

Southside Partnership

Southside Partnership - 67 Medora Road

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

67 Medora Road provides accommodation and support for people with mental health needs in the community. The service can accommodate up to five adults. We undertook an unannounced inspection of the service on 4 August 2015. At the time of our inspection three people were using the service.

At our previous inspection of the service on 4 April 2014 the service was meeting the regulations inspected.

The service had a registered manager. 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. At the time of our inspection the registered manager was on annual leave. The service was being supported by the provider's cluster manager.

People were provided with the support they required and were involved in discussions with staff about what support they wished to receive. People identified the goals they wished to achieve whilst using the service and

Summary of findings

staff supported them to progress towards them. People were supported to develop their skills to move towards more independent living. People were encouraged and supported to express their wishes and preferences, and people's choices were respected. People were encouraged to participate in activities and build links in the community.

Staff liaised with the healthcare professionals involved in people's care. Staff supported people to maintain contact with professionals from the community mental health team and supported them to access healthcare appointments as required.

Staff were aware of the risks to people's safety, and supported them to maintain their safety in the service and in the community. Staff supported people to manage and minimise the risks to their safety and the safety of others. Staff were aware of triggers to people displaying aggressive behaviour and intervened when possible to dissolve situations. Staff provided people with the opportunity and time to discuss any concerns, worries or

frustrations they had. Staff discussed with the registered manager any incidents that occurred, and the team reviewed how they could support people to reduce the incident from recurring.

People were supported with their medicines and received their medicines as prescribed. People's medicines were stored securely at the service.

Staff had the knowledge and skills to meet people's needs, and undertook regular training courses. Staff discussed with the registered manager the support they provided and they received advice and guidance about how to support people.

The registered manager and the provider's management team undertook checks on the quality of the service to ensure people received the support they required, and to ensure staff were supporting them to achieve their goals. The registered manager also checked that staff were adhering to internal procedures to ensure any incidents, complaints or concerns were managed appropriately.

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. There were sufficient staff to keep people safe in the service and in the community.

Staff were aware of the risks to people's safety and they had plans in place to manage and reduce these risks from recurring. Staff were aware of the triggers to people displaying aggressive behaviour and, as much as possible, intervened early to calm the person down and reassure the person before the situation escalated. Staff were aware of signs of possible abuse and the reporting procedures to ensure people received the support they required to protect them from avoidable harm.

Medicines were stored securely and people received their medicines as prescribed. Staff checked medicine stocks daily and followed safe medicine administration processes.

Good



Is the service effective?

The service was effective. Staff had the knowledge and skills to meet people's needs, and continued to discuss with the registered manager how they could further support people.

Staff understood their responsibilities of the Mental Capacity Act 2005 and in regards to the Deprivation of Liberty Safeguards. People had the capacity to make decisions about their care, and staff supported them in line with their wishes.

Staff supported people as necessary with meals and food shopping.

People had access to healthcare services, and staff supported them to liaise with professionals from the community mental health team.

Good



Is the service caring?

The service was caring. Staff were polite and friendly to people using the service. Staff respected people's privacy and confidentiality.

People were encouraged and supported to build and maintain friendships.

People were involved in decisions about the support they received, and the support provided was in line with people's choices and preferences.

Good



Is the service responsive?

The service was responsive. People were involved in identifying and developing their support plans. People identified what goals they wished to achieve and staff support them to achieve them. Staff supported people to progress towards independent living.

People were asked for their feedback about the service. People were happy with the service they received, and said any concerns they did raise were addressed by the staff. People were aware of how to make a complaint, but no complaints had been made since our last inspection.

Good



Is the service well-led?

The service was well-led. There was an established registered manager who complied with their Care Quality Commission registration requirements.

Good



Summary of findings

People and staff felt the registered manager was supportive and approachable. They felt able to ask for additional advice and guidance when needed.

The management team undertook checks on the quality of the service and support provided to people, as well as ensuring staff adhered to internal procedures.

