Care Quality Commission

Centre 404

Centre 404 Domiciliary Care

Inspection report

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Date of inspection visit:
30 October 2017
02 November 2017
06 November 2017

Date of publication:
16 February 2018

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

Centre 404 provides personal care services to adults with a learning disability living in their own homes in the London Borough of Islington. There were 48 people using the service at the time of this inspection on 30 October and 2 and 6 November 2017.

This inspection was short notice, which meant the provider and staff did not know we were coming until shortly before we visited the service. At the last inspection on 4 and 18 August 2015 the provider met all of the legal requirements we looked at and was rated Good.

At this inspection we found the service remained Good.

The service had a registered manager in place. 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 and associated Regulations about how the service is run.

Staff respected people's privacy and dignity and worked in ways that demonstrated there was diligence at ensuring this. People's preferences were known about and were recorded and staff worked well to ensure these preferences were respected. The provider and staff teams worked hard to ensure that the service offered an outstandingly caring environment. The service was bespoke and built around the people that used it and was not operated for anyone's convenience other than the people that used the service. Compassion and respect were at the heart of the values that staff displayed and people's abilities, or impairment to their abilities, did not dictate how they were supported to live their lives.

People using the service, relatives and other stakeholders were highly satisfied with the way the service worked with people and the steps that were taken to keep people safe from potential avoidable harm.

The service was diligent with ensuring that the requirements of the Mental Capacity Act (2005) were complied with. Where Deprivation of Liberty issues were applicable, this too was managed well and proper consultation took place to help protect people's human rights.

People who used the service had a variety of support needs, in some cases highly complex needs, and support plans clearly described people's care and support needs and provided clear guidance for staff about how to meet these needs. Any risks associated with people's care were assessed, and the action needed to minimise risks was recorded. Risk assessments were updated regularly and did not place restrictive limitations on the reasonable risks that people were allowed to take.

Staff training described mandatory training required for all staff as well as specific training required where staff worked with people that had specific care needs that required staff to undergo specialised training. Staff participated in regular supervision which was designed as a supportive process for staff as well as to

address their development and work with the service. Staff appraisals took place yearly and development and training objectives were set arising from the appraisal system.

People were informed about how to complain and were supported to raise concerns if they were unable to do it independently by using advocacy services if a family member or friend could not assist with this on their behalf. If concerns were raised these were listened to and the provider was open about action taken and changes made as a result.

People who used the service, relatives and stakeholders had a range of opportunities to provide their views about the quality of the service. The provider worked hard to ensure that people were included in decisions about their care and their views about how the service was run were respected and taken seriously.

At this inspection we found that the service met all of the key lines of enquiry that we looked at and was not in breach of any of the regulations.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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Centre 404 Domiciliary Care

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 provider was given short notice of this inspection because the location provided a domiciliary care service. We carried out a visit to the service offices on 30 October 2017 and visits to two of the projects where people were being supported on 2 and 6 November 2017.

Before our inspection we looked at submitted statuary notifications and other communication that we had received about the service. During our inspection we spoke with three people using the service, a relative, a family carer, six staff that directly provided support to people, the registered manager and deputy manager. We also contacted twelve social care professionals that had contact with the service and received a reply from one.

We gathered evidence of people's experiences of the service by conversations we had with three people, their relative or family carer, observing staff interactions with people who were unable to speak and by reviewing other communication that the service had with people.

As part of this inspection we reviewed four people's care plans and care records. We looked at the training and supervision records for two staff teams at the two projects we visited. We reviewed other records such as complaints information, quality monitoring and audit information.

Good

Is the service safe?

Our findings

A person using the service told us "I have an alarm I can use to call staff if I need to." This person did not say anything to indicate that they felt unsafe at any time.

A relative told us "it wasn't good here at first] but they made so many changes it is much better now." A family carer told us "I used to lie awake at night and worry, the support and structure here meant there were fewer problems than I ever dared to imagine."

A social care professional who contacted us said, "In my experience, the service's staff and their manager, have always demonstrated a safe and caring attitude to their work, and have demonstrated this each time I have had any involvement with them."

We visited two shared living projects, one where four people were living and another where we visited three people in their own flats. One person was able to speak with us and told us about the trust they had with the staff that supported them. We observed staff interacting with people whose verbal communication was either limited or they were unable to communicate verbally at all. Staff that supported these people demonstrated that they knew how people made their needs known which we saw when we observed staff responding to people and explaining what they were doing to assist and why.

