

## Southside Partnership

# Southside Partnership - 227 Norwood Road

### Inspection report

227 Norwood Road  
London  
SE24 9AG

Tel: 02086715469  
Website: [www.southsidepartnership.org.uk](http://www.southsidepartnership.org.uk)

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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 ●

# Summary of findings

## Overall summary

This inspection was carried out on 12 May 2016 and was unannounced. 227 Norwood Road provides accommodation and support for up to five adults with mental health needs. The service assists people to develop their independence and daily living skills. At the time of our inspection five people were using the service.

At our previous inspection, on 23 January 2015 the service had not met all the regulations we inspected. We found breaches which relate to premises and equipment and the registered manager conditions. We issued two requirement notices for these breaches.

At the inspection on 29 July 2015, we followed up on the outstanding breaches of the regulations. We found that action had been taken to address the breach regarding the premises and equipment. However, the provider had not made sufficient improvements in relation to the registered manager conditions.

At this inspection, we found that actions had been taken by the provider to address the breach related to the registered manager conditions. At the time of inspection, the service had a registered manager in post. The registered manager was also managing other services for the provider. 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. The service had a deputy manager who was responsible for managing the day-to-day running of the service.

Staff recognised signs of potential abuse to people and supported them to stay safe from harm. People's individual risk assessments were in place and addressed the support required for people in crisis. There were enough staff at the service to support people in their home and in the community. Staff assessed people's ability to manage their own medicines and supported them to understand what medicines they were taking.

Staff were knowledgeable about the support people required with their care needs. They received regular supervision and appraisal, which provided them with opportunities to discuss their professional goals and develop in their role. Staff had support with their training needs and attended refresher courses as required.

We found that the staff team had limited understanding about the Mental Capacity Act (MCA) 2005 principles as they had not attended the MCA training. We recommended the service to seek advice and guidance from a reputable source, in relation to the requirements of the MCA training for social care staff.

People had a signed agreement with the provider consenting to some restrictions at the service. Staff monitored people's food intake to ensure that their nutritional needs were being met. People had access to health professionals and staff reminded them about the medical appointments they needed to attend.

People told us that staff were kind and respectful. People had good relationships with staff that attended to their needs with care. Staff respected people's privacy and asked them when they wanted to be supported. The service supported people to increase their social contacts and develop relationships in the community. Staff provided people with information about the group activities available and people chose if they wanted to attend them.

People were involved in the assessment and planning of their care. Regular review meetings were held for people to monitor their progress and agree on future goals to increase their independence. People raised their concerns to the staff team that provided them with opportunities to question practice as necessary. The organisation had asked people and their relatives for feedback about the services provided for people to ensure their involvement in developing the service.

The management team had supported staff to carry out their responsibilities as required. Staff told us they were provided with on-going support and advice as necessary. The service encouraged staff to take-on additional responsibilities, including leadership tasks. This ensured staff's on-going development and learning of new skills. Effective quality assurance systems were in place to monitor the care provision at the service. The registered manager and staff had carried out regular checks to ensure that the environment was safe for people. Staff supported people to keep their records safe and only shared people's personal information with other professionals involved.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. Staff had knowledge and skills to support people from potential harm and abuse. People had crisis and contingency plans in place to guide staff if their mental health had deteriorated.

Sufficient numbers of staff were provided at the service. People had support to take their medicines safely and as prescribed.

### Is the service effective?

Good ●

Some areas of the service were not effective. We found that staff had not received a Mental Capacity Act (MCA) 2005 training to ensure that the least restrictive option was put in place to meet people's needs.

We recommended the service to seek advice and guidance from a reputable source, in relation to the requirements of the MCA training for social care staff.

The management team provided staff with regular supervision and appraisal. This ensured staff's professional development in their role. The service monitored staff's training needs and arranged refresher courses when required.

People had their nutritional needs met at the service. Staff supported people to adhere to their health needs and to attend their health appointments as required.

### Is the service caring?

Good ●

The service was caring. People told us that staff were kind and caring. Staff had good relationships with people and attended to their support with respect.

Staff provided people with a choice of activities to attend. People had support to develop relationships and social contacts in the community.

### Is the service responsive?

Good ●

People contributed to the assessment and planning of their care. People had support to monitor their care and support needs and staff helped them to develop their independence skills.

People told us they knew how to complain. Staff supported people to raise their concerns and actions were taken to address them. The provider had asked people and their relatives for feedback about the care provision at the service.

