

Centre 404

# Centre 404 Domiciliary Care

## 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 

### Overall summary

The inspection took place on the 4 and 18 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. At our previous inspection on 20 and 21 February 2014 the provider met all of the legal requirements we looked at.

Centre 404 provides personal care services to adults with a learning disability living in their own homes in the London Borough of Islington. There were a 85 people

using the service, approximately half used the low level outreach support with the rest using the service that provided more intensive shared living support in a total of six shared houses

The service had a registered manager in place. 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 and associated Regulations about how the service is run.

From the discussions we had with people using the service, relatives and other stakeholders we found that

# Summary of findings

people were highly satisfied with the way the service worked with people. Relatives and stakeholders told us they were confident about contacting all staff at the service to discuss anything they wished to. They believed that staff were highly knowledgeable and skilled. People felt that there was honesty and transparency in the way the service communicated with them.

The service took a proactive approach to end of life care. We saw an example of how the service had supported a person who was at the end of their life. This service worked hard to gather the person's views and wishes and involve people important to them whether they were family, friends or others they valued. The service had won an award for their work in this area.

The service finds innovative and creative ways to enable people to be empowered and voice their opinions. The provider regularly consulted people who used the service, their families and others about the development of policies, involvement in staff recruitment and about their views of the service. People were able to speak freely about their experience of the service and share their views openly. People's feedback showed a very high degree of satisfaction about how well the service operated and how open and transparent people believed the service to be.

The service was diligent with ensuring that the requirements of the Mental Capacity Act (2005) were complied with. Where Deprivation of Liberty issues were applicable we found that this too was managed well and proper consideration and consultation took place to help protect people's human rights.

People who used the service had a variety of support needs, in some cases highly complex needs, and from the four care plans we looked at we found that the information and guidance provided to staff about people's care and support needs was clear. Any risks associated with people's care needs were assessed, and the action needed to mitigate against risks was recorded. We found that risk assessments were updated regularly and did not place restrictive limitations on the reasonable risks that people were allowed to take.

During our review of care plans we found that these were tailored to people's unique and individual needs. Communication, methods of providing care and support with the appropriate guidance for each person's needs were in place and were regularly reviewed.

We looked at the training records of staff at two shared living projects. We saw that in all cases training considered mandatory by the provider had been undertaken and the type of specialised training they required was tailored to the needs of the people they were supporting. We found that staff supervision was regular and geared to support staff and to address their development and work with the service. Staff appraisals were taking place yearly and staff had development and training objectives set arising from the appraisal system.

Staff respected people's privacy and dignity and worked in ways that demonstrated there was diligence at ensuring this. From the conversations we had with people, our observations and records we looked at, we found that people's preferences had been recorded and that staff worked well to ensure these preferences were respected. It was evident during our inspection that people were placed at the heart of how the services operated and staff built the care and support provided around each person as a unique individual. This was the driver of the service and people's support was not restricted by procedures or systems but care was individually designed and the resources required were governed by their needs.

As an example of just how much staff paid attention to detail, a stakeholder told us they saw that a specially adapted kettle had been fitted into someone's kitchen. They could make their own cup of tea or coffee by just pressing a button and getting the exact amount of water they needed. Staff had found this for them and it helped them to keep some independence and be safe. They thought it showed such thoughtfulness from staff. They told us the staff paid attention to people as individuals, not clients.

Records showed that people were able to complain and felt confident to approach staff and management of the service if they needed to. People told us they were confident that any concerns they had would be listened to and the service was open about action taken and changes made as a result.

# Summary of findings

As an example of the flexible way that they service worked we saw that additional resources were made available whenever people's daily lives required additional support to achieve their goals. In one instance we were told by someone about the way in which staff supported them to have a part time job, which they thought was of real help to them.

People who used the service, relatives and stakeholders had a range of opportunities to provide their views about the quality of the service. We found that the provider

worked hard to ensure that people were included in decisions about their care and their views of how the service was run were respected and were taken seriously. People who had contact with us, whether they used the service, were relatives or other professionals all believed the service had a highly positive and inclusive culture. In our communications with staff we also found that staff demonstrated a positive and inclusive approach and this was also shown in the flexible way in which the service operated.

# Summary of findings

## 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. Risks that were associated with people's needs were assessed, updated at regular intervals.