We spoke with staff at the projects we visited who were able to tell us in detail about the potential risk people could face. Care plans showed that action was taken by the service to identify, minimise and review potential risks of harm. This had a positive impact for keeping people safe but at the same time the service did not restrict the rights or opportunities for people to take reasonable risks in living their lives. This included trying new things such as activities and exploring new situations that may be unfamiliar, for example socialising in the community. The provider had easy read formats of risk taking policies which meant that people were provided with guidance and information that included them in the discussion and decision making about taking risks and what this meant.

The provider's organisational policy and procedure for safeguarding people from abuse was detailed and staff we spoke with knew about this and what action to take if any concern arose. One person was able to tell us about how they felt about staff and that they trusted them. Staff told us that they had training about protecting people from abuse and training records confirmed this took place. Staff we spoke with were all very clear about what they would do if the ever had any concerns about the well-being of the people they supported.

The provider had developed and issued guidance about using social media to help ensure that people were kept safe from abuse when online. This recognised that some people using the service did chose to use social media. People were given advice about how to do this safely whilst acknowledging the value of social media for obtaining information and keeping in contact with friends and family.

We looked at how the provider had carried out recruitment since our last inspection of August 2015. The

provider operated safe recruitment procedures. Background checks, including immigration status, criminal records, employment history and verification of references were all undertaken. The provider did not permit anyone to work with people until all of these checks had been undertaken and verified. We found this on the staff records for all four newly appointed staff.

The provider's medicines policy covered different types of medicine administration, the procedure for agreement to provide assistance and for maintaining records of medicines administration. The medication policy was developed with the pharmacist from Islington Learning Disability Partnership, who was also asked by the provider to review and double check the systems that were used. Where medicines were administered with staff support we found that signed agreements were in place and medicines administration training had been provided to all staff. This showed that proper and safe systems were in place to protect people from potential risks associated with needing to take medicines.

Good

Is the service effective?

Our findings

A relative said, "They really know about his needs, they really, really do."

A social care professional told us "They [the care team] are clearly aware of the importance of managing issues well. They have also always demonstrated awareness of the importance of ensuring consideration of the service user's quality of life."

Staff at the projects we visited told us about their knowledge and skills to carry out their roles and responsibilities. The registered manager told us that staff induction was specific to the particular part of the service and included shadowing a more experienced member of staff, which we confirmed. The "Care Certificate" which is a nationally recognised programme for equipping staff with core skills to work with people in the social care sector required completion as a part of each member of staff's probationary period working with the service. Staff told us, "we are always being encouraged to take up training opportunities, which we do" and "I do the relevant training about what I need to do to support people."

Training records showed that training had been undertaken and the type of specialised training staff required was tailored to the needs of the people they were supporting. For example people needing support to maintain positive behaviours, communication methods or use of specialised equipment needed to assist with people's personal care. The staff training records also listed the dates on which any refresher training had been arranged. People using the service benefitted from the provider's ongoing commitment and action to ensure that staff were well trained and skilled at providing support to people.

The provider had a system in place for individual staff supervision, staff we spoke with confirmed this. Staff told us they were able to seek advice and support at any time, not just at supervision meetings, and none had any difficulties in doing this whenever it was needed. Staff appraisals took place each year and the performance of staff was regularly reviewed in terms of their day to day work and training needs. These procedures ensured that people using the service were supported by staff who were themselves also supported to carry out their duties.

We were provided with a copy of the provider's "Learn With Us" training Resource Pack which we developed in partnership with Islington Family Carers and Islington Council. The training focused on positive partnership working with Family Carer's which was reflected in Centre 404 values and practices. This training was mandatory for all staff. The provider also offered this training to other social care organisations and professionals to assist their learning and development. This was a good example of sharing knowledge and skills with others, many of whom also supported people that were using the service.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (2005). The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met. Staff demonstrated understanding how they would ask people to consent to their care and were able to explain to us some principles of the MCA.

The provider maintained detailed and easily accessible information for staff about people's care and support needs. Where people were thought to lack capacity as defined by the Mental Capacity Act 2005, a best interests meeting was held to consider any decisions being made and the introduction of any particular protective measure. These meetings included the person, family members, where relevant, and other health and social care professionals. The service did not make any assumptions about people's ability, or lack of ability, to make decisions for themselves but assessed each circumstance on its merits and people's ability to make informed decisions.

