

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:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Southside Partnership
Overview of the service	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 four people were using the service.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 12 June 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

We were unable to speak to people using the service in detail as many of them were out accessing services in the community, but through brief discussions people seemed happy with the service they received. Other health professionals visiting the service on the day of our inspection reported that there were good joint working arrangements.

People using the service were given the opportunity to consent to their placement before moving to the service and were involved in developing their support plans so they could consent to the support provided. For those that were unable to consent the provider acted in accordance with legal requirements.

People were provided with support plans tailored to their needs, and there were regular meetings to discuss the progress they had made. There was evidence that people were involved in all decisions regarding the support they received.

Medicines were safely stored and safely administered. Administration of medicines was recorded on a medicines administration record and we saw evidence that these had been completed appropriately.

The building provided a safe and secure premise for people to stay at, and at the time of our inspection there were no outstanding maintenance requests.

At the time of our inspection there had been no complaints received in the last year. There was a complaints process in place and staff were able to demonstrate how they would support an individual to complain if they so wished.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or support they were asked for their consent and the provider acted in accordance with their wishes. The care records we saw included a tenancy agreement and a support agreement for people using the service. The tenancy agreement included rent arrangements and expectations regarding the building, fixtures and fittings. The support agreement included the role of their support plan, expectations of the person, their rights, confidentiality and the rules of the service. These agreements were signed by the person using the service. In addition, people using the service had signed their support plan to show they agreed with them.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. We saw evidence of mental capacity act assessments and best interest meetings where staff had concerns over the vulnerability of one of the people using the service. We saw evidence that where people were assessed as not being able to consent to certain aspects of their care that this was included in their assessments and managed through the support provided to them.

During people's induction to the service staff explained they were required at times to share information with other health professionals about the people using the service. We saw evidence that people using the service had consented for their information to be shared, and which professionals they were happy to share the information with.

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 support was planned and delivered in line with their individual care plan. We reviewed three care records and each contained a support plan outlining how the person wished to be supported by the staff at the service. These support plans were produced using the mental health recovery star tools, which allows staff to track the progress individuals are making on topics such as managing their mental health, self care, social networks and living skills. The support plans and the progress made were written from the perspective of the person using the service and they were tailored to reflect their individual needs. The support plans were also used to identify goals and targets for the individual. For example, ensuring their personal care needs were met whilst reducing the number of prompts required by staff to achieve this.

In addition to the support plans, which were reviewed monthly through one-to-one sessions with the staff and the person using the service, staff completed daily records. These recorded the activities the person had completed in the day, what their mood was like and any changes in their behaviour and/or health.

Care and support was planned and delivered in a way that ensured people's safety and welfare. The care records we reviewed contained notes from the referring agency, which included a detailed assessment of any risks the person posed to themselves and to others. The information from this was used to inform the risk assessments developed by the service. We saw that risk assessments were updated regularly and took into account any changes in the person's behaviour.

People using the service had regular care programme approach (CPA) meetings with their care co-ordinator and other professionals involved in delivering their mental health support and treatment. Records from the CPA meetings were included in the person's care records held at the service to ensure that any new items identified through this process were fed into their support plans at the service. However, the provider may find it useful to note that one person did not currently have a care co-ordinator assigned to them and therefore it was unclear who was responsible for organising their CPA review meetings.

People using the service were supported to ensure their physical health needs were met

and we saw evidence of referrals to GPs, dentists and chiropractors. We also saw evidence that people were supported to manage their finances, access their benefits and initiate discussions with local job centres.

There were arrangements in place to deal with foreseeable emergencies. Staff were trained in basic life support and there were procedures in place in case of a fire.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

There were appropriate arrangements in place in relation to obtaining medicine. All medicines were prescribed by either the local GP or through an NHS clinic. Staff were made aware of any changes to people's prescriptions, and collected the medicine from the local pharmacy. Any unused medicines were given back to the pharmacy to be destroyed.

Medicines were safely stored in a locked cabinet, which only staff had access to. All staff were trained to administer medication. Medication was safely administered and recorded using a medication administration record (MAR) chart. All medicines at the time of our inspection were in date, and labelled with who they were for and how they were to be administered. The MAR charts we reviewed were completed appropriately and there were no gaps unaccounted for. However, the provider may find it useful to note that there were no pictures of people using the service with their MARS chart. This meant that there was a risk that staff could give the wrong medication out if they were unfamiliar with what the people using the service looked like.

Staff counted all medicines on a daily basis to ensure the medicines were administered appropriately, and the manager of the service undertook weekly stock checks.

We observed that staff were encouraging one person to take more responsibility for their medication management and had introduced a weekly doset box for the person to measure out their medication into. This helped the person understand what medication they needed to take and when. The staff still assisted them in administering and storing the medication for them.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. At the time of our inspection there was no outstanding maintenance work. Staff reported that all maintenance work was carried out promptly through regular contractors. We observed that all fixtures and fittings were well maintained. However, the provider may find it useful to note that some areas of the service were looking tired and unappealing to the eye with chipped paint work and liquid spillage marks on the walls.

The building provided a mix of private and communal areas for people using the service. Each person had their own bedroom and there were two bathrooms to share between the four people staying at the service. A communal kitchen and communal living area was available for socialising.

The building was not able to accommodate people with physical disabilities, and this was taken into account with all new referrals. There were railings in the corridors and up the stairs for those that required support when walking.

There was adequate lighting, heating and ventilation throughout the service. The windows in people's bedrooms were restricted to ensure their safety whilst still allowing for some fresh air.

There were suitable arrangements in place in an emergency. Fire extinguishers, fire alarms and emergency lighting were available throughout the premises and these were checked regularly to ensure they worked. There was also an emergency out of hours contact sheet in case of a flood or gas leak, or to secure the property in the case of a break in.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints process. Information on the complaints process was discussed with people using the service during their induction and it was displayed on the noticeboard in the communal area.

People using the service were encouraged to make complaints in writing, and staff were available to support them to do this if required.

All complaints were to be reported to the manager of the service who conducted an internal investigation. The complaint would also be recorded on a centralised database to enable staff at the provider's head office to monitor them and ensure appropriate action had been taken. The provider also analysed complaints to establish if there were any trends and to share learning across services where appropriate.

At the time of our inspection no complaints had been received within the previous year.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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