The staff had access to the organisational policy and procedure for safeguarding people from abuse, and knew who to contact if concerns arose.. The service worked in full co-operation with people using the service, families and stakeholders to maintain safe and consistent care.

There were always enough staff available to support people and additional staff support was also provided whenever it was needed.

Where staff supported people to take their medicines they had specialist training and guidance to ensure this was managed safely

Good



### Is the service effective?

The service was effective. Staff worked well to respond to people's care and support needs.

Staff supervision and appraisal systems were well managed and their performance and development were assessed. Staff had access to a wide range of training opportunities to ensure they had core skills and specialist training to support people with complex needs.

The service was diligent at ensuring that people were respected and their dignity was upheld.

Good



### Is the service caring?

The service was caring. The overwhelming view from people using the service, their relatives and health and social care professionals that we spoke with was of a service that cared for people. Staff we spoke with all referred to people in a compassionate and person centred way.

The service provided care to people with a range of communication abilities. We saw a clear communication policy that included recommendations on methods that staff should use when providing care and to maximise their involvement in their care. We found that staff clearly knew the people they cared for and how to respond to the way they communicated their needs. The service took a proactive approach to end of life care and had won an award for their work in this area.

Good



### Is the service responsive?

The service was responsive. Each person's care plan covered personal, physical, social and emotional support needs and described people as unique and worthwhile individuals.

The plans reflected each person's lifestyle and preferences for how care was provided, as well as how to maximise the potential for involvement in decisions for each person about their own care. Care plans were updated at regular intervals to ensure that information remained accurate and reflected each person's current care and support needs.

Complaints were listened to and people could feel confident that their views were taken seriously and were acted upon.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. There were clear lines of accountability among the agency management and staff and they demonstrated that these lines of responsibility were clearly understood and adhered to.

The service placed significant emphasis on seeking the views of people using the service, their relatives and other people who were involved either as advocates or health and social care professionals. The service finds innovative and creative ways to enable people to be empowered and voice their opinions.

There was continuous assessment and monitoring of the quality of the care and support provided. The service was transparent in communicating with people, relatives and other stakeholders and was honest about action taken to maintain and improve performance.

**Good**



# Centre 404 Domiciliary Care

## 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.

We carried out two visits to the service on 4 & 18 August 2015. This inspection was carried out by two inspectors.

We looked at notifications that we had received and communications with people's relatives and other professionals.

As a part of our inspection we spoke with two people who used the service, ten relatives, two representatives of people, seven health and social care professionals, the registered manager and four members of staff. We also observed staff providing support to people.

As part of this inspection we reviewed four people's care plans and care records. We looked at the induction, training and supervision records for the staff teams in two of the shared houses we visited. We reviewed other records such as complaints information, and quality monitoring and audit information.

# Is the service safe?

## Our findings

A person using the service told us, “Oh yes I trust the staff, they’re all good, they make me feel safe.” A relative told us that they had no safety concerns about the supported living shared house their family member lived in. They said their relative “feel’s safe there and I’m happy they feel safe. I often pop in unannounced and I’ve never had anything to worry about.” Another person said that that their relative “had a fall and staff really pulled out all of the stops to support their recovery, including bringing their friends in to cheer them up.”

A stakeholder from a local authority contracts and commissioning team told us that where there have been any concerns raised around safeguarding, Centre 404’s senior management have acted quickly and transparently, and made clear what changes they are making to practice as required.

We visited two shared houses where eight people were living. One person was able to speak with us and clearly felt safe with the staff supporting them. We observed two staff interacting with people whose verbal communication was limited, their responses and the way staff carried out this interaction did not give any cause for concern about risks of potential harm. When we spoke with three staff at the services we visited, their knowledge of the potential risk people could face was detailed. Care plans showed that action was taken by the service to identify, minimise and review potential risks of harm. We found this to have a positive impact for keeping people safe, but at the same time the service did not restrict the rights or opportunities for people to take reasonable risks in living their lives.

The relatives and stakeholders we spoke with all said that they were happy with staff and provider knowledge of safeguarding. One relative said, “staff awareness of safeguarding is excellent. [My relative] can hurt themselves. When this happens staff are acutely aware of their safety and of their own. They are exceptionally good at suggesting changes to care and organising best interests meetings.” Management team look in to all incidents, take responsive actions to continually make improvements and report and work closely with the Islington Learning Disability Partnership.