### **Is the service well-led?**

The service supported staff to undertake their responsibilities as required. The management team provided staff with on-going support and advice when necessary. Staff were encouraged to take additional roles, which ensured their professional development in the service.

Systems were in place to monitor the quality of care provision at the service. Regular checks were carried out to ensure safe environment for people. Staff followed confidentiality principles when sharing people's personal information with health and social care professionals.

**Good** ●

# Southside Partnership - 227 Norwood 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.'

This inspection was unannounced and took place on 12 May 2016. At the time of the inspection five adults were living in the service.

This inspection was carried out by one inspector. Before the inspection, we reviewed information we held about the service including statutory notifications. A statutory notification is information about important events, which the service is required to send to CQC by law. We also looked at the Provider Information Return (PIR) document, which was sent to the provider before the inspection requesting to provide the CQC with some key information about the service.

During the inspection we looked at three people's care records, team meeting minutes, two staff records, staff rotas, training records and other records relating to the management of the service. We spoke with two people living at the service, two staff members, the deputy manager and the cluster manager for this service.

After the inspection, we contacted three people's relatives and three social care professional to find out their views about the services provided for people.

## Is the service safe?

### Our findings

The service was meeting people's needs safely. People told us that staff helped them to stay safe. A family member said that their relative was, "safe and looked after well." A health and social care professional told us that the service, "does the right thing at the right time" to ensure people's safety.

The service supported people to stay safe from harm and abuse. Staff were aware of the safeguarding procedure and had undertaken a training course to ensure that the care provided for people was in line with good practice. Staff had knowledge and skills to recognise and act on signs of suspected abuse. They helped people to stay safe before the management team put a protection plan in place to support a person from any further risk of harm. This included contacting the person's care co-ordinator from the community mental health team (CMHT) for advice as required. The management team reported allegations of abuse to the local authority for investigation. This meant that the service responded to any suspected abuse appropriately and promptly. There were no safeguarding concerns raised since the last inspection.

People were supported to stay safe in emergency situations. The service undertook daily checks of the premises to ensure that safe environment was provided to people. Staff regularly tested fire equipment making sure it worked as appropriate. Issues identified were communicated to the staff team to take action as required, for example the extractor fans to be cleaned regularly. Staff provided guidance to people around fire risks. Fire drills were carried out to ensure that people knew what to do in the event of fire. The service wrote a letter to a person to remind them about the service's policy if they refused to leave the building during the practice evacuation drill. People were supported to follow rules around safe smoking. Staff explained to people the risk of smoking in their rooms and encouraged them to smoke outside.

We observed the home being appropriately maintained to people's needs. The kitchen and bathrooms were newly decorated and visually pleasing. The service was in the process of changing the carpets. This meant that people were provided with clean and homely environment to live in.

The service supported people to manage risks as appropriate. Staff assisted people to identify, assess and complete risk management plans as required. People's risk assessments were regularly reviewed and when people's needs changed. People signed their risk assessments, which meant that they knew the risks and agreed for the staff team to support them to manage them. There were crisis and contingency plans in place to address risks if people's mental health had deteriorated. For example, guidance around support required for a person if their challenging behaviour to other people had increased. The service applied positive risk management approach. Staff praised people for their achievements and encouraged them to undertake tasks independently and safely where required, for example we saw a person improving with their personal care skills.

People were supported to manage their finances safely. Staff stored some people's money for them to reduce risks to financial abuse. The service had a signed agreement with people noting the staff assistance agreed with their money management. People told us that they were happy with the current money management arrangements and talked to the staff if they wanted to make any changes. For example, if they

required additional money for clothes shopping. People's income and expenditure was accurately recorded and regularly checked by the staff team.

The service provided sufficient numbers of staff to meet people's needs as required. People and their relatives told us there were enough staff for support in the service and in the community. The management team assessed staffing levels based on people's care needs. The service had two staff on duty during the day and one staff member sleeping in at night. People went out in the community independently and only required occasional support with appointments and activities. We saw that staffing levels were increased when people required additional support, for example to attend their review meetings. Staff sick leave and holidays were covered with regular bank staff, which meant that people's needs were well known to staff that supported them. The deputy manager told us they found the staff cover quickly when required. A staff member told us that the service was, "a nice place to work and staff is available when needed."

