

## Southside Partnership

# Southside Partnership - 94 Strathleven Road

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

### Overall summary

# 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 not always safe. People were at risk of not receiving their medicines safely as prescribed. Staff did not keep appropriate records in relation to the administration of 'as required' medicines. Medicines were not always kept securely when taken out of the service. Staff had not ensured unused and out of date medicines were disposed of.

Staff knew how to identify different types of abuse and understood how to use safeguarding procedures to protect people. Staff assessed risks to people's health and welfare. They planned and delivered support to reduce risks to people. The registered manager ensured there were enough experienced staff on duty to meet people's needs.

Requires improvement



### Is the service effective?

The service was effective. People were supported to have a healthy diet, which met their needs and preferences. Staff involved people in making decisions.

The service complied with the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff had training to undertake their duties and meet people's needs. The registered manager carried out regular supervision and appraisal meetings with staff to promote best practice.

Staff supported people to access the healthcare services they needed to maintain good health.

Good



### Is the service caring?

The service was caring. Staff were friendly and patient when speaking with people. People were supported by staff who knew their individual needs. Staff communicated effectively with people.

Staff respected people's choices and preferences when they delivered people's support. Staff respected people's views and their privacy.

Good



### Is the service responsive?

The service was responsive. People, their relatives and advocates were involved in planning people's care and support. Staff had developed appropriate support plans and delivered people's care in line with these plans.

Staff regularly reviewed people's needs and changed their support as required. People were supported to pursue activities they enjoyed.

The registered manager obtained regular feedback from people and their relatives. The registered manager acknowledged complaints and investigated them.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. There was a registered manager in post. The arrangements by the registered manager to assess and monitor the quality of the service were not always sufficiently robust.

Staff told us the registered manager was approachable and supportive. The registered manager communicated effectively with staff and made improvements the service.

**Requires improvement**



# Southside Partnership - 94 Strathleven 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.

The last inspection of Southside Partnership – 94 Strathleven Road took place on 8 August 2014. The service met all the standards we inspected at that time.

This inspection took place on 14 August 2015 and was unannounced. One inspector undertook the inspection. Before the inspection, we checked the information that we held about the service. This included statutory notifications sent to us by the registered manager about incidents and

events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used this information to plan our inspection.

During the inspection, we spoke with a relative, three members of staff and the registered manager. We used the Short Observational Framework for Inspection (SOFI) whilst people were supported. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed six people's care records and medicines administration record charts. We checked medicine management processes. We read five staff files. We looked at staff training plans and duty rotas. We reviewed management audits, safeguarding records and incident reports. After the inspection, we spoke with two relatives, a speech and language therapist, an optician and a nutritional nurse about their views of the service.

# Is the service safe?

## Our findings

People's medicines were not always managed safely. People may not have always received their medicines safely as prescribed. Some people were prescribed medicines to be taken 'as required' if they needed it in an emergency. The registered manager ensured staff took people's 'as required' medicines out of the service when they supported people in the community. However, she had not ensured staff had appropriate guidance about this. There was a risk people may have not received these medicines safely as prescribed. Additionally, these medicines may have been lost or misplaced.

For example, during the inspection, staff had taken out a person's "as required" medicine out of the service whilst they supported them to attend an event. The person's support plan had guidance on how staff were to administer the medicines. However, there was no guidance for staff on the quantity of "as required" medicines to be taken out of the service. Staff did not have guidance on record keeping in relation to taking these medicines in and out of the service. There was no information available to staff on how the medicine was to be kept securely to ensure it was not lost or misplaced.

We saw a person's prescribed 'as required' medicines which were not recorded on the Medication Administration Record (MAR) sheet. The registered manager told us a person had received 'as required' medicines but they had not kept a record of this.

Checks on the disposal of unused medicines were not sufficiently robust. Staff had not disposed of out of date and unused medicines safely. For example, in the medicines cabinet we saw an opened tube of skin ointment dated 14 November 2014, which was labelled "use for one week and discard". We also saw unused prescribed ear drops which were no longer required in the medicine cabinet. The service had not followed appropriate procedures to dispose unwanted medicines.

The registered manager had not protected people against the risk of receiving unsafe care.

This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed staff had correctly completed medicines administration record (MAR) charts for people who required support to receive their regular medicines. We saw audits of MAR charts and stocks of medicines carried out by the staff on each shift and once a week. These audits had not always accounted for all stocks of medicines in the cabinet.

