

# Play Adventures & Community Enrichment Fairfield Playcentre

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Fairfield Play Centre provides short breaks for children and young people with disabilities. This includes engaging in activities with the children and young people in their home or within the community as well as providing personal care. There were three people currently being supported by the service.

This inspection took place on 23 February 2017. This was the first inspection of this service.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found that there was generally a good level of satisfaction with the way the service worked with children, young people and their families.

The service provided person centred care and support and took into account children's preferences and worked with families to ensure desired outcomes were met.

Staff could explain how they would recognise and report abuse and received the appropriate training in safeguarding children.

Person centred risk assessments had been undertaken. Plans were put in place to minimise any risks identified to ensure children, young people and staff.

Children currently using the service were being supported by the same staff at each visit who received around six hours per week of support from Fairfield Play Centre. At times requests from relative to have specific times for visits could not be achieved. Recruitment was underway to ensure more care workers were available to meet the needs of children and their families.

The service was registered to support children and young people under the age of 18. At the time of the inspection they were not supporting people over the age of 16 years, therefore the legal requirement to consider people's mental capacity and ability to make decisions was not required.

Care plans were tailored to children and young people's unique and individual needs. Communication and methods of providing care and support were described in care plans and appropriate guidance for each person's needs were in place and were regularly reviewed.

Mandatory training covered the core skills and knowledge required for staff that supported children using the service. The provider had a shared database with other areas of organisation as staff who worked for the service were also employed to work at other play centres.

Staff received supervisions which records showed took place regularly. Staff also sent written updates to the project manager after each weekly visit to children regarding how the session went and to raise any concerns they might have. As the service was in its first year of operation, staff appraisals had been planned to start in April 2017.

Individual care plans included information about the children and young people's cultural and religious heritage as well as activities they liked, communication needs and guidance about how personal care should be provided.

Children and young people's independence was promoted. Relatives told us and we saw from the care records that children and young people being supported were encouraged to do as much for themselves as possible.

We looked at the complaints record and found that there had been no complaints since the service started supporting children and young people in March 2016. There was a complaints log for recording and dealing with complaints effectively that outlined any actions to be taken as a result of the complaint.

The service had sent its first quality assurance questionnaires out and feedback was due back on the day after the inspection. This was to measure satisfaction for children and their families in order to ensure a high quality service was being delivered. The registered manager was clear that the outcome of the questionnaire would inform the development of the service and lead to improvements if they were identified. Feedback was on-going via regular contact to relatives by the project manager.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. Staff knew how to report concerns or allegations of abuse and appropriate procedures were in place for them to follow.

Individual risk assessments had been prepared for children and measures put in place to minimise the risks of harm.

Staff recruitment was managed safely with all of the necessary background and employment checks being completed.

### Is the service effective?

Good ●

The service was effective. Staff received induction training and relevant core training.

Regular one to one supervision was provided to support staff to fulfil their roles and responsibilities.

There was information and guidance for staff about the Mental Capacity Act 2005 (MCA).

Where staff were required to assist children and young people to eat, there was clear guidance provided on how to do this and staff were shown by the parents before undertaking this task.

### Is the service caring?

Good ●

The service was caring. Staff understood children's individual needs and ensured dignity and respect when providing care and support.

Staff supported the same children in order to ensure consistency and to build relationships with people.

The service provided care to some children and young people with significant verbal communication difficulties. Care plans detailed methods of communication as well as any communication systems used, for example Makaton and British Sign Language (BSL).

### Is the service responsive?

Good ●

The service was responsive. Children were supported to express their views and be actively involved in making decisions about their care and support as much as possible.

Care plans were person centred and reviewed regularly.

The service had a complaints policy in place and people and their relatives knew how to use it.

**Is the service well-led?**

**Good** ●

The service was well-led. It had an open and transparent culture and was well run.

Staff were well supported through supervisions and morale was good amongst the team.

There were appropriate policies and procedures in place to support and guide staff with areas related to their work.

Systems were in place to check care records were up to date as well as checking the satisfaction of children and families using the service.

