

Outward

Camden SLS, Hale Village

Inspection report

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18 April 2019

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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

About the service:

Camden SLS is registered to provide personal care and support to people with a learning disability or autistic spectrum disorder, physical disability, older people and younger adults living in a 'supported living' service.

This service provides care and support to people living in 12 'supported living' settings, so that they can live as independently as possible.

Not everyone using Camden SLS receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection, the service was providing personal care to 15 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

People and relatives told us staff ensured their safety and provided safe care.

People were protected from the risk of harm, abuse and neglect.

People were supported by suitable and enough staff who were knowledgeable about the risks associated with people's needs and how to provide safe care.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways: promotion of choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's needs were assessed before they started receiving care and they told us they received consistent and effective care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff who received induction, training and regular supervision.

People and relatives told us staff were caring and provided care in a dignified way.

People received care without discrimination, and staff promoted their independence.

People told us the care was responsive to their needs.

People and relatives told us they knew how to raise concerns.

People's care plans were person-centred, accessible and regularly reviewed.

The provider had systems in place to support people with end of life care needs.

The provider had effective processes and systems in place to ensure the safety and quality of the service.

Rating at last inspection:

The service was registered by CQC on 13 September 2018. This is the service's first inspection since its registration.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Camden SLS, Hale Village

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by two inspectors.

Service and service type:

Camden SLS provides personal care and support to people living in a 'supported living' service. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection site visits because the location provides a domiciliary care service to people living in a 'supported living' service and we needed to be sure that they would be in. Our inspection process commenced on 16 April 2019 and concluded on 23 April 2019. It included visiting the service's office, speaking to people who used the service and their relatives. We visited the office location on 16 April 2019 to see the registered manager and office staff; and to review care records and policies and procedures. As this was a 'supported living' service, we were able to speak to people in person. We visited people who used the service on 18 April 2019, and telephoned relatives and spoke to one person who used the service on 23 April 2019.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and the local authority. The provider had completed a Provider Information Return. This is information we require providers to send us at least once annually to give some

key information about the service, what the service does well and improvements they plan to make. We spoke with three people who used the service. We observed interactions between people and staff. We spoke with four care staff, the registered manager, the nominated individual, the community engagement officer, the positive behaviour support lead, and the coproduction and accessibility officer. We reviewed five people's care records, five staff records including recruitment, training and supervision, and other records about the management of the service. Following the inspection, we spoke to one person who used the service, three relatives and contacted healthcare professionals and the local authority. We also reviewed documents sent to us by the provider following the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the service was safe. A person said, "I feel safe with [staff]." Relatives' comments included, "Yes, 100% safe. [Person] trusts [staff member]" and "[Person who used the service] is safe. He is not in any danger."
- Staff were trained in safeguarding and whistleblowing and were knowledgeable about their responsibilities in safeguarding people against harm, neglect and abuse. Their comments included, "Safeguarding is very much, I understand, it is looking out for the potential dangers for vulnerable people and raising the flag" and "You inform your line manager straightaway. I will speak to [team manager's] manager if she doesn't act appropriately and if nothing happens and you are still concerned you whistle blow to the social services."
- The registered manager had taken timely and suitable actions in response to safeguarding concerns. They had alerted the safeguarding team, contacted the police where it was necessary, and notified us when they had concerns about people's safety. Safeguarding records detailed the actions taken, outcomes and lessons learnt.

Assessing risk, safety monitoring and management

- Risks associated with people's health, care and mobility needs were identified, assessed and mitigated to ensure they received safe care.
- People's risk assessments gave staff sufficient information on the risks, severity, likelihood and measures for staff to follow to minimise the risks whilst still respecting their independence and freedom. Risk assessments were up-to-date and reviewed regularly. They were for areas such as personal care, medicines, behaviour, diet, diabetes, epilepsy and accessing the community.
- Staff knew risks to people and the measures they were required to take to minimise them. Their comments included, "We all know what to do [to] protect people from [harm]" and "[Person who used the service] takes [health supplements], 10 [health supplements] a day. We make sure to handover the staff on how many [health supplements] been given to her. We are very much careful in that area as, if we do not give her the required numbers of [health supplements] it can make her very sick. So [we] take great care in managing that."
- This meant staff provided care to people in a safe manner.

