The Camden Society

60 Holmes Rd

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

This inspection took place on 27 June 2016. This was an announced inspection and the provider was given 24 hours' notice. This was to ensure that someone would be available at the office to provide us with the necessary information to carry out an inspection. When we last inspected this service on 25 February 2014 we found the service met all the regulations we looked at.

The Camden Society offers support to people with a learning disability at their own home or in the community. At the time of the inspection the service was providing personal care to four people; three in their own homes and one in a supported living scheme.

The service has a registered manager. 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 2008 and associated Regulations about how the service is run.

People and relatives told us they felt safe. Procedures and policies relating to safeguarding people from harm were in place and accessible to staff. All staff had completed training in safeguarding adults and demonstrated an understanding of types of abuse to look out for and how to raise safeguarding concerns.

Detailed current risk assessments were in place for people using the service. Risk assessments in place were reviewed and updated regularly. The risk assessments explained the signs to look for when assessing the situation and the least restrictive ways of mitigating the risk based on the individual needs of the person. People were supported to take positive risks.

Medicines were managed safely and effectively and there were regular medication audits in place. Staff had completed medication training and the service had a clear medication policy in place which was accessible to staff. Risk assessments specific to medicines were in place for people who were supported to take medicines.

We saw friendly, caring and supportive interactions between staff and people and staff knew the needs and preferences of the people using the service.

Care plans were person centred and reflected what was important to the person. Care needs are regularly reviewed and updated to meet the changing needs of people who use the service.

We saw evidence of a comprehensive staff induction and on-going training programme. Staff were also safely recruited with necessary pre-employment checks carried out. Staff had regular supervisions and annual appraisals.

All staff had received training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards

(DoLS) and staff understood what to do if they had concerns as regards people's mental capacity. These safeguards are there to make sure that people are receiving support are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

People are supported to maintain good health and have access to healthcare services.

The service regularly requested feedback from people who use the service.

People were encouraged and supported to access the community and engage in a wide range of activities of their choosing.

The management team enabled an open culture that encouraged staff and people to discuss issues and ideas.

The provider had an effective and comprehensive quality monitoring system to ensure standards of service were maintained and improved.

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. There were sufficient staff to ensure that people's needs were met.

Staff were aware of different types of abuse and what steps they would take if they had safeguarding concerns.

People were supported to have their medicines safely.

Risks to people who use the service were identified and managed effectively.

Is the service effective?

Good

The service was effective. Staff had access to regular training, supervisions and appraisals which supported them to carry out their role.

People were given the assistance they required to access healthcare services and maintain good health.

Mental capacity and Deprivation of Liberty safeguards were understood and principles of the code of practice were being followed.

Is the service caring?

Good

The service was caring. We observed caring and positive interactions between staff and people who use the service.

People were treated with dignity and respect.

People were encouraged to develop and maintain independence.

Is the service responsive?

Good

The service was responsive. Care plans were person centred.

People had access to a variety of activities and they were supported to access the community which supported people to be independent.

The home had a complaints policy in place and relatives knew how to complain if they needed to.

Is the service well-led?

Good

The service was well led. The quality of the service was monitored.

The service had a positive open culture which continuously strived to improve.

Relatives and staff spoke positively of the registered manager and the management structure.

60 Holmes Rd

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.

This inspection took place on 27 June 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service. The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service. This included information sent to us by the provider about the staff and the people who used the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with one professional involved with the service and two relatives to obtain their views.

During the inspection, we spoke with three people who use the service. With permission we visited two people within their own homes during which we spoke with one person who uses the service.

We spoke with the registered manager, director of services and chief executive. We also spoke with the deputy manager, two support co-ordinators, a community support leader and three support workers.

We reviewed the care records of two people who used the service, four staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

When asked if they felt safe with staff, all three people told us they felt safe. One person who used the service told us that staff were "friendly". A relative told us, "I can trust these people to leave [my relative] with. Outstanding."

Staff understood of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. One member of staff told us, "Safeguarding is to protect the person. To ensure they live safely without abuse. Without being restrained or restricted. I have raised safeguarding's and have attended safeguarding meetings." Another staff member told us, "It may be a false alarm but we always report." Staff had received training in safeguarding people. They were able to describe the types of abuse to look out for and the steps they would take if they had concerns. Staff identified that they could report abuse concerns outside of the organisation to the local safeguarding authority and the CQC.

