuse and correctly explained the procedure to follow if they had any concerns. Staff told us, and training records confirmed, they had completed safeguarding adults training within the last year, and they were aware of the provider’s policy on safeguarding.

Records showed that safeguarding concerns had been appropriately reported to the relevant bodies including the local safeguarding team and the CQC.

We spoke with the registered manager and other staff about how they protected people from the possibility of discrimination. The registered manager told us and we saw from records that people were asked about any cultural or other requirements they might have to ensure their individual needs were met. Staff gave us examples of people’s individual cultural needs and how they met these. We spoke with one relative who confirmed their family member’s cultural needs were met by staff when they stayed at the service. We read an example of how another person’s cultural needs were met in their care records.

Risk assessments were based on people’s individual needs and lifestyle choices. They covered generic risks, which included those related to the person’s physical health, but also specific risks relating to the individual person. For example, we read one person’s epilepsy risk assessment and saw this included an action plan with practical advice for staff to follow. Management plans were in place for staff to follow to reduce the likelihood of harm for any identified risks. Staff demonstrated an understanding of the risks people faced and described how they responded to these to keep people safe. Risk assessments were updated at least every six months. The deputy manager told us and

people’s relatives confirmed that they were asked about any changes in their family member’s needs on each occasion that they stayed at the service. One relative told us “Risk assessments are updated. I’ve seen them do it.”

Staff received first aid training every three years. They understood how to respond to a medical emergency. We found that appropriate incident records were kept with clear instructions for further actions to be taken and by whom. Staff told us all accidents and incidents were discussed at team meetings to identify any further learning. A manager from another service investigated untoward incidents to help ensure objectivity. We saw records that confirmed that learning points had been identified as a result of these investigations. Accidents and incidents were reported to the provider’s head office for further monitoring of trends. This helped to ensure that people were protected from the risk of unidentified lapses in care.

People told us there were enough staff available to meet their needs. Comments included, “There do seem to be enough staff” and “As far as I can tell there seems to be enough of them around.” Staff told us that there were enough of them available to meet people’s needs. Their comments included “There are enough staff. It changes according to need and we have back up bank staff” and “There are usually enough of us. We can call agency staff if we need to.”

The deputy manager explained that they assessed people’s needs when determining the number of staff required. This included the activities that had been organised and any planned appointments. The deputy manager told us that they monitored staffing numbers constantly to ensure they were sufficient for the coming weeks since the number of people staying at the service changed all the time. We reviewed the staffing rota for the week of our inspection and saw that it accurately reflected the numbers of staff on duty.

The recruitment process was robust and helped to ensure that people were protected from staff unsuitable to work with them. We checked the recruitment information relating to four members of staff and saw that the required pre-employment checks were carried out before staff were employed. These included appropriate written references, proof of identity and criminal record checks.

Medicines were managed safely. Staff ensured that people’s medicines were available as required. Medicines

## Is the service safe?

were stored safely in a locked cupboard. Copies of prescription forms were kept with the medicines administration record (MAR) charts to enable staff to check the correct medicines were being given to people.

We checked the medicines cabinet on the day of our inspection. It contained medicines for one person who had not yet arrived, but was due to arrive later in the day. We saw an empty MAR chart was available for staff to begin taking records once the person arrived and began taking their medicines. The amount of available medicines was appropriate for the length of the person's stay and recorded in their records. We saw the medicines were available in a properly labelled box with the prescription from the GP. Staff told us that two staff administered medicines and signed the MAR records to minimise the risk of any medicines errors. We saw examples of correctly completed MAR charts for people who had previously stayed at the service.

The registered manager carried out weekly medicines audits. The records showed that these checks included a check that medicines were in date, that medicines were checked against the label on the box before administration, that MAR sheets were properly filled in and medicines were stored at the proper temperature. We saw records of a further routine auditing of medicines during the handover of medicines to people's relatives when they returned home after their stay at the service.

All staff had completed medicines administration training within the last year, which included two tests of their competency. Staff were knowledgeable about how to correctly store and administer medicines.

# Is the service effective?

## Our findings

People were supported by staff who had the skills and understanding required to meet their needs. People using the service and their relatives told us that staff understood how to meet their needs. Comments included "Staff are helpful, supportive and patient", "Staff are excellent" and "Staff understand [my family member]."

Staff training records showed they had completed training identified by the service as mandatory. This included training in safeguarding adults and medicines administration training. We also saw that some staff had completed additional training, which was specific to their role. For example, we saw some members of staff had completed training in epilepsy. Staff told us and records reflected that they had completed an induction prior to starting work with the organisation. Staff members told us they felt the induction prepared them for their role.

Staff told us they had received supervision in the last month and we saw records to confirm this. As part of this supervision, staff were asked about any further learning or development needs and other topics relevant to their role.

Staff told us they had received an appraisal in the last year and records showed that appraisals were conducted annually. These included personal development plans that identified areas of future training and development. Staff told us they found this helpful in supporting them to develop their skills further so they could meet people's needs effectively.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the service had policies and procedures in place that ensured staff had guidance if they needed to apply for a DoLS authorisation to impose restrictions on a person to keep them safe. Senior staff had received training to understand when they should make an application. At the time of our inspection, we saw records of pending DoLS applications. We also saw records of communications between the registered manager and the local authority which showed extensive discussion in relation to DoLS applications.