Southside Partnership - 67 Medora Road

Detailed findings

Background to this inspection

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

Two inspectors undertook an unannounced inspection of the service on 4 August 2015.

Prior to the inspection the registered manager 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 viewed the information in the PIR and

information we held about the service, including statutory notifications received, when planning the inspection. Before the inspection we also spoke with a commissioner of the service.

During the inspection we spoke with two people. We spoke with the cluster manager, two permanent support workers and briefly to a bank support worker. We reviewed three people's care records and medicine administration records. We reviewed the training records for the staff team. We reviewed records relating to the management of the service including complaints, meeting minutes and health and safety checks. We asked the cluster manager to send us some information after the inspection regarding processes to check on the quality of the service, which they provided.

After the inspection we contacted people's care coordinators from the community mental health team for their feedback about the service. Unfortunately we did not receive any responses.

Is the service safe?

Our findings

There were sufficient staff to meet people's needs. There was an established staff team who knew the service and the people using the service well. At the time of our inspection there was one vacancy within the team. Recruitment to fill the position had begun but a successful applicant had not yet been identified. The provider had a team of bank workers to ensure all shifts were staffed whilst the recruitment took place. The bank staff were familiar with the service and people knew who they were. There were enough staff on duty to ensure people were kept safe at the service and in the community, this included ensuring staff were available to accompany people in the community if they wanted this.

Staff liaised with people and their care coordinators from the community mental health team to identify risks to people and others safety. Plans were developed to mitigate and minimise the risks identified. Information was also provided about the triggers to certain risky behaviour. For example, some people were more likely to display aggressive behaviour or self-harming behaviour when they were misusing substances. Staff were aware of triggers to people displaying aggressive or challenging behaviour, and as much as possible, intervened prior to the situation escalating. Staff told us they supported people as required to calm down and discuss any worries or anxieties they had. One person was at risk of getting lost in the community and was at risk of financial exploitation when in the community. Arrangements were in place for staff to look after their money in line with the person's wishes. Their money was stored securely. Records were kept of all financial transactions and signed by staff and the person. The staff checked the person's money stored at the service on handover between each shift, to ensure the person's money was kept securely. This person was also reminded to take a mobile phone with them when they went out in the community so staff could contact them or they could contact staff if they needed assistance or got lost. Staff were confident to call the emergency services when needed to obtain additional support for the person or others to protect their safety.

Staff protected people from avoidable harm. Staff were aware of signs of possible abuse and harassment. Staff

reported any concerns about a person's health or any incidents witnessed to the registered manager, so that any further action required to address the concerns and prevent recurrence could be taken. For example, after an incident the security checks were extended to include the garden. Staff shared information from incidents with people's care coordinator and the health professionals involved in managing their mental health so the person received the support they required. For example, one person had been given coping strategies to manage their aggression. Staff had information about how to escalate and report concerns to the local safeguarding team when needed. No safeguarding concerns had been raised since our previous inspection.

People were aware of what medicines they were required to take and when. Staff had started to support one person to manage their medicine. The person collected their own prescriptions and medicines, and gave them to the staff to check and store securely. We saw that all medicines were stored securely. Staff checked the stocks of medicines stored at the service daily. All medicines administered were recorded on a medicine administration record (MAR). We saw that people received their medicines as prescribed. Some people were prescribed 'when required' medicines. Staff confirmed that people asked for their 'when required' medicine when needed and these were offered to people at the time their medicine was administered. People told us they knew what time there were meant to take their medicines, and staff reminded them if they forgot to ask for them.

Staff undertook checks to ensure a safe environment was provided. This included environment checks, health and safety checks, security checks and checking the temperature of the fridge, freezer and water. Safe premises were provided and the majority of maintenance requests had been completed. However, there was currently a leak from the roof meaning one of the bedrooms was not able to be used. The housing provider was in the process of addressing this and the service was due to have a general redecoration. The cluster manager checked that a safe environment was provided during their regular visits to the service including the completion of gas safety checks, electrical appliance safety checks and appropriate fire safety equipment and evacuation processes.