The staff had access to the organisational policy and procedure for safeguarding people from abuse. Staff told

us that they had training about protecting people from abuse and were able to describe the action they would take if a concern arose. It was the policy of the provider to ensure that staff had initial safeguarding training when they were first employed which was then followed up with periodic refresher training. Records showed that staff had completed all training in these areas and it was the policy of the provider to review any learning points which emerged to inform further development and practise. Although the service had not needed to do this for quite some time this showed that the service took the need to learn from any incidents and review practice seriously.

Staff had a good understanding of how to protect them from avoidable harm. They knew what to do if abuse occurs or if they suspect it and how to report any concerns to the management team. Safeguarding training had been updated with the recent changes to legislation in the Care Act 2015, and had been developed with Islington Safeguarding Training lead.

We looked at the recruitment records for six recently appointed staff. We found that the provider had effective systems in place to ensure that staff were safe and suitable to work with people needing care. Background checks included criminal record checks, references and interviews. The service did not permit anyone to work with people until all of these checks had been undertaken. This was verified by the staff records for four newly appointed staff.

The service worked with the local community to recruit people, including holding recruitment open days and had a two stage interview process to ensure values based recruitment. This included an interview with a person using the service and value based questions. The service stated aim was to employ a high calibre of caring and compassionate staff.

The service had a 24 hour, seven days a week on call system, the person on call had access to electronic records.

The Housing and Deputy Housing Manager sit on the keeping safe sub group and the training subgroup of the local Safeguarding Adults Board,

All of the people, their relatives, advocates and health and social care professionals we spoke with told us that staffing levels were always suitable for the people using Centre 404. We were told by a relative that there had been some recent turnover of staff but that this had been handled well and that staffing allocations were consistent. They said, “the

## Is the service safe?

same staff teams are consistently allocated to groups of tenants. The pressure on staff is high because of the needs of people but there are always plenty of them.” A person who lived in a Centre 404 supported house said, “Oh yes, there’s loads of staff here! We have some new ones too, they’re lovely as well.”

Another relative told us that recent staffing changes had been handled well. They said, “The deputy manager has changed twice and the keyworker once but the manager was great at keeping us informed. They were able to mitigate the impact of the changes by keeping [my relative] informed and involved.” We found that staff rotas were arranged around the needs of people and that the provider was able to accommodate requests from people for particular staff at specific times of the day. For example, we saw the manager of one of the houses we visited planning additional support for a person to cover for an event that had arisen.

We found that some agency staff were used to keep staffing levels safe. A representative of a person said, “there is some reliance on agency staff. They’re good people and well trained although they lack the dynamic approach shown by the full time staff. It would be good if the agency staff were supported to develop this.” A health professional told us that they thought agency staff were not always up to speed on SALT (speech and language therapy) guidance but it was not a concern as experienced permanent staff were always available for support and guidance. We asked the registered manager about this who told us that agency staff use was being greatly reduced and that agency staff were not permitted to be involved in more complex support needs with people. Staff confirmed this when we spoke with them.

We spoke with a stakeholder from a local authority learning disability team and commissioning team told about staffing levels. They told us that Centre 404 had taken a flexible approach to increasing or diverting staffing as needed, to ensure that they were able to manage workload. For example, this had been needed recently at one house, due to the very substantial and complex support needs of people.

Relatives we spoke with felt that the medicines were managed and administered safely. One relative said, “Staff do the medication with an excellent reporting system. There’s a communication book that is used effectively and they communicate with me however I want, often by e-mail. It feels like a proper partnership and we get a real benefit from that.”

Where medicines were administered with staff support we found that signed agreements were in place and training had been provided to staff that needed to perform this duty. The provider had a policy and procedure in place and staff were able to talk us through this. This policy covered different types of medicines administration, the procedure for agreement to provide assistance and for maintaining records of medicines administration and other levels of support for this to be achieved. This showed that proper and safe systems were in place to protect people from potential risks associated with needing to take medicines.

A stakeholder told us that staff training records and the service’s track record of managing incidents were both indicators of a safe and knowledgeable approach to supporting people.