# Fairfield Playcentre

## **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 48 hours' notice because the location provides a domiciliary care service. We carried out a visit to the service on 23 February 2017. This inspection was carried out by a single inspector.

Prior to our inspection we looked at notifications of significant events that we had received and other communications with the service. We also requested a PIR (Provider information return) which the service supplied and this gave key information about the service which we reviewed prior to our inspection visit.

As a part of our inspection we spoke to three relatives to ask for their views about the service. We also received feedback from four staff who worked at the service including the project manager and registered manager.

As part of this inspection we reviewed three care records of children being supported. We also looked at the induction, training and supervision records for all of the staff team as well as policies and procedures relating to the service.

# Is the service safe?

## Our findings

Relatives told us they felt their relatives were well treated by staff and that they their family members were safe with them. One relative said that the care staff provided good support and activities for their child that they enjoyed and it also allowed them to have some time for themselves.

Before children were offered a service, a pre-assessment was undertaken by the project manager. This assessment involved looking at any risks faced by the child as well as the staff supporting them.

We saw that person centred risk assessments had been undertaken in relation to support needs including, risks around toileting, eating and drinking, specific activities, like swimming and the use of public transport. We also saw that staff were trained to provide specific support in emergency situations for example, first aid training for possible choking incidents. A recent incident had been recorded where a child had sustained a minor injury whilst being supported. We saw that the risk assessment had been updated that identified triggers in the child's behaviour and strategies to enable safe de-escalation.

The service had an up to date medicines policy in place for care staff to follow if they were required to support with medicine administration. However, they were currently not providing support with medicine administration or management.

The service operated safe recruitment procedures in order to ensure staff were considered safe to work with people who used the service. Recruitment checks were carried out before staff started working with children using the service. Each staff member's record we looked at had employment references, identity checks and a Disclosure and Barring Service certificate (DBS).

Staff had access to the organisational policy and procedure for protection of children from abuse. They did not have policies and procedures relating to adults as they were not supporting people over 18 years old. However we discussed with the manager the need for the situation to be reviewed should the situation change. He agreed to update safeguarding policies to include adults as well as review training requirements for staff in relation to this.

Staff we spoke with told us they had training about protecting children from abuse and were able to describe the action they would take if a concern arose. We saw that the provider included a session on safeguarding children in the induction training which was followed up with training accessed via the local authority. When we looked at staff training records we found that this was happening for all staff.

Children currently using the service were being supported by the same staff at each visit and received around six hours per week of support from Fairfield Play Centre. However relatives told us there had been some concerns about the service not always being able to provide support on the days they would like, as well as having a second care worker in place to cover staff holidays, sickness and absences. The impact for the children and their families was that at times, that the service could not deliver the services at times that were convenient to them. This was discussed with the registered manager who told us that recruitment for

staff at weekends had been particularly difficult; however a recruitment process was underway with the aim of securing the days and times children and their families had requested as well as having a second care worker in place at all times to provide support if the main care worker was off.

There was an on call system in place at all times for staff working outside office hours and this was usually provided by the project manager.



# Is the service effective?

## Our findings

Relatives we spoke with told us they felt staff had the skills and knowledge to enable them to do their job. One relative said, "I am happy with the [care worker], he can handle [child's name] very well".

The provider had a system in place for individual staff supervision. We talked with the registered manager and project manager about how staff were supported as the staff were working only around six hours per week at the service. Staff received regular one to one supervision which confirmed by records seen. Staff also sent written updates to the project manager after each weekly visit to children regarding how the session went and to raise any concerns they might have. Staff and the project manager also spoke over the telephone regularly. As the service was in its first year of operation, staff appraisals had been planned to start in April 2017.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service was registered to support children and young people under the age of 18. At the time of the inspection they were not supporting people over the age of 16 years, therefore the legal requirement to consider people's mental capacity and ability to make decisions was not required. The registered manager confirmed to us that staff would receive MCA training and this was currently being sought via the local authority training.

The care plans showed that consent to care and support had been obtained from the parents of children using the service. One family member said their child was non-verbal but staff were able to understand if they agreed to do something or not through their body language.

