

The Camden Society (London)

# The Camden Society London

## Inspection report

The West House  
Alpha Court, Swingbridge Road  
Grantham  
Lincolnshire  
NG31 7XT

Tel: 02084858177

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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

The Camden Society London offers support to people with a learning disability at their own home, specialist accommodation or in the community. 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. At the time of the inspection the service was providing personal care to nine people; five in their own homes (known as floating support) and three in a supported living scheme.

### People's experience of using this service and what we found

Before December 2018 the service was known as 60 Holmes Rd. Since December 2018 the service had been undergoing major changes. These included the provider organisation becoming a part of the Thera group in December 2018 and change in the contract for the floating support part of the service in July 2019. This was a first inspection under the new registration and as a part of Thera brand.

The changes had impacted the service and led to identification of some shortfalls in aspects of the service provision. However, feedback from people using the service, relatives and the local authority showed that the service had been proactive in making improvements. Gaps in the service delivery were being addressed and overall improvement had been observed by all stakeholders.

Staff received training and support to support people effectively. Not all staff received refresher training in positive behavioural support techniques, to support people with behaviour that may challenge. We have made a recommendation in respect of this.

Staff at times arrived late at the care visits, however, people, relatives and feedback from the local authority showed staff punctuality was improving.

There were enough staff deployed to support people and people were usually visited by the same staff who they knew. This ensured the continuity of care and helped develop positive relationships between the staff and people.

People received safe care from staff. Appropriate recruitment practices helped to ensure that only suitable staff supported people. There were systems and procedures to protect people from abuse. Risks to people's health and wellbeing had been assessed and regularly reviewed. Accidents and incidents had been monitored and action was taken to stop them from reoccurring. Medicines were managed safely and staff competencies in medicines administration had been assessed.

People were supported to live a healthy life. They received sufficient and nutritious food and drink that met their personal preferences. Staff had worked with external professionals to ensure people stayed healthy. People's physical health had been monitored and supportive action was taken by staff when people's health

needs changed.

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

Staff were kind and caring. Their approach to supporting people considered people's individual needs and wishes. Staff received training in equality and diversity and had attended a good practice workshop. The aim was to help staff to provide support with respect to people's individual characteristics and with consideration of professional boundaries.

Staff used a variety of methods to communicate with people to ensure people understood and could respond to them. Staff supported people to develop new skills and participate in a range of activities they enjoyed doing. People were encouraged to express their views about the support and the service they received. This was done through regular conversations with their lead workers and through periodic quality surveys.

Staff respected people's privacy and dignity when providing personal care to them.

Each person had a range of person-centred care plans. These were based on people's initial assessment and described their care and health needs and areas of additional support required. People and their relatives were involved in the care planning and reviewing process. Staff knew people's needs well.

There was a complaint policy and procedure in place and the managers dealt with received complaints promptly.

The service had a range of quality monitoring systems in place and a development plan was formulated by the managers to ensure continuous changes and improvement to the service provision.

Managers and staff were provided with information about their roles and responsibilities within the service. There was a clear managerial structure in place and people, relatives and staff knew who to approach for support when needed. The regulatory requirements had been met and the registered manager understood their duty to communicate openly when things went wrong.

There was a positive culture within the service and a clear mission to support people with learning disability. Staff spoke positively about the managers and the ongoing support they received.

Overall external professionals spoke positively about the service. They thought staff were committed to supporting people and they provided some person-centred work which was empowering to people. They also said further work was required to support staff in becoming more confident practitioners who provided strength-based interventions that were within appropriate professional boundaries.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update): This service was registered with us on 04 December 2018.

Why we inspected This was a planned inspection based on the previous rating.

We have made one recommendation in relation to staff training.

#### 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 ●

# The Camden Society London

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector, and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. 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 over 48 hours' notice of the inspection. This was because it is a small service and the service does not have an office based in North London where they provide care to people. We needed to be sure that the registered manager was able to organise for us a meeting space to review requested documentation and discuss matters related to the regulatory requirements and the service provision.

### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since it was registered in December 2018. We emailed care staff employed by the service. We received feedback from five of them. We spoke with two people who used the service and one relative. We scheduled a phone call with the registered manager to discuss aspects of the service delivery and the new ways of working since the organisation joined the Thera Brand. We used all of this information to plan our inspection.

### During the inspection

We spoke with the managing director, the registered manager, the deputy manager and one team coordinator. During the inspection we reviewed four people's care records, which included a range of care plans, risk assessments and Medicines Administration Records (MARs). We also looked at four staff files, complaints and quality monitoring and audit information. We visited one supported living scheme and we reviewed how staff supported two people using the service.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and staff rotas and other documents related to the service delivery. We received feedback from two professionals who are in regular contact with the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People, relatives and feedback from the local authority said staff punctuality was not always satisfactory. However, they also said it had been improving in the recent months. We reviewed a sample of rotas for three staff members for the floating support between October and November 2019. In case of one staff care visits were allocated back to back on five occasions with no time to travel. The registered manager explained the rota did not reflect actual visit times, but the time staff were paid for their work. This meant rotas did not specifically reflect what time the support visit should start and there was a risk staff would arrive earlier or later than planned. Following the inspection, the registered manager provided evidence showing that respective rotas had been amended to reflect the care visits times accurately.
- People were usually supported by the same staff and there were enough staff deployed to support people within both the supported living schemes and the floating support service. This ensured the continuity of care and helped to develop friendly relationships between staff and people.
- Staff were recruited safely. Appropriate recruitment checks were in place to ensure people were protected from being supported by unsuitable staff. These included for example, criminal record checks, employment history and the right to work in the UK.

### Systems and processes to safeguard people from the risk of abuse

- The service had policies and procedures in place to protect people from abuse.
- Staff received training and they had good understanding of different types of abuse and what action to take if they thought a person was at risk of harm. One staff member told us, "If I suspect any person is a victim of any type of abuse or self-neglect, it is my duty to report it immediately to my line manager or senior manager. There is also a whistleblowing policy if staff have misgivings about management."
- There was one safeguarding concern raised with the service since they registered in December 2018. A member of the management team had investigated the concern. They worked with the family and external professionals to ensure issues highlighted had been looked into and that lessons had been learnt so such situations did not happen again.
- Records from staff meetings and supervisions showed that safeguarding matters had been discussed with them. One staff member told us, "I have conversations with my coordinator regarding abuse and what to do if I am concerned about somebody."

### Assessing risk, safety monitoring and management

- Risk to people's health and wellbeing had been assessed and staff were provided with detailed information on how to reduce these identified risks.
- Risk assessments were comprehensive and covered various aspects on possible hazards relating to supporting people. We saw risk assessments associated with people's individual health conditions,



behaviours that may challenge, visiting the community, the environment people spent time in and health and support equipment used by people.

- Risks to people's health and wellbeing had been reviewed regularly. All risk assessments we viewed had been reviewed within the last six months.

#### Using medicines safely

- There were systems in place to ensure staff managed people's medicines safely. Staff received training in medicines management and their competencies in medicines administration had been assessed by the service.

- Where people were receiving support with medicines, this had been described in their care plans, including what level of support was required and what medicines people were prescribed. Medicines risk assessments were in place to ensure people received their medicines safely.

- We reviewed a sample of two medicine's administration records (MARs) at one of the supported living schemes. We saw medicines administration had been recorded correctly with no gaps. We noted that the route of administration for medicines was not clearly stated on all MARs. We discussed this with the members of the management team and they told us these would be addressed.

- At the supported living scheme we visited, we saw medicines were stored safely in lockable cabinets in people's rooms to ensure only authorised persons could access it. Staff counted all medicines following each administration to ensure the correct amount of medicines had been administered.

#### Preventing and controlling infection

- People were protected from risk of cross-infection. The provider had an infection control policy and procedure in place. Staff received training in infection control practice and they understood how to protect people from infection. One staff member told us, "We have gloves and aprons which we wear when we provide personal care to people."

- We saw the service provided staff with personal protective equipment (PPE), such as gloves and aprons to avoid the spread of infection.