Staffing and recruitment ☐

- People told us there were enough staff on duty to meet their needs safely. Relatives were satisfied with the staffing levels.
- Staff told us the staffing numbers were adequate and when they required more staff, the management took care of it. A staff member said, "When regular staff are on leave, we have relief staff in place or we get

regular agency staff. Yes, at the moment sufficient staffing in place."

- The provider covered staff absences and emergencies with their own bank staff and when this was not possible, they used agency staff from the local authority approved agencies. Staff rotas showed enough staffing was in place to meet people's needs safely.
- Recruitment records showed staff went through a robust recruitment process before they started supporting people. There were application forms, interview notes and checks including criminal records, identity and reference in place confirming they were safe, of good character and skilled to support people safely.

Using medicines safely

- People told us they received medicines on time. A relative said, "There has never been a problem with [person's] medication."
- Staff were trained in medicines administration and their competency assessed before they supported people with medicines. Staff were able to demonstrate how they provided safe medicines support. A staff member said, "[I] always make sure to check the time of medicines, name of medicines, its expiry date and that you are giving it to the right person. I ask [person] if she is happy to have her medicines."
- During the inspection, we observed a staff member administering medicines and we found they followed appropriate procedures and completed medicines administration records (MAR) suitably.
- MARs were appropriately completed without any gaps and errors. There were processes in place to identify issues and errors, and audits showed issues had been identified and acted on promptly.
- This meant the provider had systems in place to ensure safe management of medicines.

Preventing and controlling infection

- Staff were trained in infection control and were knowledgeable in how to prevent the spread of infection.
- During the inspection, we observed staff using personal protective equipment when they provided care to people.

Learning lessons when things go wrong

- The provider had processes in place to learn and share lessons when things went wrong to prevent them from happening again. The registered manager told us, "We focus on identifying the reason behind why incidents take place and what could be done differently to have avoided the incident. Lessons are learnt and discussed at managers' meetings." The lessons were also shared with staff via staff meetings and at one to one supervision sessions. Staff we spoke with and staff meeting records confirmed this.
- Accident and incident forms detailed the nature of accidents and incidents, the actions taken, follow-ups and outcomes. The registered manager reviewed the records and documented the learning outcomes to prevent similar recurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us their needs were met and relatives told us staff provided effective care. A relative said, "[Staff] know how to manage [person's] behaviour and her health conditions. Staff know her inside out and know how to support her." Another relative commented, "Staff understand [person] well, and are pretty good with her epilepsy."
- The provider met with the person, their relatives where necessary and relevant healthcare professionals involved in their care to assess their needs before they started receiving care.
- During the assessment process, the provider used an accessible initial needs assessment form that contained pictorial images for people's easy access. They involved people in assessing their needs, abilities, likes, dislikes, and the support they required.
- Needs assessment records showed people's interests, likes, dislikes, and needs in relation to their health, diet, communication, behaviour, culture, religion and social interaction were assessed.