Is the service effective?

Our findings

Staff had the knowledge and skills to carry out their roles. They completed training to ensure their knowledge and skills remained up to date and in line with good practice. This included training on; medication administration, safeguarding adults, first aid, fire safety, food hygiene and how to provide 'person-centred' care. Staff told us they were able to undertake additional training including National Vocational Qualifications, and many of the staff had achieved Level 2 National Vocational Qualification in Health and Social Care. In addition to training, staff told us they received regular supervision from the registered manager. The supervision sessions, as well as annual appraisals, gave staff the opportunity to discuss their performance, the needs of people using the service and any additional training staff needed to meet people's needs. Due to the registered manager being on annual leave we were unable to view the supervision and appraisal records as these were stored securely to maintain confidentiality and the staff on duty did not have access to them.

Staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005 and in relation to the Deprivation of Liberty Safeguards (DoLS). People had the capacity to make decisions about their care and consented to the support they received. Staff offered advice to people but respected a person's decision and their choices. No-one using the service was subject to the DoLS. People had a key to the front door and were able to access the community as they wished. Staff arranged for mental capacity assessments to be undertaken if they were concerned that a person was unable to understand the risks associated with some of the decisions they made.

People told us they undertook their own food shopping and cooked their own meals. One person said, "I choose my own meals." Staff provided people with information about healthy eating and people told us they tried to maintain a balanced diet. Staff supported people as necessary with food shopping and meal preparation. One person told us they liked staff to go food shopping with them and staff were going to the shops with them on the day of our inspection. On the day of our inspection people were happy to prepare and cook their meals independently.

People were supported to maintain good health and have access to healthcare services. One person told us they were registered with the local GP and they were able to attend appointments independently. They also said they had a dental appointment the day after our inspection and because they had not been before the staff were going to accompany and support them at the appointment. Another person told us staff supported them to healthcare appointments when requested.

People told us they had a care coordinator from the community mental health team (CMHT). They had regular contact with their care coordinator and the staff contacted them if people wanted to speak with them outside of their regular appointments. Staff told us they liaised with people's care coordinator if they had any concerns that a person's mental health was deteriorating. One staff member told us the staff from the CMHT were, "always available and supportive to staff and to people".

Is the service caring?

Our findings

One person told us in regards to the service, “It’s a nice place.”

We observed staff speaking with people in a polite and friendly manner. Staff maintained people’s privacy and confidentiality. Staff obtained people’s permission before speaking about the support they received in front of visitors. People were able to have their own space in their bedrooms and staff did not enter people’s rooms without their permission. People were made aware that weekly room checks took place to ensure their bedrooms provided a suitable environment, and these checks were not undertaken by staff without the person present.

People were able to have visitors at the service, and were encouraged to maintain friendships and relationships. On the day of our inspection one of the people using the service had a friend to visit. Staff made sure that visitors were appropriate and did not present any risk to the service or to other people using the service. On the whole,

visitors were not able to stay at the service later than 10pm, however, with prior agreement people were able to have visitors overnight if the registered manager felt it was suitable.

The provider arranged events to encourage people to socialise and to widen people’s social networks. The service linked with their sister service regularly to give people the opportunity to build friendships. A peer support programme was also available which enabled people to undertake common interests and hobbies with people who had similar experiences of mental health services.

People were actively involved in making decisions about their care and the support provided. Staff provided people with the support they requested and in line with their wishes and preferences. People made choices about how they spent their day and the level of support provided by staff. One person told us, “Sometimes I do things by myself, sometimes staff help.” Another person said, “At weekends I do what I want.”

Is the service responsive?

Our findings

People told us they were happy with the service and the support staff provided. People said they were able to access community facilities and make choices about their day-to-day living. One person said they found living at Medora Road “very good”.