#### Learning lessons when things go wrong

- The service had a system in place to report accidents and incidents. We saw that staff reported accidents and incidents as required by the procedure. Accidents and incidents forms had been completed including information on what happened, immediate action taken and the managers' recommendations on what improvements were needed so the situation did not happen again.

- We saw that the management had monitored accidents and incidents for possible themes and patterns. These had been discussed in the provider's senior management meetings. Following recommendations on improvement actions had been agreed, for example additional staff training or supervision. Lessons learnt were cascaded by individual managers in staff meetings and individual staff supervisions.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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's health and support needs had been assessed before the service started. The information gathered during the assessment was used to inform a range of support plans for people.
- Each person had a range of care plans that demonstrated that people's needs had been individually assessed. These included people's care, nutrition, and health needs and preferences, their daily routines as well as their cultural, communication, social and emotional support. Care plans and accompanying risk assessment were reviewed within the last six months.
- The service was in the process of implementing a new electronic care planning system. The system would allow to streamline information from all care plans used by the service, so staff could have quick access to all information about care and support needs of people they supported.

Staff support: induction, training, skills and experience

- Staff received specialist training to help them to work with people with Autism. This included Autism Awareness, Positive Behaviour Support (PBS), Positive Risk Taking and Proact SCIPr. Proact SCIPr is an approach that emphasises staff being proactive in supporting a person to reduce/avoid behaviours that may challenge. We noted that some staff completed this training over two years ago and not all of them were scheduled for a refresher. We were advised this was due to most people not requiring this intervention. However, we judged staff still required to have refresher training to ensure their skills were up to date.

We recommend that the service further reviews training support for staff working with people whose behaviour may challenge.

- At the time of our inspection the provider was in the process of making significant changes to their induction and training process and the performance management of staff employed. The aim was to review current systems at the Camden Society London and incorporate the best practice used by Thera, the umbrella brand which the Camden Society London became part of in December 2018.
- Staff received mandatory training which was a mixture of online and classroom courses that covered a range of subjects. This included safeguarding, moving and handling, medicines management, food hygiene, infection control and equality and diversity. Staff who did not have previous qualifications in health and social care completed the Care Certificate. The Care Certificate is a set of standards that staff should abide by in their daily working life when providing care and support to people.
- New staff received an induction to the service. This included monthly probation meetings aimed to familiarise staff with the provider's policies and procedures as well as the assessment of the new staff performance to date. One relative told us the induction process had improved since the provider became a

part of Thera Brand. They told us, "We used to get staff unknown to us arriving but now staff are shadowing [their colleagues]."

- Staff received support from their managers to ensure they provided care as required. This included one to one supervision and managerial practice observation of care staff direct work with people in their homes. The registered manager informed us that new yearly appraisal format, aiming at assessing staff overall performance at work was scheduled to start shortly after our inspection.
- Staff felt supported by their managers. They told us, "I have received regular training throughout my time with the service and had regular supervisions with my manager" and "Regular supervision allow me to express my needs to meet professional requirements and to explore the impact the work has on me."

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

- Staff supported people to have a nutritious diet that met their needs and preferences. People said they could choose what food they ate. As much as possible people participated in meal preparation and staff were looking for ways to further involve people in the process. For example, in the supported living scheme we visited, staff organised a recipe box delivery service for food to be prepared at the service. This included pictures of meals and step-by-step pictorial recipe cards explaining how to prepare fresh food. Therefore, people could understand it and with staff support they could contribute to the meal preparation process.
- People's care plans included information about what support around their nutrition was needed and what people's dietary likes and dislikes were. Where people had any special dietary requirements, such as those related to diabetes, this had been reflected in their care plans. Care plans provided staff with detailed information on how to support people safely.
- Staff recorded people's food and fluid intake daily. When needed staff also completed weight monitoring charts for people. This ensured there was a clear audit of what people ate and drunk. Therefore, prompt action could be taken if people's nutritional intake and weight suddenly changed.

