

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Southside Partnership - 227 Norwood Road

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Southside Partnership
Overview of the service	227 Norwood Road provides accommodation and care for up to 5 people with mental health needs. The service assists people to develop their independence and daily living skills, with the aim of working towards less supportive living.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

227 Norwood Road focuses on promoting the independence of the people who use the service, and this was evidenced through the activities on offer, the emphasis on daily living skills and the delivery of person centred care. One person using the service told us about the support provided by the staff to enable them to go back into the community and said "I couldn't do it without them."

We spoke with three out of the four people who were using the service. All three told us they were aware of their care plans and associated review processes, and had been involved in the development of them.

Staff spoken to on the day felt well supported by their manager. Records showed that all staff members were up to date with their mandatory training, and staff had a good working knowledge of the service's policies and procedures. There was evidence of staff being supported to continue with their professional development.

Records on the day showed the quality of service provision was regularly monitored, and learning from incidents was incorporated into service delivery.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. There was a 'Decision Making Agreement' in place in the service, which was written by the people who use the service. The agreement stated what people wished to achieve from the service and how they wanted staff to support them to reach their goals. This agreement was signed by the person using the service and their key worker.

People who use the service were given appropriate information and support regarding their care or treatment. From reviewing care records it was evident that people who use the service were present and involved in their Care Programme Approach (CPA) review meetings and were involved in care planning processes. One person we spoke with told us, "they discuss everything with me, and they seem to know a lot about my problems."

In one of the communal areas, there were 'easy read' versions of policies and procedures relating to the running of the service. There was also a notice board which displayed relevant information about the service, such as particular events, day trips and communal meals occurring during the month.

People were supported in promoting their independence and community involvement. One person we spoke with told us, "I couldn't do it without them" when referring to their weekly food shopping trips. Another person we spoke with told us about a clothes shopping trip she had arranged with one member of staff and said that she was able to choose which staff member accompanied her.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People's care plans included tools used to provide individualised care planning. For example, 'people in my life' and 'places I go' tools were used to understand more about the person's behaviours and interests. In addition, the service used a local NHS Mental Health Trust's Recovery and Support Plan document to outline people's personal goals and how staff could support them to achieve them.

People we spoke with outlined how the staff continued to involve them in the planning and delivery of their care. One person said "I meet with my key worker every four to six weeks to review the actions from my recovery star." Another person told us, "I discuss my progress with my key worker weekly."

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Risk assessments were undertaken for people who use the service and formally reviewed every six months. The people using the service also had the opportunity to comment on what was included in their risk assessment. The service provided evidence of how risks were minimised. For example, there was a weekly bedroom checking process in place for all people using the service, however depending on additional risks identified, some people received more frequent room checks.

227 Norwood Road promoted independent living and there was an expectation that people who use the service prepared their own meals. Staff monitored people's eating habits and, where appropriate, provided additional support to ensure they consumed appropriate amounts of food and drinks.

People's care and treatment reflected relevant research and guidance. Staff followed the Mental Health Recovery Star for each person. This allowed ongoing assessment of people's progress relating to topics such as managing their mental health, their physical health, managing relationships, developing social skills and undertaking meaningful activities.

The service met support needs of people who use the service. 227 Norwood Road is taking part in the Individual Service Funds (ISF) pilot. Included in this is the Care Funding Calculator which the staff were using to calculate the support needs required for each

activity for people who use the service.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. All staff at the service were trained in Safeguarding of vulnerable adults (SOVA) and attended annual refresher training. Policies and procedures relating to safeguarding were easily accessible on the intranet for staff and also in an 'easy read' format in the communal area, accessible to people who visited the service. Staff spoken with had a clear understanding of the safeguarding processes, and felt able to raise any concerns that presented.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. All staff had been trained in the Mental Capacity Act 2005 and the use of Deprivation of Liberty Safeguards (DoLS). On the day of our visit, none of the people using the service were subject to DoLS. The service promoted independence and all people using the service had a key to the front door and were free to come and go from the service throughout the day.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. The service had recently launched an intranet site, which included a training calendar of all mandatory and Continuing Professional Development (CPD) training courses available to staff at 227 Norwood Road. Records confirmed that all staff were up to date with mandatory training and a new flag system was in place to easily identify staff who were due to renew their training. Training and development needs were addressed through the supervision process which took place at least every two months.

The provider may find it useful to note that the annual performance appraisal process was five months overdue on the day of our visit.

Staff were able, from time to time, to obtain further relevant qualifications. One staff member we spoke with told us that they were currently studying for their NVQ Level 3 in Health and Social Care.

The provider safeguards high standards of care by creating an environment where clinical excellence can do well. One staff member told us how any issues in work performance were discussed and addressed through the supervision process. The staff member also told us that monthly staff meetings were used to "focus on how best to support" people who use the service. The service was involved in the Individual Service Funds (ISF) pilot. Staff had been working with other services to develop their skills in working with different client groups.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. A formal satisfaction survey was undertaken annually to obtain the views of the people who use the service. A monthly monitoring audit was undertaken by the manager from another service which included obtaining the views of staff and people who use the service when evaluating service performance. In addition, there were monthly staff meetings and monthly house meetings for people who use the service where they could discuss any issues relating to the care and support provided at the service.

There was evidence that learning from incidents took place and appropriate changes were implemented. The Provider's Health and Safety Committee reviewed and disseminated information regarding incidents on a monthly basis across all their services to allow for joint learning. Details were provided of an incident that had occurred in June 2012. The staff considered that there was an ongoing risk of a similar incident occurring so this behaviour was now included in the person's risk assessment and subsequently addressed in their care plan.

We found that risks were assessed and managed. For example the service had recently introduced restricted access to the kitchen during the night due to additional risks identified. This arrangement had been discussed with all people who use the service and there was an agreement to lock the kitchen at 22:00 but to keep drinks within the communal area so that there was access to them throughout the night.

The provider took account of complaints and comments to improve the service. The complaints procedure was clearly visible, in an 'easy read' format, within one of the communal areas at the service. The service had not received any formal complaints over the last year. Staff we spoke with on the day felt more could be done to record and act upon informal comments and complaints, and a system had been put in place to address this.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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