People were protected against unsafe medicine management. Administered medicines to people were recorded on a medicine administration record (MAR). We saw that the MAR sheets were up-to-date and signed by the staff team as required. Staff supported people to order their medicines from the pharmacy and checked that the medicines were correct when they arrived. During the handover any change to medicines were communicated to the staff team to ensure that people received their medicines as prescribed. The service supported people to understand what medicines they were taking and what the medicines were for. Care records had information on the support people required with their medicines. For example, a person was able to collect their medicines independently and only required prompting to take their medicines at the times they required them. People's support needs with the medicines were assessed in conjunction with the health professionals such as psychiatrists and GPs. Staff liaised with people's health professionals for advice if people refused to take their medicine.



## Is the service effective?

### Our findings

People's needs were met effectively at the service. A person said to us, "I like living here [as the service] offers what I need." A relative told us, "The service is good and I do not have concerns the way they work." A health and social care professional said that people received care from, "the same support workers that know their needs well and for a significant length of time."

We found that the staff team had limited understanding about their responsibilities under the MCA. The management team told us the MCA training was not mandatory and staff attended the training when it was available. Records showed that the registered manager had undertaken the MCA training recently. The staff team had not received training on the MCA since 2012. The service's 'Consent and Capacity Policy' noted that an individual's capacity to make a decision on a day-to-day basis should be assessed by a person caring for them at the time a decision must be made. This meant that the staff team had to understand implications of the MCA to people. We found that staff who we spoke to had applied some of the MCA principles in practice. Staff were aware that they needed to support people with making their own decisions and provided them with choices as required. Staff told us they raised their concerns with their management team if a person was unable to make a decision for themselves. However, there was a risk that staff were not aware about the legal requirements when assessing people's capacity to ensure that the least restrictive option was put in place to meet people's needs. After the inspection, the management team told us they planned for the staff team to attend the MCA training in early June 2016.

Staff had knowledge and skills to provide good care for people. A relative told us that staff were, "professional" and, "knew what they are doing." The management team had monitored staff's training needs. Systems used had notified the managers when staff were due for a refresher course. Records showed that staff were up-to-date with their mandatory courses, such as health and safety, first aid, food hygiene, medicines management and manual handling. A health and social care professional told us the staff team had necessary skills to support people using the service.

Staff were supported to develop in their role, which ensured they had the required knowledge to undertake their responsibilities successfully. Records show that staff had regular supervision and appraisal meeting. Staff told us the deputy manager held one-to-one sessions with them to discuss their professional goals and to identify actions to achieve them. Staff also used supervisions to discuss people's individual needs. For example, support required for a person with their laundry tasks. A staff member told us they had, "deadlines to complete tasks" and managers asked them if the actions had not been undertaken on time."

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.

We checked whether the service was working within the principles of the MCA. The management team was

aware about their responsibilities under the MCA. They approached the person's care co-ordinator from the CMHT for advice if people were not able to make decisions for themselves and the mental capacity assessment was required, followed by the best interest meeting. At the time of inspection, the management team told us that people made their own decisions. There were no concerns raised to suggest that people lacked capacity to make the decisions.

Some restrictions were in place to ensure people's safety at the service. The kitchen was locked at night because some people were unable to use cooking equipment unsupervised. We saw that people had a signed agreement with the service consenting to the kitchen to be locked during the night. Staff regularly reviewed the agreement to ensure that people continued to agree with this action. People told us they were happy with this arrangement. People approached the night staff if they needed access to the kitchen at night.

People had a choice of what to eat and drink as required. People's nutritional needs were identified and recorded in their support plans. Staff used a "menu record sheet" to record people's daily food intake. This ensure that people's nutritional needs were appropriately monitored. Records showed that people received advice from nutritional specialists where needed. For example, support was available for a person who wanted to maintain a healthy weight. People had allocated money for food shopping of their choice. People chose the meals they wanted to cook and staff assistance them to prepare the food as necessary.

People told us they had support to meet their health needs as required. A person said to us they had, "improved since being here [the service]." A health and social care professional told us the staff team were, "good at helping people to look after their health." Records showed that people's health needs were accurately recorded and regularly updated. Staff used a health action plans to monitor and adhere to people's health needs as necessary. Health action plan is a personal plan about what support or services people required to stay healthy. We saw that people were up-to-date with their routine medical appointments, including eye and dentist check-ups. People were reminded of any additional health appointment they required to attend, for example blood test checks. Staff communicated the outcomes of the attended health appointment to the team to ensure that actions were carried out as and when required.