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

- People were supported to have access to external health professionals when needed. Staff had ongoing communication with relatives and external health professionals about people's health. When needed staff supported people to attend their medical appointments. One relative told us, "Staff pick up any changes in my relative's health and they call me to tell me about it."
- Staff shared information about people's health with each other. For example, in the supported living scheme we visited, staff recorded details of people's health appointments in people's health records. Staff also shared this information in handovers and the communication book. Therefore, all staff supporting people had quick access to this information.
- Staff were provided with information on how to support people, so they stayed healthy. Each person using the service had a health action plan. The plan included information about people's medicines, their health condition and how it affected people as well as the list of professionals involved in people's care.
- Each person had a hospital passport which they could take in case they needed to be admitted to hospital. The document included information about people, what they liked and disliked and what was important to them when receiving care. Therefore, the hospital staff had basic information about people to help them to make the experience of being in hospital as positive as possible.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The principles of the MCA were followed. Where people did not have the capacity to make decision or their capacity was reduced it was reflected in their care plans. Staff were provided with information on how people were affected by the level of capacity they had.
- Where people needed to be deprived of their liberty to receive care and treatment, the service had ensured required applications to the Court of Protection had been made. The service had followed up on applications to ensure deprivation of people's liberty had been authorised and restrictions put on people for their own safety were in line with the current guidelines and the law.
- Decisions made on behalf of people were made in their best interests. When people could not make decisions about their care and treatment we saw that respective professionals and where appropriate family members discussed and agreed what best support was needed for the person. Examples of best interests' decisions included supporting one person with managing their own money and due to a specific health condition providing another person with additional one to one support at night.
- Where possible people signed the consent to care and treatment showing they had agreed to the support provided by the service.

## 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Overall people and relatives were happy with the support provided by the service. People and relatives told us they liked staff who visited people. One person said, "I feel I can talk to them about [things that are important to me]." One relative told us, "Staff are wonderful people. My relative's care staff know him well."
- Staff spoke kindly about people they supported. Their comments included, "I feel like all the people I support have positive outcomes from this support. It allows them to do what they want, to have access to activities they want" and "I listen, I respect and value what people say and support them in the choices that they have made."
- Staff received training in equality and diversity. They told us they supported people with consideration of people's cultural background and ways people like to live their life. They told us, "We have ethnically and culturally varied group of people we support. I feel we respond to their needs really well" and "We frequently discuss culturally specific requirements of people ranging from diet, activities and the importance of culturally specific knowledge we have about people. This creates a sense of respect for the people."
- External professionals told us that staff undertook some very person-centred work when supporting people. There was a risk this could lead to professional boundaries between staff and people getting blurred. For example, staff described people as their friends rather than people they supported. The service had addressed it by providing staff with a good practice workshop which included training on managing professional boundaries, effective risk assessment, working with unwise decisions and understanding of mental capacity. We were told staff responded well to the training.

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

- People were encouraged to participate in discussions about the support they received. Staff invited people to "talk time" meetings, where people could explain how they wanted their care to be provided and what activities they wanted to get involved in. The frequency of meetings varied depending on people's readiness to discuss their support. One staff member told us, "People regularly express their views and needs in "talk time" sessions. They are also encouraged to assert their wishes so that staff are aware of these and respond to them."
- Where possible, the service supported people to leave an independent life as much as possible. This ranged from signing care documentation to helping people to manage their own money. One staff member told us, "One person has been supported to save money and do budgeting to make a purchase. The purchased item made the person happy and the support allowed the person to take responsibilities for their money on the long term."
- Staff provided people with advice and suggestions on how to live a healthier life and do things they liked doing. One staff member told us, "Giving advice about weight loss, socialising and activities is something I