Risk was managed effectively. Comprehensive risk assessments were in place for people which had been checked by the assessor's line manager and registered manager before being implemented. Risk assessments were personalised and risks identified were individual to the person and were reviewed on a regular basis. Risk assessment's identified what the benefits to the person were by taking the risk, such as going out into the community which would reduce social isolation, loss of social skills and relapse of mental health condition. Actions were then identified to minimise the risk, for example, reassuring the person, who was visually impaired, by describing what is happening in the community, explaining loud noises and changes to the terrain.

Other examples of personalised risk assessments in place for people using the service included medicines, finances, personal relationships, specific behavioural concerns, community access and specific risks associated with medical diagnoses. Risk assessments included a section addressing the actions to be taken to reduce the risk. We spoke with a Community Support Leader (CSL) who drafted a risk assessment for one person using the service regarding accessing the community. The CSL told us that prior to drafting the risk assessment, they observed the person in the community, their behaviour towards members of the public and how staff supported the person. This meant that people were supported to be as independent as possible whilst mitigating the risks posed to the person.

There was a "Missing Persons Protocol" in place which provided information to assist emergency services should a person go missing. This photographic document detailed the person's physical characteristics and methods of communication.

People were supported with sufficient staff with the right skills and knowledge to meet their individual needs and promote person centred care. A relative told us, "They always let me know if [staff member] is new. They always read the notes and were briefed." The registered manager told us that when one person started using the service, the service recruited staff from their previous care provider to ensure consistency of staff and minimise the impact the change of service provider would have on the person using the service.

Two people who used the service required 24 hour care and three people were cared for in their own homes, one with an overnight care service. The registered manager told us that if staff were running late, the member of staff due to leave would wait until their colleague arrived. Therefore if staff were running late the person using the service was not affected by a gap in service.

Safe recruitment practices were followed before new staff were employed to work with people. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

Medicines were handled safely and each person was supported to receive their medicine in a way that was suitable for their needs and abilities. When asked if they received their medicines on time, people responded positively. Systems were in place to make sure people received their medicines safely. We checked the medicines administration records (MAR) in the home of one person who used the service and saw that these had been completed and signed with no omissions in recording. Staff who administered medicines told us that they had received medicines administration training and this was evidenced by certificates in staff training files.

People had a specific risk assessment in place which identified how harm could occur, for example, to people should they attempt to administer their medicines themselves or if an error occurred. Medicines were audited on a quarterly basis by the registered manager. Records confirmed that this had been completed. The registered manager checked if MAR charts were being completed, any medicines changes, safe and secure storage of medicines, whether any medicines needed to be returned to the pharmacy and was personal protective equipment (PPE) available.

Accidents and incidents these were recorded and actions and learning identified as a result of the incident were implemented.

An individualised disaster plan was being implemented for people who used the service. This document contained information to assist staff in the event of an emergency and contained information in relation to the person's utilities providers. The disaster plan also contained information to assist staff to support the person in the event of accommodation loss, a bomb threat, heat wave, lift breakdown and severe weather. This document also contained contact numbers for emergency services and health and social care professionals. This meant that staff were supported to continue to provide care to people and obtain assistance from the appropriate service provider should an emergency situation occur.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. When asked if staff were skilled to meet their needs, people responded positively. When asked if staff were suitably trained, a relative replied, "very much so." A healthcare professional told us that the service met the needs of people and were responsive to changes and increased people's independence.

Staff had the knowledge and skills which enabled them to support people effectively. New staff completed a two week induction and had six monthly review meetings prior to passing probation. The induction programme included shadowing staff at intervals over the two weeks, training in risk assessing, reading policies, reading peoples files and administrative tasks. Newly recruited staff were also required to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. Recently recruited staff confirmed that they had completed an induction. One member of staff told us, "I first completed the Care Certificate by book and when I completed that I did training. I did an induction with each service user and shadowed staff. I support a service user at [provider employment project] and had to do a separate induction for that, fire safety and health and safety." When staff probation periods had been extended the reasons for doing so had been recorded.