# Is the service caring?

## Our findings

Staff attended to people's care with kindness and respect. A person said to us, "Staff are good and nice to me." One other person told us, "I am getting on well with other people living here." A family member said to us that staff were, "attentive and have interest in [their relative]." A health and social care professional told us that people received, "good attention from staff. They know people well there." A staff member told us, "We like a little family here."

People told us that staff were kind and caring at the service. A health and social care professional said that, "people had good relationships with the staff." We observed staff talking in calm and non-confrontational manner when people asked for advice and support. Staff spoke clearly to people and used easy to understand language, which encouraged people best to their ability to get involved in conversations. Staff were aware of people's preferences and choices and supported people to maintain their interests and cultural beliefs. For example, staff encouraged people to have regular cultural group meal at the service. This meant that people were provided with care to meet their individual needs and adhere to what was important for them.

Staff supported people to access activities of their interest and to increase their social networks. A person said, "I have a choice to have friends, but currently I do not want to have any." Staff encouraged people to take part in different groups facilitated by the provider focusing on building relationships with other people in the community. These included social groups around interacting with people and sexual health. The service used community connectors to provide people with information about the group activities available to them and supported people to undertake different activities in the community. This included leisure activities, such as swimming, gym and visiting places of their interest. People had allocated weekly hours with staff to support them with whatever activities they wanted to do. A person told us they liked going clothes shopping with staff as they helped them to choose the clothes they wanted to buy.

People made choices about the activities they wanted to attend. Some people chose not to have any structured activities. They went out daily for a walk and spent time in coffee shops. Other people wanted to learn skills and had staff to support them with this. One person attended a class to improve their literacy skills. People's relatives told us that staff had encouraged people to go out, but people made their own choices of how much they wanted to engage in activities. Staff told us they were using different support methods to motivate people; however they found it difficult to identify activities that people would enjoy. A health and social care professional told us that the service, "accompanied clients to do things as much as [people] wanted to."

People told us their privacy and dignity was respected. People said that staff respected them if they wanted to be left alone. People had their own bedrooms and had their doors closed if they wished to. People told us they liked their bedrooms and staff helped them to keep their personal belongings clean and tidy. People chose when they wanted to be supported." We observed that people had their own routines and some of them chose to get up late. Staff told us they respected people's choices and supported them with their activities when it suited them best.

People had regular contacts with their relatives and visited them when they wished to. Staff kept the family members informed about any changes taking place at the service and encouraged them to take part in providing care for people. The relatives took part in the meetings if people agreed for them to be involved. A staff member said, "We respect clients and help them to do things the way they want it to be done." This meant that people were supported to maintain contacts that were important to them.

## Is the service responsive?

### Our findings

We found that the service was responsive to people's care needs. A person said, "I get support from staff and care-coordinator when I need it or if I am not feeling well." One other person felt that the staff team encouraged their achievements and said to us, "staff think I am doing really well." A health and social care professional told us that staff, "come up with ideas and suggestions that benefit to clients' care. A staff member said, "We provide person-centred service here, with clients at the centre of focus."

Staff encouraged people to contribute to the assessment and planning of their care. A person told us, "Staff support me with everything I want." The service supported people to attend care planning approach meeting (CPA) facilitated by the local authority. Care planning approach meeting is used to plan people's mental health care. These meetings helped staff to monitor people's progress and to agree on actions to address the needs identified. In one of the meetings the service agreed to support a person to review their benefits. Records showed that the actions identified in the meeting were included in the person's support plans as required. This meant that people were assisted to make decisions and the service supported them to action them. People also had regular review meetings held by the care home to discuss their individual needs and the support required to meet these needs. We saw that a person was provided with additional support to buy and cook healthy meals for themselves. Staff told us that some people did not like formal meetings and therefore alternative venues were offered to them, such as coffee shop to ensure their full participation in their care planning. A health and social care professional told us that the service, "encourage clients that are not always motivated to participate in their care planning."

Staff supported people to express their views and opinions through individual discussions. People told us they had regular meetings with their key workers to discuss their progress and plan goals for the future. A key worker is a named member of staff for support for a particular person in the care home. Key workers used mental health 'recovery star' to evaluate progress in different areas of people's lives such as their relationships, physical health, mental health and daily living skills. Recovery star is a recognised tool that is used to plan care for people recovering from mental illness. The key worker helped a person to develop an action plan to become more independent and to decide on the support they needed to achieve their goals, for example with their personal hygiene. This ensured that people had necessary support to build their independence and daily living skills. A health and social care professional said that the service was, "very supportive and prompt people to do things on their own."