People contributed to the assessment and planning of their care. Staff told us that information was gathered during the assessment stage about people’s social, physical and mental health needs. This information was used to find out what level of support people required and their preferences about how they were supported. Information was also gathered to understand and encourage people to set goals for their future, based on informed choices and individual preferences. For example, one person was receiving support to be reunited with their family. People had monthly key worker sessions. A key worker is a named member of staff and main co-ordinator of support for people in the house. Key workers helped people to monitor their progress and identify any additional support they required. People said that they felt listened to and were provided with opportunities to express their views.

Staff regularly liaised with people’s care coordinators from the community mental health team to assess people’s changing needs, and review the progress people were making towards achieving their aims and goals. People told us that they received regular advice and support from their care coordinator. For example, one person said they had been given coping strategies to help them manage symptoms of their mental health.

People received support to meet their individual needs and preferences. People told us they received help to identify activities and hobbies they enjoyed, such as swimming and football. Staff said people were regularly supported by a ‘community connector’. A community connector is a person who explores community based services and supports

people to access them. People said the support provided helped them progress with their independent living, skill development and encourage them build support structures in the community. One example, one person planned to become a mechanic and the community connector had supported the person to enrol on a mechanics course. Staff supported people to maintain their cultural and religious needs. This included supporting people to pray and having dedicated cooking equipment to prepare and cook halal meals. Staff supported people to attend religious festival celebrations with their family and in the local community.

People’s support plans clearly outlined what support people required to build on their independence skills. We observed that staff encouraged people to undertake activities by themselves and only offered support where required. One person said, “I do everything myself.”

People were asked for feedback about the service. We viewed the satisfaction surveys completed by people received in 2015. People’s responses were positive and said they were happy with the services provided. One person commented, “Happy with staff at Medora Road”. People told us they felt confident talking to staff about the concerns they had and actions were taken to address any concerns they had in a timely manner. We found that people were included in making decisions about the service. For example, a meeting was held with the people using the service and one person had volunteered to help choose new furniture for the service.

People knew how to make a complaint. The people we spoke with did not have complaints about the service. One person told us, “There’s nothing I’m not happy about. I’d talk to staff if I was worried about anything.” We looked at the complaints folder and no complaints were made since the last inspection. The cluster manager said that they ensured that all complaints received would be investigated and resolved to the satisfaction of the complainant.

Is the service well-led?

Our findings

The registered manager had experience of being a registered manager for over 15 years. They were aware of the requirements of their registration with us, and we received statutory notifications as required.

There was clear leadership and management at the service. The staff were clear of their roles and responsibilities, and escalated concerns to the registered manager as necessary. People told us they knew and liked the registered manager of the service. They felt able to speak with him and felt comfortable approaching them if they wanted to discuss any concerns or worries they had. One person told us in regards to the registered manager, “[The manager’s] nice. I can have a chat with him.”

Staff felt supported by the registered manager. One staff member told us, “[The registered manager] is part of the team. He’s always there.” Staff said the registered manager was knowledgeable and had vast experience of working in the sector. They said the registered manager was available and provided them with advice and guidance about how to support people and meet their needs. Staff told us they were able to speak with the manager from their sister service and the cluster manager if they needed advice whilst the registered manager was on leave. There was also an on call service for staff to get advice out of office hours.

There were staff meetings. At the last staff meeting in March 2015 the meeting reviewed people’s needs, and updated the team on any changes to people’s support needs. The meetings also reviewed internal processes to ensure staff had the required information for example to manage and report incidents, support people in line with the Mental Capacity Act 2005 and to update on any service levels needs, for example any maintenance needs. Staff told us they also discussed as a team any incidents or episodes of aggressive behaviour that occurred at the service so they could identify any learning points.

The registered manager reviewed internal checks to ensure staff provided a quality service. This included ensuring that people’s support plans and risk assessments were up to date and reflected people’s needs, and that staff were supporting people to progress towards their stated goals. The checks also reviewed that staff were following internal processes regarding medicine management, health and safety and reporting. The cluster manager and the service manager undertook checks on the quality of the service provided, to ensure the service provided met people’s needs and supported people to progress towards independent living. The cluster manager checked that actions arising from the quality checks were completed and the service continued to drive improvements.