Staff support: induction, training, skills and experience

- Staff told us they received detailed induction, refresher and specialist training to deliver effective care. A staff member said, "Yes, get enough training. [I] have had refresher training. Oh yes, I am confident in my job."
- Staff training records showed the training completed and upcoming training for staff. These included safeguarding, health and safety, risk assessment, person-centred care, medication, epilepsy, positive behaviour support, communication and sign language.
- Staff were provided with regular supervisions and an annual appraisal. Records confirmed this.
- Staff told us they found supervisions and appraisals helpful. A staff member said, "You ask for one to one whenever you want. The last one was two weeks ago, we have it every month."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they liked the food and their nutrition and hydration needs were met. Relatives said staff managed people's dietary needs well.
- People's dietary needs were recorded in their care plans including any allergies and cultural dietary needs.
- Staff were aware of people's dietary needs and encouraged them to take part in food shopping and meal preparations. A staff member said, "[Person] has swallowing difficulties, we cut up her food into bite size chunks and make sure it is moist, so she doesn't choke."
- People with special dietary needs were referred to a speech and language therapist (SALT), and staff followed the recommended SALT diet guidelines to meet people's individual dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked across a few of the provider's services and told us they worked well together and with other agencies to provide effective care to people.
- Staff encouraged people to live healthier lives by assisting them in following their individual health management plans. They liaised with various healthcare professionals in a timely manner and followed their recommendations to provide consistent, effective care to people. People's care plans had records of healthcare professionals' appointments and correspondence that showed people were supported to visit professionals such as opticians, dentists, doctors and for blood tests.
- Staff recorded in people's daily care logs how they supported people with their personal care, behavioural, social care, and dietary needs. This enabled staff to monitor people's health and encourage them to live healthier lives.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of 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 lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). In community services applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People and relatives told us staff asked their consent before they provided care. One person said, "I am given choices and staff do ask my permission." During the inspection we saw people were given choices, encouraged to make decisions and staff asked their permission before supporting them.
- People's care plans informed staff on whether or not they had capacity and how to involve them in decision making and encourage them to make choices.
- Where people were unable to make decisions, there was evidence to confirm that the provider had started the process for DoLS application.
- Staff were trained in the MCA and DoLS and were knowledgeable about the principles of the MCA. A staff member said, "We do a lot of asking them what support they want, give them choices for food and what they want to wear."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were caring and friendly. A person said, "Staff are very good, they are always there to help." Relatives' comments included, "[Person who used the service] looks up to them as his family", "Staff are wonderful and caring" and "Staff are amazing."
- During the inspection, we observed caring and meaningful interactions between people and staff. Staff spoke about people in compassionate way. They were patient with people and supported them thoughtfully.
- Staff were trained in equality and diversity. They told us they treated people as individuals and respected their differences. They told us they provided people person-centred care that reflected their protected characteristics. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.
- People's care plans gave information about their gender, ethnicity and religion, and any needs in relation to them. This enabled staff to meet people's needs in relation to their protected characteristics. A staff member said, "I know [person] is very much interested in Church. She likes to listen to 'Songs of Praise' on radio. We are researching about churches in this area for her to go to on Sundays as she likes going to Church. We celebrate Christmas and Easter festivals."
- The provider promoted lesbian, gay, bisexual and transgender (LGBT) people to use their service. Staff told us they would not discriminate people on the grounds of their sexuality. A staff member said, "We give full support to everyone regardless of the person's sexual orientation. You don't discriminate. You give them the best quality of care and meet their individual needs."
- During the needs assessment process the provider asked people about their support network and significant relationships and this was recorded in their care plans. This was to enable people to feel comfortable to disclose their sexuality if they wished to.
- People were encouraged and supported to maintain relationships with their loved ones. Relatives told us staff were welcoming and friendly towards them.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in the care planning process. A person told us they decided what they wanted to do and how they wanted to spend their day. Another person commented, "Yes, [staff] do listen to me."
- Staff used various means to engage with people who did not communicate verbally such as Makaton sign language, objects of reference and pictures to know their wishes and preferences. Makaton is a language programme using signs and symbols to help people to communicate.
- During the inspection visit, a person showed us their pictorial communication book that they used to communicate with staff. They told us, "It is my book and yes, it helps [with communication]. I made this [with staff's help]."