# Is the service effective?

## Our findings

A relative told us “I feel that Centre 404 has excellent training for the staff but they also have excellent personal qualities. My relative uses equipment which staff had not previously had the experience of using so I helped to train staff in the specifics of this. This was over and above the needs of their normal work. Their willingness and capacity to take this on was exemplary.”

Relatives told us that Centre 404 was good at working collaboratively with them to develop effective training tools. A relative said, “I helped to put together a training video for staff to help them understand family partnership working in more depth, so that they had better knowledge of the circumstances of families with a lot of care needs. Centre 404 piloted this and supported us and now it’s being embedded into training delivered by the local authority as well.” People believed that the service worked well at providing support in partnership with families and another relative told us about their experience of this and the positive impact it had on their confidence in the support their own relative received.

A health care professional was happy with the competency of staff in terms of safety. They told us that they believed that staff were competent in their care provision and adhered to guidance regarding manual handling when providing care.

A stakeholder from a local authority told us that the provider had recruited an additional training post to support staff. A health care professional said, “As I sometimes have introduced equipment with which they are not familiar, they have been attentive and receptive in learning how to use the equipment. Occasionally I have needed to arrange a small training session, and staff have organised themselves so that as many as possible are able to be present.”

There was an induction programme developed by the deputy housing manager, Islington safeguarding lead and service user working group. This is aligned with the Care certificate and the 15 fundamental standards of care, and aligned with our company values and aims. This consists of a three day taught induction, a care certificate work book, 2 weeks of shadowing before working unsupervised, and

observations from the manager before the person is approved as being able to work unsupervised. People using the service lead on part of the induction, on dignity and what makes a good support worker.

A senior manager and support staff told us about their knowledge and skills to carry out their roles and responsibilities. They told us how staff induction was specific to the particular part of the service and included shadowing a more experienced member of staff. A part of staff passing their induction was completion of the “Care Certificate” which is a nationally recognised programme for equipping staff with core skills to work with people in the social care sector.

The registered manager explained the system used by the provider for both mandatory and optional training courses. We found the mandatory training covered core skills and knowledge for staff such as safeguarding, health and safety, communication and equality. The staff database listed those who had received specific training about specialised care and support needs. The registered manager told us and records confirmed that if a person had needs that required specialised training then only staff who had received this would be used to care for the person. We found from matching care needs records with records of staff training helped to ensure that staff had the necessary knowledge to provide highly effective care and support.

Training records showed that training had been undertaken and the type of specialised training they required was tailored to the needs of the people they were supporting. The staff training records also listed the dates on which any refresher training had been arranged and this supported the provider’s aim to ensure that people were only supported by staff with the necessary skills.

The provider had a system in place for individual staff supervision. Staff told us that they were supported through regular supervision records confirmed this. Staff told us they were able to seek advice and support throughout their day to day work and no one had encountered any difficulties in doing this whenever it was needed. Staff appraisals were happening at least annually, and the performance of staff was regularly reviewed in terms of their day to day work and training needs. These procedures helped to ensure that people were supported by staff who were themselves also supported to carry out their duties and continually review their practise.

## Is the service effective?

Everyone we talked with also told us that they were happy that staff were skilled in the areas of mental capacity and consent. A relative said, “[my relative] has a profound communication problem. Staff are very mindful of their rights.” Another relative said, “Yes, staff obtain consent routinely and always ask [person] before doing anything.” One relative said, “[my relative] likes to be very independent. They get an excellent level of respect from the manager and everyone who works there. They truly understand what safeguarding and dignity is.”

Information on care records was comprehensive and easily accessed. We saw where people were thought to lack capacity as defined by and assessed by the Mental Capacity Act 2005, a best interests meeting was held to consider the introduction of a particular protective measure. These meetings included family members, where possible, and other health and social care professionals. We also saw on care records that contact was being made with the local authority requesting that they carry out mental capacity assessments for people when this was thought to be necessary. We found that the service did not make any undue assumptions about people’s ability, or lack of ability, to make decisions for themselves.

A relative told us that they were happy with how their family member was supported to maintain a healthy diet. They said, “There’s a weekly diary that is used to record [person’s] food and fluid intake and their weight. Staff use this very well.”