We found the mandatory training covered core skills and knowledge for staff that supported the children. The provider had a shared database with other areas of organisation as staff that worked for the service were also employed to work at other play centres. This gave the management team access to information about what course the care staff had completed. We saw that core training and induction included, different aspects of safeguarding children, first aid, health and safety, challenging behaviour and boundary setting, disability awareness and working with children and young people. Other planned training included positive behaviour strategies. We heard from the project manager that steps were taken to ensure staff were matched appropriately with children and young people in terms of having the required training and necessary skills to support people effectively. This included children and young people who had more complex medical needs, where specialist training would be provided and the staff member would have their competency checked before they could provide the appropriate support. This had been done in the past where a child required Percutaneous Endoscopic Gastrostomy (PEG) feeding. We saw that a recent incident around supporting a child had flagged up that a care worker required more training in how to support

people were behaviour that was challenging

Meals were not prepared by care staff. When staff were required to assist children and young people to eat there was clear guidance provided on how to do this and staff were shown by the parents before undertaking this task. We saw one child had a feeding plan in place; however the parents were always available for assistance if care staff required it.

The service did not take primary responsibility for ensuring that healthcare needs were addressed. However, the service required that any changes to children or young people's condition observed by staff when caring for someone were reported to their parent. This was confirmed by records seen.

# Is the service caring?

## Our findings

Relatives told us that the care workers were caring and kind they trusted them. They told us having trust in the care workers was essential for them to be able to have a break from their caring role as well as ensuring their relatives were supported by caring staff.

Care staff and the management team we spoke with all had many years' experience of supporting children and young people with disabilities and health conditions. When talking with us about their role at Fairfield Play Centre, they spoke with compassion and kindness. It was evident that they knew the children and young people they were supporting and they had good relationships had been built between them, the children and their families.

Individual care plans included information about the children and young people's cultural and religious heritage as well as activities they liked, communication needs and guidance about how personal care should be provided. This meant that staff were provided with information about children and young people's heritage and care plan's described what should be done to respect and involve people in maintaining their individuality and beliefs. Staff we spoke with told us how they considered and upheld the children and families beliefs and needs in respect to equality and diversity. One staff member told us that they supported a child from a Muslim family and would always be mindful of dressing modestly and considering the families observance of religious festivals and food requirements.

The service provided care to some children and young people with significant verbal communication difficulties. We saw in each care plan, details of methods of communication as well as any communication systems used, for example Makaton and British Sign Language (BSL). We also saw a description of how children may communicate positive feelings or how they may communicate if they were upset.

Care staff provided support to each family for specific periods of time and, usually at the weekends. Staff were matched to support a specific child and their family and involved staff engaging with them around activities outside of the home. Where staff provided personal care support and from feedback we received, this was done in a dignified and respectful way. Staff we spoke with told us they always maintained dignity and respect for the children and young people they supported. One staff member said, "If any dressing and undressing needs to happen, I always close the door."

Children and young people's independence was promoted. Relatives told us and we saw from the care records that children and young people being supported were encouraged to do as much for themselves as possible. They would also take part in activities outside of the home and were able to become familiar with using public transport. One relative told us that their child liked to attend the play centre and whilst they were there they would not only play but also do their school homework.

Staff told us they always encouraged the children and young people they supported to be independent. One staff member told us they were trained by the parents of the child they supported and they worked as a team to ensure they offered continuity.

## Is the service responsive?

### Our findings

Relatives we spoke with were happy with the service provided to their family members. One relative said, "[care workers name] is very good; she is very flexible and will always work with us to come earlier if needed or later."

Before support was offered to a child or young person a home visit was carried out by the project manager in order to ensure they were able to provide the support required. The service consulted with the families to clarify and build on information supplied by referring social workers.

Care plans covered the personal, physical, social and emotional support needs of the child being supported. We found that care plans were unique to the person child or young person the care plan referred to. The information on each care plan was person centred and gave a detailed breakdown of the child's needs and how they should be supported. The format used was accessible and there was a good use of symbols and pictures to describe each heading. It was also written from the child's perspective, for example, my name is and I liked to be called.

