

Play Adventures & Community Enrichment Fairfield Playcentre

Inspection report

Mary Terrace
London
NW1 7LR

Tel: 02071835120
Website: www.paceforall.com/

Date of inspection visit:
22 July 2019

Date of publication:
05 September 2019

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:

Fairfield Playcentre provided predominantly support to children to participate in activities, with focus on positive behavioural support with minimal physical care support required. At the time of this inspection there were four children receiving a few hours of support each week.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service:

The service placed the children and their families at the heart of the support they provided. Each family was provided with support usually for a few hours each week, however the amount of support provided was flexible and based on each child and their family's current circumstances. A relative that contacted us felt their child was safe and although suggesting an improvement for planning summer holiday support, trusted the way the service worked with their child and themselves.

Staff were safely recruited, well trained and supported with core and personalised training programmes, which were geared to the specific needs of children and their families at any given time. Staff were provided with clear guidance about how to report any concerns about neglect or abuse. A local authority commissioner who contacted us said that the service kept children safe. CQC had not received any concerns about the safety or wellbeing of children being supported.

Children were supported safely, and risks regarding their support needs was assessed and met. The service did not administer medicines to anyone and this was made clear to families using the service.

The registered manager regularly kept the standard of the service provided under review along with oversight from the board of trustees of the service.

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

Rating at last inspection: At the last inspection in February 2017 the service had been rated as good in all key questions.

Why we inspected: This was a scheduled inspection, based upon the last rating.

Follow up

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

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 was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Fairfield Playcentre

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 one inspector.

Service and service type:

Not everyone using Fairfield Playcentre receives regulated activity; the Care Quality Commission (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.

The service had a manager registered with the CQC. 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 48 hours' notice of the inspection visit because it is small, and we needed to be sure that the registered manager or other senior staff would be present.

What we did:

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return [PIR] in July 2019. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all this information and the previous inspection report to plan our inspection.

During the inspection at the office we spoke with the registered manager and support manager requested

feedback by email from each support worker, although none replied.

We reviewed a variety of records which related to children's individual care plans and the running of the service. These records included care files of all four children receiving personal care, two staff employment records and a range of other records including information given to children and families about the service.

After the inspection

We received feedback from one parent of a child using the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. Children were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- A parent of a child using the service told us, "Yes they have kept [child] safe and have advised when two to one support was needed and also they have supplied full reports of any incidents that have happened".
- The service took all reasonable steps to ensure that children were protected from harm. There were organisational policies and procedures for protection of children from abuse. Support was provided to children all living in the London Borough of Camden and the provider had the necessary information about who to contact if any concerns arose. No concerns about abuse had arisen since our previous inspection.
- It was the policy of the provider to ensure that staff had initial safeguarding children training which was then followed up with periodic refresher training. When we looked at staff training records we found that this was happening for all staff.

Assessing risk, safety monitoring and management

- Risks related to the very specific areas of care support that were offered to each child were considered. Risk assessments outlined what potential risk could be present for each child and outlined what should be done to mitigate possible harm being caused. No concerns had been raised with the Care Quality Commission (CQC), or other professionals, about children having come to harm because of any risks they individually faced.

Staffing and recruitment

- The service operated safe recruitment procedures. We looked at the recruitment of two support workers who had been employed since our previous inspection. Each member of staff had confirmation that the required identity verification, disclosure and barring checks (DBS) and references had all been supplied and were acceptable.
- Each child using the service had a set number of hours each week on a particular day, or days, and support staff were available to meet this agreed support.

Using medicines safely

- The service was not responsible for obtaining or administering medicines to children on behalf of their parents or guardians. The registered manager informed us that they could not recall any family having ever requested assistance to provide their child with medicines.
- The provider had a detailed medicines policy which outlined the procedures and considerations required in administering medicines. There was no standard requirement for support workers to undergo medicines training as this was not a current support need provided to anyone using the service.

Preventing and controlling infection

- Each support worker received training about first aid but not about infection control. The service did not provide physical care which related to infection control factors, for example care for children with bathing or using other equipment to assist with physical care needs.
- The single potential for infection was when children needed to use the toilet if they needed help. None of the children required assistance with this but staff remained close by in case a child requested help. There was a detailed infection control policy to which support workers could refer.

Learning lessons when things go wrong

- Children were supported safely as there were procedures in place for reporting any accidents or incidents. It is noted that none had occurred that required reporting. Any issues around day to day support with children were discussed with their families and how to minimise the potential for things going wrong was considered.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People's outcomes were consistently good, and feedback confirmed this.

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

- A parent told us that they thought that the summer holiday period could be planned more in advance from their previous experience of using the service over the summer.
- Needs assessments were carried out as soon as practicable by the service when a request for support was received. The requests came from a variety of health and social care professionals.
- We saw that assessments of need were tailored to the request for support that had been made. The support requested, although provided for a few hours a week, focused primarily on support for children to take part in activities rather than receiving personal care. Personal care, although rarely needed, was usually focused around assisting a child to use the toilet if they asked for help or care staff thought they may be having difficulty.

Staff support: induction, training, skills and experience

- The provider ensured that the staff team undertook the training they required not just generally but also training specific to individual children's needs. We spoke with the registered manager who described the system used to ensure both mandatory and optional training courses were provided. The mandatory training covered core skills and knowledge for staff, including communication support and safeguarding children from abuse. The registered manager told us that if a child had needs that required specialised training then only staff who had received this would be used to care for the child, for example the use of sign language such as Makaton.
- We looked at the training records for support workers. The training records listed training that had been undertaken. Support workers were well qualified with almost all having a professional qualification related to education or social care. This supported the provider's aim to ensure that children were only supported by staff with the necessary skills.