Meals were prepared by staff in some cases however this was still done with as much input from people using the service as was possible. People's specific preferences were known and adhered to and staff that had this responsibility were trained, which we were told about by them and during one of our visits to a shared house we saw staff preparing an evening meal. When people required specific assistance or use of devices such as a peg feed [a tube that is inserted into a person's stomach to allow food and drinks to be taken] staff had specific training and individual guidance about how to do this safely and effectively for people and one person we visited needed to use a peg tube. Staff were able to tell us how this was managed and described how they did this safely.

People who used the service had access to healthcare appropriate to their needs. In some instances people had multiple physical disabilities as well as having a learning disability. Each care record we looked at included a health action plan and a hospital passport. These documents contained current information for those medical staff that would not have any prior knowledge of the person, including how they communicated and made their needs known. These documents helped to minimise the impact of planned or emergency hospital admission by ensuring the person was addressed and treated in the way most appropriate to their needs.

Good

Is the service caring?

Our findings

A family carer told us, "The relationship with the team is wonderful."

A social care professional said, "They are excellent at being 'actively' responsive in their approach to their work, including the need to follow up sometimes challenging issues, For example where an 'unwise' decision has been made by a service user and where engagement with the person may be an issue."

People's support plans included information about their cultural and religious heritage, daily activities, including leisure time activities, communication and guidance about how people communicated. Staff we spoke with clearly knew about people's unique heritage and each care plan we viewed described what should be done to respect and involve people in maintaining their individuality and beliefs.

During one of our visits to a shared housing project there was a social event taking place. Encouraging people to join together for this and other activities was not unusual. The event that was taking place was evidently being enjoyed by the many people taking part in a warm and lively atmosphere. People were not required to join in with social events or activities but clearly many chose to and it was positive to note that these opportunities were made available.

Person centred support plans described how staff could encourage those who used the service to be as independent as possible. The information included how to engage with people to be as fully involved in their own care as possible, and for each person to take the lead as much as they were able to in controlling and directing their own care.

Staff demonstrated that they were highly motivated and inspired to offer care that was kind and compassionate. This was demonstrated in the way that they work with people, tailoring what they did to each person's wishes and preferences but not doing things just because they had to be done in a certain way. The service continually reviewed how and why support was provided for each person and developed their approach so this was sustained.

People's independence was promoted. Apart from supporting people in daily living tasks staff also supported people to take part in activities. As an example, we looked at some care plans which described educational activities using other services as well as leisure time activities. The service placed a lot of emphasis on maximising people's right to maintain as much autonomy as they could and to follow their chosen lifestyle but did not see people's particular circumstances as a reason for limiting these opportunities.

The service aimed to place the people using it at the heart of the service and there was a culture of achieving the best outcomes for the people they supported. This approach was reflected in a transparent way, not least through the core values and behaviours which the provider made known to all using or having contact with the service. The behaviours included a clear commitment to offering a person centred service, accepting and involving others [meaning those using and having contact with the service] and motivation to

be energetic and have a positive attitude. The values included "prioritising the needs and wishes of those we support", "enabling Choice and Independence" and "Promoting Inclusion and embracing Equality and Diversity."

A family carer told us in great detail about the way that the staff who worked with a person had gone to great lengths to plan their care and support needs in significant detail. They believed this had made it possible for the person to live far more independently than had previously been thought possible. Staff that supported this person showed us the extent of the planning and resources that were in place to enable this to happen. The care plan focused on what staff should do to support the person and encourage positive behaviours and interactions in the community and in their own home. We noted that the service and staff team had been diligent in not only planning the care but also striving to support the person to make this a success.

The service provider placed emphasis on involving people not only to express their views but to be able to as fully understand their care and support needs as possible. Staff and management were committed to this and find innovative ways to make it a reality for each person using the service. They use creative ways to make sure that people have accessible, tailored and inclusive methods of communication. A variety of methods were used to enable communication. This varied from the use of sign language, more specifically Makaton sign language, to understanding the way that people can express themselves. Even for people who were unable to use verbal communication we observed how staff still spoke with people, gauged their response and even though some may not be able to communicate verbally staff did not assume that people could not understand. During a visit to a person in their flat staff were clear about ensuring the person was involved, even though the person was unable to verbally respond. The staff teams made positive efforts to engage with people and seek their views in the most appropriate way.

Although end of life care was not always something the service needed to address on a regular basis, staff did work daily with people who had potentially life limiting conditions. A social care professional said, "I was involved in case where a service user had a terminal illness diagnosed. The service was always very flexible in their approach to offering this person [and the other family member] their support, the outreach service always took a very person centred approach to their work."