A relative said, “I would like to see staff take a little more lead in encouraging [my relative] to be more responsible with their money and their food. We have asked staff to be more aware of this and encourage [person] to have a more balanced diet. Staff have taken note and things are getting better and better.” Another relative said that staff had worked with them very positively to help reduce the weight of their family member.

A health care professional told us there had been a definite improvement in staff skills towards SALT needs of people.

They also believed that staff were well trained and supported in this. They went on to say that the care provided was extremely person-centred and staff recognition of the risks associated with dysphagia (a swallowing disorder) had improved.

Meals were prepared by staff in some cases. However this was still done with as much input from people using the service as was possible from our observations. People’s specific preferences were known and adhered to and staff that had this responsibility were trained. For example, one person was fed via a tube. The staff had specific training and individual guidance about how to do this safely and effectively.

A relative said that they would like more frequent contact when there was a medical or behaviour change. They said, “Communication could be improved a little in terms of telling us of changes. I think sometimes [staff] try and spare us the labour of dealing with problems. Having said that, getting this service up and running was a monumental task, they’ve had to get to know us all from scratch.” Another relative told us they were happy that staff were very organised at arranging routine dental, eye and hearing checks.

Care records demonstrated clear evidence of staff working in a multi-disciplinary way, thus ensuring those who used the service had access to healthcare appropriate to their needs. We saw that each care record we looked at included a health action plan and a hospital passport. These documents contained current information for those medical staff that would not have any prior knowledge of the person. Information included the most effective means of communication, current health status and other medical and general information of importance. These documents helped to minimise the impact of planned or emergency hospital admission by ensuring the person was addressed and treated in the way most appropriate to their needs.

# Is the service caring?

## Our findings

A person using the service spoke warmly about their positive relationships with staff and of how much they liked the people who supported them. A relative said, “I think of them [staff] as the A-team. I can’t imagine a more wonderful group of people. Each morning I wake up and am so grateful for the staff.” Another relative said, “I’m extremely happy with the service. [My relative] used a previous provider who wasn’t very good. Centre 404 have gradually improved the service, I know that because I don’t worry about things when they’re with them. The quality of care is excellent. I’m very impressed by the staff, managers and also for the quality of the support the managers in the houses get.”

Another person told us, “I’m always on the go with the staff here. They take me to the park, make my food, take me shopping, we have a great time.” A relative said, “They [staff] put on all sorts of things to bring people together. This was especially so when the house my relative lives in was opening. It meant that people who were going to move in could meet each other. They’re also very good at getting families involved, it’s a very social place.”

Another relative said, “I’m extremely happy with the service. Centre 404 have gradually improved the service, I know that because I don’t worry about things when they’re with them. The quality of care is excellent. I’m very impressed by the staff, managers and also for the quality of the support they provide.”

A representative of a person said that they had worked very closely with staff to make sure that the person settled into their new home quickly. They said, “Two keyworkers in particular were outstanding. Every staff member is good, none are below par.” Another advocate said, “[The person they represent] is extremely happy. I’m always impressed with the level of care they receive.”

A relative said, “you know when people are so nice that you think they’ll get fed up? Well, the staff here are like that but they never get fed up, they’re always amazing!”

A stakeholder told us that staff really are very caring. Their approach was respectful and they genuinely cared about people in the right way. As an example of just how much they pay attention to detail, they saw that a specially adapted kettle had been fitted into someone’s kitchen. They could make their own cup of tea or coffee by just

pressing a button and getting the exact amount of water they needed. Staff had found this for them and it helped them to keep some independence and be safe. They thought it showed such thoughtfulness from staff. They pay attention to individuals as people, not clients.

People’s support plans included information about their cultural and religious heritage, daily activities, including leisure time activities, communication and guidance about how people communicated. We found that staff knew about people’s unique heritage and each care plan we viewed described what should be done to respect and involve people in maintaining their individuality and beliefs. There was clear and detailed evidence in the person centred support plans we looked at that staff encouraged those who used the service to be as independent as possible. There were detailed instructions for staff about how to encourage people to be as fully engaged with their own care as possible, and to take the lead as much as each person was able to in controlling their own care. As an example we saw that staff had developed detailed guidelines about what people’s reactions meant when they were unable to tell staff verbally what they thought or what they wanted. This demonstrated that the service viewed people as unique individuals and developed methods of providing care that were built around each person’s needs and personality.