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

- Support workers never prepared meals for children as this was always done by their family. Support workers could at times assist children to eat a snack, although physically all of the children currently using the service could do this for themselves. None of the children using the service at the time of the inspection had support needs regarding eating or drinking.

Staff working with other agencies to provide consistent, effective, timely care;

- The provider ensured that appropriate systems were in place to maintain effective communication with other health and social care services that were supporting children and families using the service.
- The registered manager showed us examples of how the service liaised with other professionals that

supported children and families using the service. Care plans contained information about reviews the service had attended and discussions about levels of support that children received and any suggestions for changes or additional support required.

Supporting people to live healthier lives, access healthcare services and support

- The service did not take responsibility for ensuring that healthcare needs were addressed. However, the service required that any changes to children's health observed by support workers were reported to their relative, parent or guardian.

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

The service cared for children and young people up to the age of 18. It should be noted that the service would not have responsibility for making applications under the Mental Capacity Act 2005 and deprivation of liberty safeguards for adults. DoLS legislation does not apply to children. The provider would have responsibility for ensuring that any decision made under the MCA were complied with, although this would only apply to young people at the age of 16 in respect of certain consent, for example to medical treatment. All but one of the children being provided with personal care at the time of this inspection were under 16 years of age, apart from one who had just started using the service and their capacity was being assessed by the service.

- There were clear policies and guidelines in place about obtaining consent. All the children receiving personal care support at the time of this inspection were under 16 years of age. In each case consent had been provided in writing by the children's parents.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- A relative told us "Yes" when we asked about whether the service was caring. They also said "Yes" when asked about whether the support was provided in the way that they expected.
- Children's individual care plans included information about their cultural and religious heritage, communication and guidance about how support should be provided. We found that support workers were provided with information about children and families unique heritage and care plans described what should be done to respect and involve children as far as they were meaningfully able to be involved. An emphasis was also placed on building trusting relationships with the parents of children that were cared for.

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

- Care plans showed that children using the service were involved as much as they could by also taking into consideration children's ages as well as the wishes of parents or guardians. Feedback was sought and readily provided by families, and children's views were also obtained as far as was possible about their likes or dislikes.

Respecting and promoting people's privacy, dignity and independence

- Staff received training about treating people with dignity and respect. Staff were provided with clear guidance about the importance of respecting people's confidentiality and not speaking about people to anyone other than those involved in their care. The service had policies and guidance for staff to follow to ensure that people's confidentiality was respected.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were updated regularly and as frequently as necessary if changes to children's support needs required this. Behavioural support plans were compiled as a core part of the work to engage with children and promote positive behaviours.
- The service was adaptable and responsive to changing circumstances, for example, we looked at a care plan where a child's behaviour had required two staff to support them. This was a short-term measure and the behavioural support was successful which their parents had commented upon in terms of the success this had achieved.

Meeting people's communication needs

- Support workers were made aware of children's verbal and non-verbal signs of communication, including gestures and behaviour. The way in which each child communicated was clearly outlined in care plans, which included what particular reactions or gestures meant to the individual child.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service focused much of the support around children taking part in activities and learning appropriate social interaction. Children were supported to follow their interests and to take part in activities they enjoyed, including the opportunity to try new things that they might not have experienced before.

Improving care quality in response to complaints or concerns

- A parent told us that they felt their child was given the food that adhered to their cultural belief and expectations. They also told us they knew how to make a complaint if they felt the need to.
- We looked at the complaints record and found that no formal complaints had been made since our previous inspection. The continued focus of positive communication and relationship building with people demonstrated that any queries raised were quickly responded to without the need for people to raise formal complaints.

End of life care and support

- The service worked with children to support them to participate in activities. There were procedures for reporting urgent unforeseen situations, but the service did not provide end of life care and could not do so for children with known terminal or potentially life threatening conditions.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A relative told us they thought the service was well-led and there was nothing they believed could be improved.
- In conversation with the registered manager it was demonstrated that the principles of providing care with compassion and respect for those they supported, and their families was understood. During our inspection when we asked about aspects of individual children, and their family's support, it was also evident how well people's needs were known. Changes to needs and flexibility in providing support in evolving circumstances was also demonstrated.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware they were legally required to report to CQC, any event which affected the running of the service and significant incidents.
- The manager and other staff knew when they needed to inform relevant professionals including the local authority safeguarding team of incidents and other significant events.

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

- Each member of staff had clearly defined roles and the registered manager. Any challenges or risks to effective operation that arose were quickly identified and responded to. This was reflected in the positive way that people supported by the service, and others, viewed how well the service was managed. There was a small staff team who communicated regularly day to day and at team meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Children's individual care plans included information about their cultural and religious heritage, communication and guidance about how support should be provided. Support workers were provided with information about people's unique heritage and care plans described what should be done to respect and involve children as far as they were meaningfully able to be involved. An emphasis was also placed on building trusting relationships and working in partnership with the families of the children that were supported.

Continuous learning and improving care

- It was evident that not only the provider, but also locally within the service, there was a culture of transparency. The service worked with a variety of children and families, recognised that people's experiences were unique and that people were experiencing often challenging circumstances.

Working in partnership with others

- A professional that contacted us said that they had not had recent contact with the service. They said that the feedback they have had from families previously had been highly positive.
- The service was involved in learning about initiatives in developing good care practice, and had links with other professional networks, for example BILD (The British Institute for Learning Disability).