Care plans were not kept in people's home however care staff had access to them at the play centres where they worked during the day. Staff we spoke with confirmed they knew the children they were supporting very well and were able to tell us about the support they were providing for them at home. This was discussed with the registered manager who told us that because it was the same staff supporting the same children at all times and the care plans were accessible at the service for them to view on a regular basis, care workers were very familiar with the support they needed. However he told us that copies of care plans would be delivered to people's homes on the day after the inspection. We heard from relatives that this had happened and that information was available for staff to access at each visit.

After each visit care workers provided written feedback about the session. This included what activities had taken place as well as any concerns that may have arisen. The information was sent electronically or handed to the project manager and formed part of a diary that was kept in children and young people's files. However, feedback about the sessions was given verbally by care staff to relatives and there were no written records for them to keep. The registered manager confirmed that a short written update regarding the session would be introduced in order to improve communication with families.

Care plans were updated at regular intervals, usually six monthly after a review had taken place with relatives or when there were any changes to the support provided, to ensure that information remained accurate and reflected each child's current care and support needs. For example we looked at a care plan where there had been some issues identified around a child becoming distressed when personal care was provided in a specific area. The service worked alongside the child and their family to address what triggered the upset in order for support to be provided in a way that minimised the distress for the child. This was reflected in the care plan and risk assessment.

Relatives told us they felt confident about raising concerns or complaints with regarding the service. One

relative told us "We have no complaints; we are very pleased with [care workers name]."

We looked at the complaints record and found that there had been no formal complaints since the service started supporting children and young people in March 2016. There was a complaints log for recording and dealing with complaints effectively that outlined any actions to be taken as a result of the complaint. The registered manager told us that any learning from complaints would be shared with the staff team in order for learning and improvements to take place.

## Is the service well-led?

### Our findings

Relative's we spoke with told us they thought the service was well run and were pleased with the support their child or young person received.

One relative we spoke with said, "[Care workers name] is very good, I couldn't ask for anyone better." They went on to say that they didn't need to have much contact with the management team as they were confident that the care worker would always go back and resolve any issues if they came up. They told us that the project manager visited at the start of the service with the care worker to introduce them as well as discuss the support to be provided.

From discussion with care staff and managers it was apparent that morale and motivation was good. We saw that staff were supported via one to one supervisions that took place on regularly and the project manager and registered manager contacted staff regularly via phone calls and emails to update them of any changes. We saw that the management and staff were committed to continuous learning and development via training and qualification courses. The project manager was currently working towards a level 5 qualification in play and other staff had completed various qualification courses in relation to working with children with disabilities.

Staff told us that the registered manager was approachable and always had a positive attitude. One staff member said, "He's always available, fair and always gives good advice. He will always go away and find out and never keeps you in the dark." Another staff member said, "He gives good support and advice and always retains information. He also asks us for feedback and sometimes advice, its team work".

Although regular observation checks of staff practice were not currently undertaken, the registered manager showed us a plan which had been developed that would ensure staff observations would take place around the same time as a review of service. This new practice was scheduled to coincide with the next review meetings and be completed by the middle of May 2017. However care records, including contact sheets were checked regularly by the project manager and registered manager to ensure information was kept up to date and to pick up on any issues they may need addressing.

We saw policies and procedures in place that covered all aspects of the work undertaken at the service and this provided good support and guidance to staff regarding processes and good practice related to their work.

The service had sent its first quality assurance questionnaires out and feedback was due back on the day after the inspection. This was to measure satisfaction for children and their families in order to ensure a high quality service was being delivered. The registered manager was clear that the outcome of the questionnaire would inform the development of the service and lead to improvements if they were identified. The project manager had regular contact with relatives via telephone calls and occasional visits and always visited children and families at the start of a service.

The registered manager told us they were pleased with how the service was developing and the quality of the service provided. He told us that there were plans in place to expand the service via a new project that was due to start in April 2017. He was mindful that there was a need to continue with the good practices already in place as well as to maintain the service and standards they had already achieved.