Training records showed that people had completed training in areas that helped them to meet people's needs. Mandatory training for all staff included; safeguarding adults, moving and positioning people, positive behaviour support, medication, first aid, autism, equality and diversity, positive risk taking, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). In addition, staff received additional training specific to their role such as, alcohol awareness, Makaton sign language and epilepsy training.

When asked about training, comments from staff included, "I did recent training, autism, health and safety. I attended three days training for positive behaviour support", "If you identified training you needed, they will look into it. Often there is free training sent around and we are supported to attend."

The registered manager told us that staff appraisals took place on a yearly basis in July and records viewed during the inspection confirmed this. Staff told us they received supervisions on a regular basis and they felt supported by the management team if they had any concerns.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do 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 when this is in the best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals is called a Deprivation of Liberty Safeguards (DoLS).

The registered manager confirmed during the inspection that one person was subject to a DoLS prior to commencement of using the service and documents to evidence this was available. The person's DoLS was also recently discussed at a multi-disciplinary meeting and arrangements have been made to ensure that the DoLS extension was applied for in a timely manner.

Records showed that staff had received MCA/DoLS training and staff were knowledgeable around MCA/DoLS. Peoples care files contained a consent form which was in an easy read format and was signed by the person using the service where they had capacity to do so. An MCA day to day decision assessment was implemented for people who used the service who did not have capacity to sign their consent forms. A persons capacity to understand and make day to day decisions such as washing/showering, feeding/nutrition, changing continence pads (where applicable), dressing and use of hoist (where applicable) were assessed. Other areas such as finances and personal relationships were also assessed. The assessment checked whether the person could understand information relevant to the decision, retain information long enough to make the decision, discuss the pros and cons of the decision and communicate their decision. This showed the provider was working in line with MCA.

Care plans identified people's nutritional needs and preferences. One person was supported on a weight reducing diet which had resulted in a considerable weight loss. Staff and the registered manager commented that they were particularly proud of the person's achievement and the positive impact on the person's life. A member of staff told us, "[Person] has come a long way. When I first became involved, [Person] has lost lots of weight and it took a lot of work to encourage [Person]. [Person] has opened up a lot more and is more independent." Another person was supported to eat food in line with their cultural identity. People receiving 24 hour care from the service were supported with meal preparation. During the inspection we observed a person and their carer having a discussion about where they were eating out that evening as the person's kitchen was undergoing repair work. This person was supported by staff to cook their own food with the assistance of an audio-recipe. Staff told us that they try to encourage healthy baking such as low fat flapjacks.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People had healthcare passports which described the person's medical history, allergies and their treatment preferences in case they were admitted to hospital. This meant that in an emergency situation or if the person required hospital admission, they had an accessible document which would enable the healthcare professional's providing interim care to have essential information to hand to effectively care and support the person.

Good

Is the service caring?

Our findings

When asked, people we spoke with indicated that staff were caring. We observed a staff member and person using the service discuss a goal a person had recently achieved and the impact that had on their life.

Relationships between people who used the service and staff appeared open and friendly. Staff were knowledgeable on people's past histories and present likes and dislikes. There appeared to be a genuine fondness shown for the people they cared for. People who used the service and staff were relaxed in each other's company. There was a rapport which people appeared to enjoy and showed familiarity. Staff were particularly encouraging and praising when assisting people leaving the home access the community. We could see that supporting people to access the community and become independent was an integral part of the care the service provided to people. One member of staff told us, "I go the extra mile to assist [Person]. [Person] loves reggae music. I contact people about concerts and arrange someone to support [Person] even at 4am."

People said that staff respected their privacy and dignity and offered them choice in how they received their care. One member of staff told us, "Respect their privacy. Close the door and any process they have to be informed." Another member of staff told us, "When I do personal care, I always speak to them so they know what I am doing. I always make sure the curtains are shut, same with hoisting."

One person who used the service was non-verbal and indicated their preferences or mood using gestures and signals. The provider had created a communication dictionary to assist staff in communicating with this person and understanding the signals. Staff told us that they offered the person food choices, activity choices and obtained consent to provide personal care by understanding the signals the person was giving them.