Good

Is the service responsive?

Our findings

A person told us "I have a support plan, and I know about it. If I ever wanted to complain about anything I can."

A relative we spoke with said that they had complained about another service their relative uses but had not made any complaints to Centre 404.

A family carer of a person using the service told us, "[Keyworker] is so well organised and knows [person] so well."

Care records showed that responses to the way people communicated and behaved were included. This information provided guidance to staff about how people expressed themselves when they were unable to use verbal communication and what situations may result in particular behavioural responses.

Where there have been changes in people's needs Centre 404 staff followed through and consulted with the local authority Learning Disability Partnership (ILDP) and the local authority commissioning team as needed. Care plan reviews and special meetings with ILDP to share information took place. This demonstrated that the service recognised and responded to changes and worked in partnership with people, families and other health and social care professionals to implement changes and respond to people's needs.

Care plans showed there was clear evidence that care was planned in detail and was responsive to peoples' needs. For example, we saw documents relating to the complex support needs of people and how to maximise people's opportunities to be involved in how their care was provided. Examples included a person who at one time was not thought to be able to live more independently, but now is able to. Other examples included people, also with highly complex needs, who were supported to experience new activities and life opportunities. Staff demonstrated a commitment and focus with getting to know people. The projects we visited had dedicated teams of staff allocated to people with highly complex needs. The benefit of this was that staff got to know the people they supported very well indeed and this ensured that people's support was tailored to them as a unique individual.

The provider used a "support circles" system which defined the support network in place for each person. This process helped to identify and maintain regular communication between individuals involved in providing care. There was detailed evidence of this system in use with liaison and communication between people using the service, their families, advocates and a wide range of health and social care professionals. The provider viewed it as highly important that planning and responding to care and support needs was a joint effort and not seen as just a task to be carried out.

There was a Service User guide on how to make a complaint on display in the provider's reception office, and information was also available in the two projects that we visited. This was in an easy read format and included words, pictures, signs and symbols. Advocacy services were also used widely, not least where

people did not have family members who could act in that role. We looked at the record of complaints made since our previous inspection. We found that any complaints that had been made were responded to quickly, followed the provider's procedures and resulted in detailed feedback to any person who raised a complaint. The service took complaints seriously and had systems in place to review complaints and any learning points that may be derived from them.

Staff we spoke with talked about people that used the service in a positive way. They also told us they believed the service was founded on building and maintaining positive and open relationships with those they supported and their families.

Good

Is the service well-led?

Our findings

A relative we spoke with said "they are very approachable" whilst a family carer said "apart from me, I know that other professionals are very satisfied that all that can be done for [person} is being done. We work so well together and the care is so well co-ordinated."

A social care professional told us "The team communicate very well with others involved, and were very much a part of wider 'virtual' team through their work with us and other clinicians involved."

The staff we spoke with were complimentary about the support provided and also that support and advice was always available at any time it may be needed. Staff told us, "We come together, not just staff but clients to share ideas" and "We always discuss good practice and what we can do better."

The provider regularly consulted people who used the service, their families and others about the development of policies, involvement in staff recruitment and about their views of the service. There was a monthly service user working group that looked at policies and procedures, the accessibility of these, and the quality of the service. The consultation process was supported by office based staff, not only those involved in the day to day support of people. This was designed to ensure that people could speak freely about their experience of the service and share their views openly. Feedback received by the service showed a high degree of satisfaction about how well the service operated and how the provider was open and transparent about what happened at the service. The provider shared information about what would be done to maintain and drive continued improvements.

We were told about, and shown, the monitoring systems for the day to day operation of the service, including spot checks. Staff had specific roles and responsibilities for different areas which they were aware of. The provider required each project to report about the way their aspect of the service was operating and any challenges or risks to effective operation that arose. Regular consultation with people using the service, their families, advocates and health and social care professionals was maintained both through formal and informal methods, for example meetings, events and day to day contact.

There were clear lines of responsibility and procedures for reporting about the performance and quality of the service to senior management and the board of trustees. The senior management team and board considered not only day to day matters but development of the service. As an example of this the provider had reviewed the performance of the service in regard to equalities and diversity. This had resulted in an equalities action plan being developed and implemented across the service, not just for people using it but staff and others. This demonstrated that the provider considered the performance of the service and was pro-active in looking to develop how the service operated for the benefit of the people being supported.