People told us they were able to raise their concerns to the staff team when required. Staff regularly reminded people about the complaints procedure and provided them with the service's complaint's policy. This ensured that people knew what actions to take if they had any complaints. The service held regular house meetings to support people to talk about their concerns and to ask questions as necessary. For example, in one of these meetings a discussion took place around house rules for maintaining a clean home. Staff told us that any complaints received were recorded and communicated to the management team for taking actions. People's relatives discussed their concerns with the staff team and were confident that the management team would take actions as required if they raised a complaint. At the time of inspection, people and their relatives did not have any complaints about the service.

People, and their relatives were asked for feedback about the care and support provided by the organisation. We viewed satisfaction surveys completed in 2015. The survey results showed that most participants were satisfied with the care provision. Compared with the previous year's survey, people felt more involved in making decisions and planning their care. Some areas for improvement were also identified, such as people having more control in selecting staff that supported them and assistance to develop relationships when they wanted to. The provider took these comments into account and included them in the organisation's strategy for taking actions as required.

## Is the service well-led?

### Our findings

At the inspections carried out on 23 January 2015 and 29 July 2015, we found that the service was in breach of regulation in relation to the registered manager conditions. The service did not have a registered manager in post. After the last inspection, the provider took actions to address this breach. At the time of this inspection, the service had a registered manager in post.

The service was well-led. A person said to us that the deputy manager was, "a very good manager . Without him I would not know the purpose of being here." One other person told us, "The managers are good, but can be overbearing as they are telling me to do things." A health and social care professional said that the management team was, "contactable when needed." A staff member told us the managers, "make you feel like a person and confident." One other staff member said that the registered manager, "take time to appreciate if you do something well."

Staff had support to carry out their responsibilities as required. The service had a registered manager in post and staff approached them for support and advice as necessary. A deputy manager was responsible for managing the day-to-day running of the home. Staff told us that the deputy manager was, "very approachable" and, "always available" when they needed help. One other staff member said to us they, "I approach managers and staff for support, for example help to use the computer" at any time. An out of office hours on call service was used by staff to obtain advice on urgent matters.

The deputy manager of the service provided guidance to staff to ensure good practice. Staff said they were encouraged to develop and take additional tasks in their role. We found that staff took turns to take leadership responsibilities at the service, including rota planning and signing time sheets. One staff member was allocated to carry out fire marshal responsibilities at the service. This ensured staff's on-going development and learning of new skills. Staff told us they felt confident to deal with issues arising when the manager was not at the service. This meant that staff knew what was expected of them and took their responsibilities as required. People's relatives said that staff were good and competent at dealing with the issues arising.

We saw evidence of good leadership in the service. People knew the deputy manager well and approached them for advice where required. Staff told us that managers supported them to share their ideas and provided them with opportunities to take necessary actions to improve the services. For example, support required for people around their smoking. Regular staff meetings were carried out to monitor delivery of care for people. Team meeting minutes showed that any outstanding actions from the previous meetings were revised and followed-up as required. We saw that staff were reminded to read the cooking risk assessment, which ensured that all staff were aware about the risks to people when they were preparing food themselves.

The management team used effective quality assurance systems to monitor the care provided for people. The cluster manager had carried out quarterly audits at the service to recognise areas for improvement and for taking actions as required. Records showed that the issues identified were acted on to improve the

quality of service's provided for people. For example, people had their internal review meetings arranged as necessary. The registered manager had also carried out regular audits at the service, including care records, medicines, health and safety checks. Records showed that actions identified were undertaken by staff, for example people had their records updated as necessary. This meant that monitoring systems were in place and actions taken to improve where required.

Staff were responsible for carrying out regular checks at the service to ensure that the environment was safe for people. Staff used a daily health and safety checklist to monitor general cleanness of the home, food storage, fridge and water temperature.

People told us the service helped them to maintain safe records. Staff were aware of their responsibilities around safe record keeping and ensured that information was shared with other agencies on the need to know basis. Staff kept people's records locked in a room after they updated them to ensure that people's confidential information was accessed only when required. Records showed that people had signed an agreement with the service consenting for their personal information to be shared as necessary.