We found that staff were meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff had received MCA

training and were able to demonstrate that they understood the issues surrounding consent and how they would support people who lacked the capacity to make specific decisions. We saw records of mental capacity assessments in people's files for specific decisions. We found that these met the requirements of the MCA.

Staff managed behaviour that challenged the service in a way that maintained people's safety and protected their rights. We saw a specific risk assessment in people's files which was entitled 'what upsets you' and this included techniques and practical advice about how to support people when they became upset and understand the causes. Staff demonstrated an understanding of how to respond to behaviour that challenged the service so that people were kept safe and their needs met.

Staff supported people to eat a balanced diet that they enjoyed. People using the service and their relatives made positive comments about the quality of food provided. These included, "They have a lot of choice," and "I like the food." One person also told us, "The food's really, really good. They sat with me once a week to find out what I wanted. They'd order anything for me."

We saw evidence in people's care records that staff had sought advice from people's relatives about people's likes, dislikes and nutritional requirements. Where they required more information or clarification, we saw records to indicate that staff had sought advice from the person's GP. Staff were able to describe people's nutritional requirements. For example, they gave examples of people who were on a soft food diet or those with diabetes.

People were supported to maintain good health and had access to healthcare services and support. Care records identified people's healthcare needs which included matters such as mental health needs. The deputy manager explained that as the service provided respite care, people's relatives maintained responsibility for meeting their family member's long-term health goals. However, staff worked with people's relatives to ensure continuity in healthcare and where they had further questions, they could contact the person's GP or other healthcare professionals. Staff demonstrated a good understanding of people's healthcare needs. For example, one support worker explained the triggers and risk management for one person with epilepsy.





# Is the service caring?

## Our findings

People using the service and their relatives gave excellent feedback about the staff at the service. They told us that staff treated them in a caring and respectful way and said they were involved in decisions about their care.

Comments from people using the service included "It's an absolutely excellent service" and "Staff are nice and care for me." We were given a specific example from one person of the efforts the registered manager and other staff had made to help them. The person said "They gave up their free time to take care of me." Comments from people's relatives included, "[My family member] hates coming home from Wardley Street. [My family member] has such a good time there" and "Staff are excellent."

Staff understood people's life histories and demonstrated an understanding of their home environments. For example, staff were able to tell us about people's backgrounds, histories and the people involved in their lives. Care records included details about people's individual circumstances and needs. For example, there were details in one person's file about specific items that brought them comfort and staff were to ensure that these were always readily available.

Staff understood people's diverse needs and supported them in a caring way. For example, staff were able to tell us about the specific cultural needs of some people who used the service. Staff gave examples of people's faiths and beliefs and how it affected the way they provided care and support to them.

Staff knew how to respond to people's needs in a way that promoted their individual preferences and choice. Care plans recorded people's likes and dislikes and included their preferred diet, if they wished to have same gender care and their personal care support needs. We saw evidence that staff respected people's personal preferences throughout our visit.

People were involved in decisions about their care. One relative said, "They know all about [my family member's] needs. We work together in partnership," and a person using the service told us "They had a support plan within 24

hours of me moving in. I actually sat with [the registered manager] and told him what to write." We saw evidence in care plans that people were involved in making decisions about their own care. For example, all care plans were written from the person's perspective with extensive comments from the person about the type of care they wanted.

The registered manager told us and staff confirmed they had access to advocacy services they could contact when required. Staff told us about an advocate who worked with people at the service when required. At the time of our inspection, no one at the service was using an advocate.

People's privacy and dignity was respected and promoted. A relative told us, "They are respectful of [my family member]. I've never seen anything that concerns me, I've seen the opposite. They're very good." Another relative said "[My family member] has her own room when she goes there. She's got her own space."

Staff gave us examples of how they protected people's dignity. For example, one staff member gave us examples about how they delivered personal care. They told us they protected the person's dignity by ensuring no body parts were exposed unnecessarily and all curtains and doors were closed whilst this care was being given. Comments from other staff members included "I speak discretely to people" and "I respect people's privacy and freedom. I do not want to interfere."

The deputy manager and registered manager explained that they helped people to maintain their independence whilst they stayed at the service. The deputy manager explained that on admission, staff checked what skills people had and offered assistance where required. One person told us staff encouraged them to do things for themselves and encouraged them to be proactive in different ways on a daily basis. This person gave us examples of work they had been involved with as a direct result of encouragement from the registered manager. They said "[The registered manager] gives me ideas of things to be involved with. [The registered manager] will provide opportunities for people like me."

# Is the service responsive?

## Our findings

People told us they were involved in decisions about their care and that staff supported them when required. Care records showed that staff took people's views into account in the assessment of their needs and planning of care and they detailed how people wanted to be supported. Care plans included factors that might affect people's emotional wellbeing and mental health. For example, we saw detailed records in people's care plans about what helped people when they were feeling upset. Care plans also included people's preferred routines and their likes and dislikes. Staff demonstrated an understanding of people's individual needs and the importance of meeting these.