Respecting and promoting people's privacy, dignity and independence

- People were generally supported by the same team of staff. A relative said, "[Staff member] is [person] key worker and has been her key worker for several years."
- The service provided the continuity of care that allowed staff to build up positive, trusting and meaningful relationships with people. A staff member said, "I have only worked with the same two [people] since I started working here last year. It really helps as has built trust with them and they know [me] and I know how to support them, I know their likes and dislikes."
- People and relatives told us staff treated them with dignity and respected their privacy. One person said, "Yes, staff are good, and they respect my privacy." A relative commented, "Oh absolutely, 100%. They are very respectful."
- Staff were knowledgeable about the importance people's privacy and how to provide dignity in care. A staff member said, "Make sure windows and doors are closed when giving personal care. We respect their privacy, for example, when they are relaxing in their bedroom."
- People were supported to learn independent living skills and encouraged with daily living activities. For example, people were encouraged to participate in weekly activities around the house such as laundry, cooking, tidying and cleaning their bedrooms, grocery shopping and gardening. One person told us they cooked their own meals and asked staff when they needed help.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and relatives told us staff knew their likes and dislikes and supported them with their personal needs. A relative said, "[Staff] are all about the [person who used the service] which is great." Another relative told us, "[Staff] have known [person who used the service] for ages. They know her likes and dislikes."
- Staff were knowledgeable about person-centred care. A staff member said, "I always put people first, it is about them."
- People's care plans were comprehensive, person-centred and regularly reviewed. They contained information in areas such as people's background history, aspirations, goals, likes and dislikes, health and social care needs, care outcomes, and how they would like to be supported.
- The care plans were in an accessible format and informed staff about people's individual communication needs and on how to communicate effectively with people. They also included people's positive behavioural management plans that gave staff information on triggers, signs and actions they were required to take to support people when they displayed behaviours that challenged other people and staff.
- This meant the provider met the Accessible Information Standards (AIS). The AIS set out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.
- Staff told us they found care plans useful. A staff member said, "Very much detailed [care plans], they are up-to-date. We get time to read them and refresh our memory."
- People were allocated keyworkers. A keyworker worked with people to plan their care and liaised with their relatives and healthcare professionals to ensure people received personalised care. Keyworkers met with people every month to review their care, aspirations, things that were going well and things that needed more work to enable them to achieve their set goals. Records confirmed this.
- Relatives told us they felt involved in people's care and people's key workers kept them updated on what people got involved in. A relative said, "[Staff member] keeps me updated with the things [person] does like [visit to] hairdressers."
- People were supported to engage in social, recreational, educational and employment activities as per their wishes. On the inspection day, we saw people had been out and about for example, for horse-riding, shopping, to a social club. People were also supported to go on holidays. One person told us they had recently returned back from a week-long holiday that they had chosen to go on. They told us they had "a great time."

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint and that they felt comfortable in raising concerns. A person said, "I speak to a member of staff if I am not happy." Relatives' comments included, "If want to raise concerns, I can speak to [team manager] at any time. She is very approachable, she listens to

you and easy to talk to" and "I have not made any complaints. Probably [will speak] with [staff member] and get [team manager] to give me a call. But I have not had any issues."

- There was a complaint policy and processes in place to enable the registered manager and team managers to act on concerns and complaints promptly.
- There had been one complaint since the registration of this service. There were clear records that showed the provider had investigated the complaint and learnt lessons from it, so it did not recur.
- During our inspection, a staff member told us that they had made a complaint however, they had not received any feedback since they had made the complaint. We also found this complaint had not been recorded in the complaints log.
- We discussed this with the provider and they told us as they had dealt with the complaint using the 'grievance policy' they had not included in the complaints log. Also, as the team manager had been on leave they had not spoken to the complainant.
- Following the inspection, the registered manager sent us information confirming they had fed-back to the complainant and moving forward they would record it in the complaints log for a better audit trail. We were reassured by the registered manager's actions.