People were safe because risks to their health and safety were identified and managed by staff. For example, staff had assessed that a person was at risk of choking. The registered manager had referred the person to a speech and language therapist (SALT) for advice in managing this risk. Staff had developed a plan to support the person whilst eating based on the recommendations of the SALT. We observed that staff supported the person in line with this plan.

Staff had updated people's risk management plans to ensure they met their current risks. Staff understood people's needs and delivered their support as planned. For example, we saw a person sitting comfortably on a sofa with a bean bag near them. Staff told us this was to break a fall and prevent the person from getting hurt. We saw staff checking on the person frequently to make sure she was safe.

We spoke with staff about people whose behaviour sometimes challenged the service. Staff told us they understood the signs that people were becoming distressed and used this knowledge to support people to improve their mood. Records included appropriate guidance. For example, staff told us they supported a person to move away from the place of discomfort.

People were protected from abuse and neglect because staff knew how to take action to safeguard people. Staff told us how they would identify different types of abuse and neglect and described the action they would take to protect people. They understood how to 'whistleblow' to an external agency if this was necessary to keep people safe. Records showed staff had implemented the organisation's safeguarding procedures appropriately. The registered manager had worked with other agencies, including the local authority to ensure people were safe.

The registered manager made sure there were sufficient and suitably trained members of staff on duty to meet people's needs. A relative told us, "There is always a member of staff around to support [person's name]". Staff told us they were able to support people safely and the

## Is the service safe?

registered manager ensured sickness and leave were covered. The registered manager adjusted the number of staff on duty to meet people's needs. For example, she had arranged for additional staff to support people to attend hospital appointments and to go on outings.

Recruitment processes were robust and promoted people's safety. We spoke with two staff who were new to the service

about their recruitment. They told us about the rigorous vetting process they had gone through. This had involved interviews, criminal record checks and requests for references on their work history. Staff said they only started working in the service once all these checks were completed.

# Is the service effective?

## Our findings

People told us they received care from staff who were well trained and understood their needs. Staff received the support they needed to carry out their duties. Staff told us they had regular one to one supervision and appraisal meetings with their manager. A member of staff said, “The manager encourages me to develop myself by asking questions on how we work”. The registered manager arranged training for staff to support people with specific needs. For example, a member of staff told us, “The manager supported me to have training in supporting people at risk of choking after we identified the need for this in a supervision discussion”.

Staff told us they received training which prepared them to meet people’s specific needs. Records showed staff had received recent training in safeguarding and infection control. For example, they had attended courses on meeting the needs of people living with epilepsy.

Staff understood their responsibilities under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff assessed people’s mental capacity for specific decisions and ensured they were supported in line with the MCA. For example, staff had worked with an Independent Mental Capacity Assessor (IMCA) who supported a person to make a decision about dental surgery.

Staff knew how to get people’s consent in a lawful way. Records showed staff had obtained people’s consent to support them. We saw a member of staff ask a person if they wanted to be supported with personal care. They waited until the person had consented before they supported them.

Staff supported people to eat a healthy diet. People could help themselves to fresh fruit at any time. Staff involved people in choosing their meals. For example, staff asked people on a daily basis what foods they wanted to eat. Staff prepared fresh food on site according to people’s choices of the day.

Staff made sure people’s likes and dislikes and cultural and religious needs in relation to their diet were identified and recorded in their care records. People received meals, which were in line with their needs and preferences. During breakfast, staff offered people choice by showing them different foods and preparing what they liked. Staff supported a person who liked to get up later than other people in the service to have their breakfast mid-morning.

People had a choice of drinks and refreshments. For example, during our inspection, we saw a person who could make their own tea have access to the kitchen and prepare their own refreshments when they wanted to.

People had access to the healthcare services they needed. For example, records showed staff had obtained the involvement of an occupational therapist (OT) in identifying risks to a person with a physical health condition. The person’s care plans showed staff had followed the guidance of the OT to support the person.

Staff supported people to attend their health appointments. For example, they assisted a person to visit a psychiatrist for assessment of their mental health needs. After this appointment, staff made changes to the person’s support plan in line with the psychiatrist’s advice.

Records showed staff had asked the GP to visit people when they were unwell. An optician told us the staff ensured people had regular checks on their eyesight.

Staff supported people to furnish their bedrooms to reflect their individual interests and preferences. For example, a person’s room was decorated with items from their favourite football team. A relative told us a person chose the paint colours for their room. Staff told us people how they supported people to choose their furniture.

People had access to a large enclosed garden. This was important to a person who told us, “I chose to live here because I enjoy being in the garden”. Staff supported people to interact with members of the local community. For example, a person was supported to visit local restaurants where they had got to know people and enjoyed interacting with them.