A representative of a person said, “staff have excellent communication skills. They’re very good at getting to know someone in their own time and learning to communicate on their terms. They took substantial time and patience to build a relationship with [them] and ensure their care was person-centred. [They are] very happy and staff treat them with dignity and respect and the results are in their positive behaviour.”

We found that the way in which the service trained staff and worked with people around end of life care was engaging and focused on the individual, their family and others important in the person’s life. A health care professional who spoke with us said they had been “really impressed” with the ability of the service to take on end of life care training and they took this seriously. They believed that the staff teams had worked really well with them and worked in very good partnership. They also felt that managers at the service were very supportive in this too and had a real drive for improvement. The service viewed the need for staff to

## Is the service caring?

have the right training and skills in this area with a high degree of importance. The skills of staff in addressing end of life care was commended by a local authority social worker.

The skills of the service at considering and responding to compassionate end of life care had resulted in them receiving the Linda McEnhill Award for outstanding end of life care in November 2014. (The Linda McEnhill Award is awarded by the PCPLD Network (Palliative Care for People with Learning Disabilities). The aim of the annual award is to recognise an individual or team who has made a positive difference to the end of life care for people with learning disabilities.) Although end of life care is not something the

service needs to address on a daily basis, they work with people who have potentially life limiting conditions. The service took a pro-active approach to this area. As an example we were told about a situation with a client who had passed away and the range of support that was provided to them at the time. This included the service working hard to gather the person's views and wishes and involving people important to them whether they were family, friends or others they valued. The registered manager told us that they do not have anyone in a similar situation at present but they recognised this was something that may arise in future and felt that it was important to be prepared and up to date on their practice.

# Is the service responsive?

## Our findings

Relatives we spoke with said that they were happy with the ability of staff to personalise their communication depending on people's individual needs. A relative said, "Staff have worked out visual communication methods such as showing pictures, adapted from [person] previous education setting. Staff have adapted themselves too. They distract [person] from hurting themselves, they're excellent at judging risk situations such as this." Another relative said, "staff expertise is very good around interacting with people with complex communication needs. They worked out how to offer [my relative] choices when they're being difficult. They've learnt how to encourage people to take part in activities by understanding how much each individual can cope with." When we looked at the care records we found that responses to the way people communicated and behaved were included. This information provided guidance to staff about how people expressed themselves when unable to using verbal communication and what triggers could result in particular behavioural responses being exhibited.

Care and support was planned in partnership with people and their families. Reviews took place on a regular basis and families were involved in reviews and changes to care plans. Care plans were person centred. Staff induction and training included techniques around intensive interaction and 'involve me' communication techniques.

A representative of a person told us, "Staff have great ways of communicating with [person] in the most appropriate way. They can interpret non-verbal communication. The agency staff are also consistent and just as skilled at this." A relative said, "Staff are skilled at interpreting needs and looking for ways to act in [my relative's] best interests."

A relative told us, "They have lots of very important, very robust professional relationships with specialists. The way they set up a supported living house was outstanding, there were no mistakes." We found that regular meetings helped to ensure families were kept informed. A relative said, "I have regular meetings and any concerns are brought up at those meetings." We asked a stakeholder about this and they told us, "The service provides regular reporting, for instance incident reports as required by the council's serious incidents procedure. Where there have been changes in need, for example the recent escalation of support need for a client, Centre 404 had made this clear

and met with Islington Learning Disability Partnership (ILDLP) and the local authority commissioning team as needed. There have also been other case reviews and special meetings with ILDP to share information. Where there have been special posts allocated by ILDP to work with Centre 404, for example the "new developments" social worker helping to start up a service, they have used this opportunity fully." This demonstrated that the service responded to new challenges and worked in partnership with people to implement changes and respond to people's needs.

People had access to activities and hobbies that were important to them. A relative said, "[person] has a range of interests such as concerts and art galleries but they have no communication. Staff are very good at interpreting their needs and involvement of the family in this is excellent." A representative of a person told us that staff had supported a person to keep in touch with their family, which made them happy. Another relative said, "Staff worked with [my relative] to figure out what they wanted to do so now they have a good variety of activities to choose from. The whole process of staff getting to know us has been very good. Two staff came to our home to meet us, which was a very positive thing for them to do. They take [my relative] on shopping trips and on holidays, they love it." Another relative said, "All the management and staff have been amazing with [my relative] since their move and have given them so much encouragement to do so much with their new life like joining the gym, going swimming, gardening etc."