The local authority conducted an initial assessment of people's needs. The person would then visit the service with their relative and have a 'tea visit' where they would have dinner with other people staying at the service. The deputy manager told us people were welcome to do this, as many times as they wanted in order to be satisfied that it was the right place for them. Staff reviewed people's needs and their care plans every six months or sooner if required to ensure they reflected people's current needs.

Staff supported people to engage in a range of activities that reflected their personal interests and supported their emotional wellbeing. Care records described people's hobbies and interests, which included the music they liked listening to and activities they enjoyed. The deputy manager told us that most people who stayed at the service attended day centres.

The registered manager and deputy manager explained that staff encouraged people to participate in activities they thought they might enjoy. We saw a community activities folder that explained in an easy read format using large pictures, some of the activities that could be enjoyed within the local area. These activities included going to the local park, local shops and amenities.

Relatives told us they were very impressed with the activities on offer at the service. One relative told us that their family member went to a barbeque that was held at the service in the summer. They told us "[My family member] loved it. [My family member] has such a good time there. They always take [my family member] out and about." Another relative said, "[My family member] loves [their] music. They let [them] listen as much as [they] want." The registered manager told us about a street party, which had also been arranged for people at the service. We saw internal communications advertising this event within the organisation, which involved local businesses, neighbours and people staying at the service. One relative confirmed they were aware of this event. They told us "There are always events like that. They have something lined up for Christmas as well."

People knew how to make a complaint and felt confident that their concerns would be dealt with. People using the service and their relatives told us they did not have any complaints about the service, but they would report any concerns they had to the registered manager. One person told us "I had a couple of minor problems a while back. They dealt with it." Copies of the complaints policy were available in the service in an easy read format. The registered manager told us this was available on request and we saw a copy of this.

We saw a record of a complaint that had been received within the last year. The matter had been investigated by a manager from another service within the same organisation and had been dealt with appropriately in line with the provider's policy. Staff were able to explain how the matter had been resolved and what further learning had taken place. For example, "end of stay" reports were being typed up to make them easier for relatives to read.

# Is the service well-led?

## Our findings

The service had an open culture that encouraged people's involvement in decisions that affected them. People who used the service, their relatives and staff told us the registered manager was available and listened to what they had to say. Comments from relatives included "He is a problem solver. Very approachable" and "He is very good." One person described the registered manager as "kind and supportive." Weekly 'client's meetings' took place so people could share their views, plan activities, decide what food they wanted for the coming week and identify any support they needed. People using the service confirmed these meetings happened and we saw records to demonstrate this.

Staff told us the registered manager was visible and available and they felt comfortable raising any issues or concerns with the management of the organisation. Staff made positive comments about both the registered manager and the deputy manager. Their comments included "[The registered manager] is approachable and open to suggestions" and "[The registered manager] listens. He takes comments into consideration." Staff meetings were held every two weeks to discuss the running of the service and any issues. Staff told us they felt able to contribute to these meetings. We read the minutes from the last meeting held in October. These showed that discussions were held about various topics affecting the service and further actions were decided upon with timeframes for completion.

The service had strong links with the local community. People using the service participated in activities at local day centres and staff at the service had established relationships with neighbours and local businesses for the summer street party. Staff worked with another organisation to raise funds for garden furniture as well as the social services team to organise additional support for people where required. Staff also worked closely with the GP and other healthcare professionals to ensure people's needs were met when they were using the service.

We saw records of complaints and accident and incident records. There was a clear process for reporting and

managing these. The registered manager told us they reviewed complaints, accidents, and incidents to monitor trends or identify further action required. The provider's head office also monitored these.

Staff demonstrated that they were aware of their roles and responsibilities. They explained that their job description outlined their responsibilities and additional responsibilities were included in their learning and development plans. Staff told us that additional information was provided during staff handover meetings, which took place before each shift. We also saw records to show that someone in the management team prepared a shift plan each day, which allocated staff members to certain people. The deputy manager told us this ensured targeted, personalised care for each person staying at the service.

The provider had systems to monitor the quality of the care and support people received. We saw records of audits, which took place weekly, monthly and annually. For example, weekly and monthly medicines audits were conducted and weekly and monthly health and safety checks took place as well as an annual audit by an external provider. We saw records to indicate that quarterly meetings took place with people's relatives and minutes were available for those who could not attend.

People's relatives confirmed meetings were taking place and comments included "We have meetings. I am well informed" and "They always keep me informed of things." The Wandsworth respite team also worked closely with staff at the service and conducted a quarterly meeting with staff where they checked numerous matters. This included a look at achievements and challenges as well as monitoring of accidents, incidents and complaints. An action plan was developed to address any shortfalls identified.

The provider worked with other organisations to ensure the service followed best practice. We saw evidence in some care records that showed staff worked with local multi-disciplinary teams, which included dietitians and local social services teams where required. We contacted the local authority commissioning manager responsible for monitoring the contract with the organisation. They confirmed they were pleased with the care provided.