Each person had a designated keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and would spend time with them. Each person we spoke with knew who their keyworker was. One member of staff told us what being a keyworker meant to them, "I listen to [Person's] choices. I make sure their support is up to date and their needs are met and follow up reviews are arranged. I meet [Person] every Thursday and we always keep in touch. It involves finding out what [Person] wants and finding out what is not working for [Person].

The provider had an equality and diversity policy in place and staff had received training in equality and diversity. Staff we spoke to understood what equality and diversity meant and how that affected the care they provided for people who use the service. One male member of staff told us, "We find out their preferences. We don't support female service users. They prefer women. We have to be adaptable. In some houses I take my shoes of out of respect for their culture." Another member of staff told us, "I will not discriminate. We work in a way to make the person happy."

People were supported to make and keep relationships. One person who used the service identified to staff that they had met someone they wanted to enter into a relationship with. The provider worked with the

person, care staff and health and social care professionals to ensure the person's wishes were respected and the person was supported to safely engage in a relationship. The person told us during the inspection that they will shortly be going on a holiday with their partner.

People had access to an advocate when they required further support from an independent person. The registered manager told us that one person currently has an advocate and other people in the past have had the involvement of an advocate as and when required.

Good

Is the service responsive?

Our findings

People were supported to engage in a range of activities which reflected their goals and interests. This included regular shopping visits, eating out, going to the pub, going to parties and discos, attending church, painting classes and attending activities arranged by the Camden Society. One person told us, "I work at my business." The staff member explained that the person was attending a painting class and they had sold some of their art. The staff member told the person they are the best artist. The person also told us that they had a birthday celebration at the weekend where they had afghan food, belly dancers and food with family.

Each person had their own weekly activities timetable which was presented in a way they best understood. For instance, one person's activity timetable contained pictures of the person doing the activities such as shopping, laundry, travelling on public transport and day trips. The service operates a daycentre called Choices for people over 50 and people who wished to attend the day service were supported by staff.

One person we spoke with told us that they were going on a holiday which was arranged by the provider. We observed a discussion between the person, the registered manager and the person's support worker about the pre-holiday preparation such as payments and clothes shopping.

People's support needs were comprehensively assessed before they began using the service to ensure the service could meet their needs and that they could be matched with a suitable carer. The registered manager told us, "We receive the referral form from the local authority. We review the information and ask the local authority to send any care plans or risk assessments in place. We call the person or their family to make an appointment for an assessment, we discuss the hours allocated and whether those hours meet the care needs and if there is any additional support we can offer." A relative told us, "I found [the deputy manager] goes above and beyond the call of duty to ensure [my relative] has a carer. He selects individuals that are a best match for [my relative].

Care plans were person centred, reviewed regularly and updated as changes occurred. Care plans were set out in 16 different sections which covered specific areas of where people might need care and support. One person's care plan contained pictures of the person throughout and discussed the person's life history, what was important to them and what they wanted from the service, for example, 'I would like my team to celebrate my birthday every year and support me to invite my family and support team.' The care plan then listed the steps the person and their support worker would take to make this happen such as set a date, send invites and buy a cake.

Each person's care file contained a quick start guide. This was a shortened version of their care plan which contained essential information to new carers or carers who may have been providing cover. This document was person centred and contained background information to help the carer get to know the person. An example included, '[Person] is a very sociable person who enjoys chatting to people. [Person] will often hug every person they meet. The quick start guide also listed the support to be provided to the person on a daily basis, for example, assisting the person to attend activities and social events. It also set out in detail the nightly routine for the person and how staff were to support the person with symptoms of their medical

condition.

The service had recently recruited a clinical psychiatrist on a part-time basis. We saw that one person had a comprehensive psychiatric review. The subsequent report completed gave staff a better understanding of the triggers for certain behaviours and staff were encouraged to complete a monitoring form so trends could be identified. The registered manager told us that the addition the clinical psychologist to the team ensured the service was more responsive and was proving to be successful.