People's independence was promoted. Apart from supporting people in daily living tasks staff also supported people to take part in activities. As an example we looked at some care plans which described educational activities using other services as well as leisure time activities. We found that the service placed a lot of emphasis on maximising people's right to maintain as much autonomy as they could and to follow their chosen lifestyle.

Care plans showed there was clear evidence that care was planned in detail and was responsive to people's needs. For example, we saw documents relating to the complex support needs of people and how to maximise people's opportunities to be involved in how their care was provided. We found that staff were diligent in getting to know people and responding to their unique personality and support needs. One person told us how staff



## Is the service responsive?

supported them to keep a part time job and in another instance staff had worked to develop a programme of activities and opportunities for someone whose previous lifestyle experiences had been limited.

A representative for a person using the service told us that they were particularly pleased with the use of “support circles” by the provider, which they said was a useful tool to maintain regular communication between individuals involved in providing care and helped to maintain transparency. We saw detailed evidence of this system in use with liaison and communication between people using the service, their families, advocates and a wide range of health and social care professionals. Planning and responding to care and support needs was a joint effort and not seen as merely a task but as something which was at the core of the service provided. This led to significantly positive outcomes for people using Centre 404, which people who spoke with us described.

People and their relatives told us they knew about the complaints procedure and would feel confident using it. One relative said, “I did have a chat to a manager previously about a minor problem and this was resolved really quickly. I’ve never had to make a formal complaint.” Another relative told us that there had been a previous incident that had caused them to complain and that they were happy with how it had been addressed. They said, “there was an incident in the home my relative lives in. I contacted a manager myself and they fixed everything straight away.”

A local authority contracts officer we spoke with told us where there are issues raised, the senior management are diligent in responding to these quickly and taking remedial action. They also told us that the service then explain what action they are taking to address the issue.

There was a service user guide on how to make a complaint on display in the provider’s reception office, and

information was also available in the two shared living services that we visited. This was in an easy read format and included words, pictures, signs and symbols. Advocacy services were also used widely, not least where people did not have family members who could act in that role. We looked at the record of complaints made since our previous inspection. We found that any complaints that had been made were responded to quickly, followed the provider’s procedures and resulted in detailed feedback to any person who raised a complaint. The service took complaints seriously and had systems in place to review complaints and any learning points that may be derived from them.

Staff we spoke with talked about people who used the service in a positive and engaging way. They also told us they believed that they and the service were driven to build and maintain positive and open relationships with those they supported and their families. The service aimed to place the people using it at the heart of the service and there was a culture of achieving the best outcomes for the people supported.

The relative of a person who had transitioned from an education service to using Centre 404 told us that they were very happy with how the transition was handled. They said, “The transition into this service was excellent. Staff took their time to get to know [my relative] and someone who worked with them at their previous college even came across as a bank worker. The effect on [my relative] was fantastic. The service are very good at family partnerships, the whole transition has been very good. There was an extended period of working with [my relative] in our home before they moved into assisted living. The experience was fantastic, absolutely beyond what I could ever have hoped for. [My relative] comes home on a weekend now but is always happy to return to Centre 404 on a Sunday. You can tell by their smile they are really very happy there.”

# Is the service well-led?

## Our findings

The relatives we spoke with were all happy with their relationship with the leadership team. A relative said, “The manager and deputy manager at the house and the housing manager are all very impressive. They have adapted their standards for [my relative]. They have been responsive and responsible in getting extra help. Their liaison work with local commissioners was fantastic.”

Another relative told us, “The leadership team are exactly what you need. They need everyone behind them, which can be difficult but they’re doing an amazing job. It’s actually easy to approach all of the staff, not just the managers. Meetings are easy to arrange and I feel that they’re very transparent in how they work and communicate.” A relative also said, “[the manager] is amazing. She is so on the ball and well trained.”

A relative said, “The new staff are very pleasant in their demeanour. Occasionally you get a language problem but they seem very good at sorting this out when it happens. I can’t speak highly enough of the manager, things are going great. I wondered how [my relative] would settle in but I needn’t have worried.” A health care professional told us that they believed that compared to other similar services they knew that Centre 404 were the best in their field.