# Is the service caring?

## Our findings

People were supported by caring staff. A relative told us, “Staff are caring and do their best for everyone”. Another relative said, “People are well looked after”.

People and relatives told us they liked the staff. For example, a person liked to spend time in the company of staff. On the day of inspection, we saw staff make people welcome in the staff office and communicated with them in sign language. Staff had made sure there was room for the person to sit in the office and helped them choose and play music from their iPad.

Staff told us they knew people well and understood their communication needs. Records included information on how staff should communicate with people and staff followed this guidance. For example, we saw a member of staff sit next to a person and hold hands while they spoke to them slowly and patiently. The person appeared happy and laughed. Staff communicated with another person by pointing at things and saying words they understood.

Staff respected people’s privacy and dignity. During the inspection, we saw a member of staff knocking on a person’s door and waiting to be invited before going in. Another member of staff discreetly asked a person if they wanted to be supported with their personal care without drawing the attention of the other people in the room.

Records showed people had chosen which members of staff they wanted to deliver support with their personal care. We observed staff supporting people in line with their wishes.

People and their relatives were involved in planning their care and support. A relative told us, “Staff ask us about how best they can provide support to [person’s name] and ask us about changes they may be considering in their care”. During the inspection, we saw people make choices on how they were supported. For example, a person asked staff to support them to go to their room to rest. A member of staff promptly supported them to do so.

# Is the service responsive?

## Our findings

People's care plans were detailed and informative. Records included details of people's life history, preferences and interests. Staff supported people to have contact with relatives as they wished. A relative told us, "I pick up [person's name] regularly and take them home with me".

Staff supported people to pursue their interests and hobbies. For example, staff had supported a person to go camping at a music festival, which they had enjoyed. Another person was supported to go on a trip abroad of their choice. Staff told us they scouted for activities in the community in line with people's current interests. For example, a person was now attending a weekly music workshop, which allowed them to enjoy their favourite activity.

People were given information in a way they understood, for example in the form of pictures and photographs. Staff used these aids of communication to support people to make decisions. For, example, a member of staff showed a person pictures to enable them to make a choice about attending a music workshop. The person was supported to attend the workshop.

People's needs were assessed to ensure they received appropriate care and support. Staff had regularly reviewed people's needs. Care plans had been updated to ensure people's current needs were met.

A person's care plan had details of how they wished to be supported. For example, the plan said, "I go to the same barber as he has known me for a long time and I feel comfortable when he cuts my hair." Another person's plan said, "I need staff to give me enough time as I do not like to be rushed". We saw staff supported the person to have their breakfast in an unhurried manner.

During the inspection, we saw staff respond promptly to people's requests. For example, a member of staff brought a drink for a person soon after they had requested it.

People and their relatives told us the registered manager involved the local community in the development of the service. For example, the garden fence had recently painted by volunteer staff from a local bank.

The registered manager had arranged meetings with people and relatives to ask for their views of the service. Relatives told us they also contacted the registered manager by email and telephone on concerns about the service and people. Most people said the registered manager was responsive to their complaints. A relative told us the registered manager had not attended to their complaint promptly. We spoke with the registered manager who acknowledged the delay and had since rectified the issue after our inspection visit.

# Is the service well-led?

## Our findings

The registered manager had put systems in place to monitor the quality of the service and to give an assurance that people's needs were being met. The systems were not always effectively used and there were shortcomings in the managing of medicines. The registered manager had not carried out sufficiently robust checks to ensure the quality of the service.

For example, staff did not monitor use by dates of food stored in the refrigerator and freezer. There were unlabelled cooked and uncooked foods in containers in the refrigerator without use or best by dates. People may have consumed food that was not safe to eat.

The service had a registered manager in post. Relatives told us they found the registered manager approachable. A relative told us, "I can talk to her at any time".

The registered manager had reviewed staff record-keeping and taken action effective to improve the service. For example, she had supported a member of staff to improve their performance in this area through one to one supervision.

Staff told us the registered manager organised regular team meetings with them. They said staff were able to make suggestions on improving the service. Staff said the registered manager spoke with them to discuss improvements to the service. For example, all staff had attended an away day session to reflect and share on how they could improve the service.

Minutes of a team meeting showed the registered manager had talked with staff about an incident. Staff said they were encouraged to learn from the incident and develop the service. Staff told us the registered manager was open to their ideas felt supported. A member of staff said, "The manager listens and acts on concerns I might have". Another member of staff said, "I ask for a one to one meeting when something is bothering me".

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The registered manager had not protected people against the risk of receiving unsafe care.**