End of life care and support

- The provider had a policy and systems in place to support people with their end of life care needs. Where people had disclosed their end of life care and funeral wishes, these were recorded in their care plans.
- Currently, no one was being supported with end of life and palliative care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives told us they were happy with the service and found the management approachable. A person said, "I am happy here." Relatives' comments included, "I am quite happy with the service. Oh yeah, definitely recommend it" and "Oh yes, I would recommend the service to others. Staff do a good job. We are happy with the service."

- The registered manager demonstrated a good understanding of duty of candour. They told us they worked in partnership with all relevant parties involved in people's care and kept them informed of any concerns. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff were clear of their roles, and their responsibilities in meeting the provider's set quality standards, and the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

- Staff told us the registered manager and the management in general was approachable and they felt well supported. Their comments included, "[Registered manager] is fantastic, she is very responsive, she knows what we are doing, she is very supportive", "I love working here. I can say this is my second family. [Team manager] is really supportive towards work but also personal issues" and "[Registered manager] encourages me to approach her and [is] easy to talk. I feel listened to. She is someone I really trust."

- The provider had effective systems and processes in place to enable the registered manager to have oversight of the management of the regulated activity.

- There were records of regular internal monitoring checks and audits to ensure the quality and safety of the service.

- The internal checks included care reviews, visits to people who used the service, and audits of care plans, risk assessments, medicines administration charts, daily care logs and staff files. The checks were all in date and the registered manager had taken actions where they had identified areas of improvement.

- The provider had arranged for an external independent consultant to conduct audits that were carried out in line with the CQC's key lines of enquiry. Action plans and recommendations were drawn up following the 'mock inspection' and were fed into the overall service improvement plan. Records confirmed this.

- This meant the provider had robust systems to assess, monitor and evaluate the quality of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Continuous learning and improving care

- The provider engaged with people, relatives, staff and healthcare professionals on an ongoing basis to seek their feedback, to keep them updated and informed of any changes, and to continuously learn and improve the service.
- The provider's community engagement officer encouraged and provided opportunities across the provider's services to people who used the service to enable them to interact with each other and promote friendships. The officer liaised with people, keyworkers and managers to identify community activities they wanted to engage in and then they made connections with local organisations to develop alliances. For example, the officer started a volunteers' club in partnership with Enfield Canal Club, where people worked together in painting the lock and tending the vegetation patch. These engagement activities enabled the service to strengthen relationships with community organisations.
- The provider had introduced a 'coproduction and accessibility officer' who's responsibility was to train and work with staff and people to develop accessible information so that it met equality characteristics and diverse needs. The officer had created an easy read policy and was in the process of developing a 'coproduction charter' that would focus on how to involve and engage with people and their relatives. The officer was also developing training sessions for keyworkers, coordinators and people on care planning.
- People attended monthly residents' and keyworker meetings where they were asked for their views and feedback, informed how to make complaints, and were asked if they had any concerns.
- The provider was in the process of conducting an annual survey to formally seek feedback from people who used the service. We reviewed the relatives last annual survey results that showed they were happy with the quality of care and the service.
- The management carried out monthly staff meetings where they updated staff on any changes, care delivery, record keeping and sought staffs views on how to improve the service. Records confirmed this. Staff told us they found these meetings useful.
- The provider facilitated several managers' meetings that gave managers opportunities to learn, develop and share best practices.
- Staff told us they felt valued, listened to and were encouraged to express their views. A staff member said, "[Line manager] made sure my [job] title was changed as per my views and opinions. She really believes in me and what I am doing, [I] feel very supported. The service is very positive regarding the work I am doing, makes me feel quite valued and worthwhile." Another staff member commented, "Yes, the provider promotes and encourages creativity and enables us to improve people's experiences. There is an underlying move towards leadership than old fashioned management style."

Working in partnership with others

- The provider worked in partnership with healthcare professionals, local authorities, advocacy services and community organisations to improve people's physical and emotional wellbeing. For example, people were supported to access local shops, cafes, pubs and restaurants. They visited community clubs such as a horticultural club, went to colleges and accessed services at local leisure centres.