feel I do with people."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Family members said staff respected people's privacy and dignity when providing personal care. One relative told us, "Staff are always mindful of [my relative's] privacy and dignity, particularly around personal care".
- Staff were provided with detailed guidelines on how to support people with their personal care. People's care plans included information on what personal care was required and how staff should provide it. For example, one person had a specific routine that needed to be followed otherwise the person could refuse the support, due to their autism. Staff were provided with detailed step by step guide on what tasks to complete in what order to ensure the person wanted to participate in the support.
- Staff knew how to ensure people's privacy and dignity when providing personal care. One staff member told us, "Staff always ask if its ok to support [the person] and he can communicate with us saying yes and no. Personal care is always provided in his room with the doors closed."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People received person-centred care. Each person had a range of care plans which were based on the initial assessment and reviewed within the last six months. Each care plan referred to the specific area of care. A care plan called the support guidelines described people's care needs. Health action plans defined people's health needs. People who lived within the supported living scheme, due to their more complex behaviours also had a personalised positive behavioural plan. A positive behavioural plan provides staff with guidelines on what to do to prevent behaviour that may challenge, to teach people new skills, and how staff should respond when the behaviour occurs.
- People's care plans were comprehensive and provided staff with detailed information on what care people needed and how they wanted it to be provided. Because the information was spread across three different care plan documents, there was a risk that important information about people's care would be missed by staff. To address it the service introduced a quick start support guide for each person. The aim was to give staff quick access to information on how to work with people. The provider was in the process of introducing an electronic care planning system, which would further streamline access to information about people's care.
- People and their family members participated in the care planning and reviewing process. People were encouraged to discuss their up to date care and future support ideas in their individual "talk time" meetings. Family members told us they also had taken part in the review of people's needs. One family member said, "I have always participated in any care planning for my relative."
- Care staff said they knew people's individual needs and preferences from people's care plans and discussions with people and their relatives. Staff comments included, "Each person we support has a support plan. It is formulated with the people we support and members of their support circle. It is reviewed and amended regularly" and "Records of people's specific needs are recorded in their care plans and risk assessment documents. These must be signed by staff." We saw examples of care plans signed by staff confirming that they read them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information about their care in the format they understood. In people's care files we saw a range of documents available in a pictorial form. This included care plans, menus and information about people's preferred meals and shopping lists for people's favourite food. We saw that pictorial

documentation was person-centred and included pictures of people's things and places that they were familiar with.

- Each person had a personalised communication care plan. It provided staff with detailed description the person's ability to communicate with others and how staff should communicate with the person, so they could understand and respond.
- Staff communicated with people in the way people could understand and respond. They used a variety of methods which were suitable for individual people. They told us, "Some people we support have limited communication skills. I have used a visual timetable to ensure they have choice over their activities" and "Staff uses pictorial communication books for people who have communication difficulties."
- Where possible staff supported people to develop their communications skills. For example, in the supported living scheme we visited staff displayed a sign of the week on the communal fridge, so people could learn it with support from staff. In the same scheme staff used objects of reference, an interactive communicating method. This meant there were some targeted activities organised for people, so people could learn words and signs easier. For example, staff would show a cup to a person to signal that they were welcomed to go for a coffee, or a ball as an invitation to go bowling.

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

- Families were encouraged to visit people at the supported living scheme and staff welcomed families to feel comfortable there. We saw pictorial evidence of a gathering organised by staff for families as well as other occasions where relatives spent time and socialised at the scheme. In another example, staff accompanied a person to stay with their family members for weekends and other special occasions. The registered manager also told us how the service was supporting a couple to spend time together without staff presence.
- Staff supported people to participate in activities they liked. These included accompanying people to various places of interest, for example community centres, taking them on holidays or co-participating in activities people liked. One staff member told us, "I support a person regularly and go to an art group with him most weeks. I feel, because art is something I have a passion for, our sessions are meaningful."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place. Family members told us the registered manager dealt with raised concerns promptly. One relative who previously raised concerns about staff told us, "[In case of issues with staff], the registered manager will remove a carer immediately if needed."
- The service had one formal complaint since their registration in December 2018. We saw the registered manager dealt with it promptly and as per the provider's policy.