Relatives and stakeholders we spoke with told us that relationships were handled well by Centre 404 managers. For example, one relative said, “I act as the appointee for my relative which can get complicated but this is managed well by Centre 404, there’s a transparency to communication and staff are very proactive in supporting us in attending medical appointments as well.”

An advocate for a person told us, “partnership working here is excellent. They are willing to work with us on anything we need, there’s never a question about that.” A health professional told us they had been impressed with the response of the managers and when they had raised concerns about a member of staff the service supported the worker to improve. A local authority contracts officer told us they thought the service was committed to working in partnership, whether this is with social workers or friends and relatives, or by contributing to the various networks planning services. They also told us the service were continuing to go through a number of challenges, but they had a “can-do” ethos which was helping them to maintain their good standards.

An advocate for a person told us that they were happy with how the provider had managed a move between housing locations for a person. They said, “they held lots of meetings between social workers, staff, managers, me as an advocate and the person. They were proactive at arranging these and best interests meetings and the transition ended up being excellent, the management team at the house they moved into were superb. They had their eyes on the little things, like small repairs that were needed to furniture, which were fixed very quickly. I was worried that the new house would be too big but the managers were acutely aware of this and made sure the appropriate staff cluster was in place.”

The staff we spoke with were all highly complementary about the support and guidance they received. Two staff we spoke with who were involved in providing direct care and support both felt that they always had “total” confidence in the management of the service and that help and advice was always readily available. In every conversation we had with both staff and managers at the service we found that people were spoken about in a positive way. Staff spoke in ways which demonstrated an enabling culture and ethos which also showed that people were placed first above systems and processes. Flexibility was also demonstrated and issues which arose were responded to as a positive experience and not just more work to be completed. This was particularly evident at the two shared houses that we visited where staff spoke about what they did to be flexible in responding to people’s needs, in two cases we saw examples of where additional resources were put into place to support people’s activities.

People we spoke with were also keen to tell us that Centre 404 had a clear service ethos. A relative said, “they have a very good value base. It trickles down through all elements of the organisation.” A stakeholder said, “I think the Supported Housing Manager demonstrates a very good connection with and understanding of the client group and individual clients, and is a strong manager of practice. I think the core values for Centre 404 of being person-centred and empathic would also act as a good base for working with clients with mental health needs in their other schemes.” A health professional told us that the low staff turnover was in their view down to good promotion rates amongst existing staff, they are encouraged to seek development.

## Is the service well-led?

A person using the service told us, “I interviewed the manager here. She was good at her interview and I like her.” Relatives and stakeholders told us that they were happy with the recruitment and training processes of the service. A relative said, “The recruitment process for new staff is very good. Families are involved in the interview panel. It has been an enormous eye-opener for me, as well as a privilege.” The same relative also told us, “We as families are able to influence the decision-making process appropriately, we’re made to feel that our feelings and opinions are important.” They went on to say, “I think it’s fair to the new staff too because they also have an interview without us there.” Another relative said, “Staff are of a remarkably high calibre. My relative has extremely complex needs and is often in extreme pain. The staff are just extraordinary, not just in their skills but in what they do to try and find out what causes his pain.”

The service finds innovative and creative ways to enable people to be empowered and voice their opinions. We saw that the provider regularly consulted people who used the service, their families and others about the development of policies, involvement in staff recruitment and about their views of the service. The consultation process was supported by office based staff, not only those involved in

day to day support of people. This was designed to ensure that people could speak freely about their experience of the service and share their views openly. We looked at feedback received by the service and this was invariably showing a very high degree of satisfaction about how well the service operated and how open and transparent people believed the service to be.

In discussion with the registered manager during our inspection we were told about, and shown, the monitoring systems for the day to day operation of the service. Staff had specific roles and responsibilities for different areas. They were required to report to the provider about the way the service was operating and any challenges or risks to effective operation that arose. Staff clearly knew their responsibilities and lines of reporting within the service, specific parts of the service in which they worked and to the service provider. Regular consultation with people using the service, their families, advocates and health and social care professionals took place both through formal and informal methods, for example meetings, events and day to day contact. The offices of the service also had ground floor space that people used for social events, meetings and consultation groups as well as being a space where people could just “pop in” if they wished.