People told us they had no complaints. One relative we spoke with told us, "Complaints – no. I have highlighted concerns verbally. I did email the manager and emails back and forth." Another relative told us, "No complaints, at points I have been uncertain about arrangements. I call [the deputy manager] about any issues, always listens and I get constructive feedback and advice."

The service had a complaints policy. The Camden Society – 60 Holmes Road had not been in receipt of a formal complaint at the time of the inspection, however, the service delivery director provided examples of how complaints were investigated to and responded when received in other services operated by the provider. We also saw that actions had been taken to make improvements when the complaints were upheld.

The service regularly requested feedback from people who use the service. The results were analysed and improvements made as a result of feedback from people. People indicated they were satisfied with the care they received. However, one person indicated that they did not always feel staff listened, The registered manager told us they discussed the feedback the person using the service and established that the person was not always happy when staff advised against certain unhealthy food or drink choices. The registered manager told us that this was an on-going issue and the persons keyworker discussed this with them during their key working sessions.

Good

Is the service well-led?

Our findings

The service had an open culture which encouraged good practice. We found management and staff were motivated and committed to ensuring people received the agreed level of support and people were enabled to be as independent as they wished to be. One member of staff told us, "I would definitely recommend this service. My colleagues do a good job and are influential into how I work. I feel like I do a good job and I see the benefits with the service user."

Staff were well supported by the management team and by their colleagues. One member of staff told us, "I feel like I get a lot from the manager. I am quite new and ever since starting I have had a lot of extra training opportunities and I have lots of discussions with the manager. I learn a lot from my colleagues and I feel like I can always go to them. They are always there to help me out and won't make me feel silly." Another member of staff told us, "I think the way they support clients is excellent. This is a forward thinking organisation and adjusts to people's needs on a daily basis." A relative told us, "[The deputy manager] is amazing. He remains calm at all times and I am in awe of his leadership and management and the difference it has made in our lives."

We observed the registered manager interact with people who use the service. People knew the registered manager and engaged in jovial conversation in relation to their health conditions, activities and personal matters. The Camden Society offices were open plan with a kitchen area where people could sit and have refreshments. People who used the service were welcome to come into the office whenever they wanted. During the inspection, two people who used the service came into the office. On the evening of the inspection, a cookery class was being held in the kitchen and people were welcome to attend should they choose to.

Quality assurance systems were in place to monitor the quality of service being delivered and ensure people needs continued to be met effectively. The registered manager completed a quarterly check and we saw that this was completed on a regular basis. The check comprised of checking risk assessments were up to date, emergency procedures and personal emergency evacuation plans (PEEPS) were in place, hospital passports were up to date, care plans were up to date, quality of daily recording in addition to checking health and safety, medicines, finances and the person was receiving the correct level of support from the person supporting them. As part of this check, the registered manager spoke with the person using the service and the staff supporting that person at the time. When actions were identified, they were noted and followed up to ensure completion at the next quarterly manager's check. The registered manager told us improvements made following quarterly checks completed included staff having more admin time to complete paperwork, staff getting access to specific training such as supporting people to apply for benefits and closer monitoring of staff timekeeping.

In addition to the quarterly manager's check, the director of services completes a yearly quality audit which is completed with a registered manager from another service operated by the provider. At the time of the inspection, the director of services was in the process of completing the audit. We asked that the audit is made available to us when completed. The director of services told us that when the audit and action plan is

completed, it is reported to the board and senior management team who were on a quarterly basis on progress made. The director of services told us that they are currently recruiting a director who has a learning disability who will monitor quality reports at a strategic level which would make people who use the service more involved.

The service worked closely in partnership with other agencies. For example, regular multi-disciplinary meetings were held with regards to all people placed by that particular local authority. Their progress was discussed and actions identified such as reviewing DoLS, referrals to health services or repairs to their home were noted and followed up at the next meeting.

Staff meetings were held on a regular basis. The registered manager told us that staff supporting one person in particular had regular meetings to discuss that person's progress and any issues. One member of staff told us, "Staff meetings are productive. We discuss support, the service, complaints and improvements. They are once every two months." Another staff member told us, "It is a busy organisation and meetings are reasonably often. We have outreach meetings and we are knowledgeable. There is a lot of communication in the organisation."