End of life care and support

- At the time of our inspection, the service did not provide the end of life care.
- Apart from one person, people's care plans did not include information about people's end of life care. The registered manager explained the families and people were not at the stage where they felt comfortable discussing this matter. However, the registered manager understood the need to consider people's end of life wishes. They told us further work would be undertaken to work effectively with staff, people and family members about end of life discussions. This was to ensure people's end of life requirements relating to their cultural and religious background as well as their preferences and choices would be known in case of a sudden death.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- In July 2019 the floating support part of the service underwent a quality check audit by the local authority. The audit had highlighted some shortfalls in aspects of the service delivery. This included rotas and staff scheduling, staff direct work with clients, the care planning process and record keeping. We saw that the provider had acted on improvements and these shortfalls had been addressed. The provider had a development plan in place to continue improvements.
- Relatives commented that the service provided by the Camden Society London improved. These improvements included the introduction of new staff to people before they started supporting them, improved staff punctuality and better trained staff. One family member told us, "Training has greatly improved, and staff now shadow known staff when joining [my relative's] team."
- There were systems in place to monitor accidents and incidents, complaints and safeguarding concerns. We saw the management team promptly addressed these issues and action was taken to reduce the possibility of unsafe situations happening again.

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

- In December 2018 the service had joined Thera Trust. Thera is a "charitable group of companies which support people with a learning disability with a diverse range of needs." At the time of our inspection the service was still undergoing changes. These included changes to the training process, the quality monitoring and assurance systems, policies and procedures and the general way of working. Because of this major reorganisation, the documents which related to care provided to people were not always easily accessible for the inspector during our inspection. The registered manager was able to provide all required documentation shortly after our visit.
- There was a clear leadership structure in place and people and relatives knew the managers. Staff were provided with a job description and the employment contract which described their duties. Therefore, staff roles and responsibilities were defined to help them to understand what was expected from them. There were policies available to staff which included the code of conduct and the duty of care guidelines. These further explained to staff what their tasks and accountabilities at work were.
- Regulatory requirements were met. There was a registered manager in place and statutory notifications had been submitted as required.
- There was a range of quality assurance checks in place to ensure care provided to people was safe and met their needs. These included the registered manager's quarterly checks of all care documentation and health and safety checks for the supported living scheme. Additionally, there were training and supervision

trackers to ensure these took place when required. We noted that the supervision matrix for the supported living scheme was not clear in identifying if scheduled supervision's took place. The registered manager told us this would be looked into and addressed.

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

- There was a positive person-centred culture at the service. Relatives spoke positively about the managers at the service. One relative said, "The manager is a wonderful human being. He's sensitive and respectful of people's needs" and "My relative is receiving a good and safe level of care by known carers."
- Staff told us they had easy access to the management team in case of emergency. They felt supported when the managers' support, and input was needed. They said, "Yes I can contact them anytime via the on-call phone" and "The on call is really responsive in out of hours and we can always call a manager or a coordinator during office hours."
- The service had a clear social mission which was "to work closely with and for people with learning disability, to empower them to lead full, productive lives, and support them to have control over their own life." We saw the service contributed to this mission by supporting people in learning new skills and accessing various activities in the community.
- The care planning process was person centred. It took into consideration various aspects of people's life as well as their individual needs, circumstances and the level of support they required.

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 registered manager understood their responsibility under the duty of candour. They said, "It is about being honest. We have the duty to report any issues regarding the safety of people. This is so we can implement things to improve the service and to safeguard people."
- We saw that the registered manager worked with the local authority, other professionals and family members to investigate concerns raised with the service.

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

- People and relatives were asked for their opinion about the service. The last quality check for the floating support took place in September 2019. We saw five people responded and the outcome was positive. They all said they were happy with the service and they liked staff who supported them. People were also encouraged to share their views on the care and support in "talk time" meetings with their lead workers.
- People and relatives felt listened to and they said managers took prompt action when issues arose. One relative said, "The manager is very patient and always listens. We have a very good relationship."
- Staff thought the managers listened to their ideas and suggestions about the service improvement. They felt more staff meetings would be beneficial to share experience, successes and difficulties related to working with people. We saw that the latest team meeting for the floating support took place in August 2019 and issues discussed included care provided to people and the key-workers. The registered manager explained they were aware of this issue which was created by the loss of a new meeting space following the recent changes within the organisation. They were in the process of securing a meeting space, so more frequent team meetings could take place.

Working in partnership with others

- The service worked in partnership with external professionals, who overall gave positive feedback about the service provided by the Camden Society London. They told us, "The organisation is genuinely caring towards people with learning disability, and there is much evidence of this."

