



Advice Quality Standard

Assessment Report

for

Centre 404

Contents Page

1	Assessment Information	3
2	Organisation Overview	4
3	Assessment Case Record / File Statistics	5
4	Compliance Summary	5
5	Service Overview	6
6	Assessment Outcomes	6
	6.1 Summary of Assessment	6
	6.2 Areas of Good Practice	6
	6.3 Areas for Improvement	7
	6.4 Corrective Action	7
	6.5 Conditions of Accreditation	7
7	Assessment Findings	8
8	Assessor Declaration	30
	Appendix 1 Corrective Action	31

1. Assessment Information

Project Reference No.	20/0451				
Assessor Name	Neil Huxtable				
Assessment Type	Initial Full Assessment				
	Monitoring Review Assessment			✓	
Level of Accreditation	Advice only				
	Advice with Casework			✓	
Assessor Recommendation	Positive Recommendation				
	Positive Recommendation subject to Corrective Action			✓	
	Corrective Action Deadline			15/10/20	
	Suspend Certification for a Period of 6 Months				
Site Visit Date(s)	17/09/20 - Remote assessment				
Advice Categories	Advice Only	Casework		Advice Only	Casework
Client Categories			Subject Categories		
Asylum Seekers & Refugees			Consumer/General Contract		
Disability		✓	Debt		
Older People		✓	Employment		
Racial Discrimination			Health & Community Care		✓
Students			Housing	✓	
Women			Immigration/Nationality		
Young People			Welfare Benefits		✓
LGBTQI+			Equalities & Discrimination		

			Family Law		
			Other public law incl. Education		

2. Organisation Overview

Main Office Address	404 Camden Road, London N7 0SJ	
Telephone Number	0207 697 1336	
Additional Location(s) included in the assessment	N/a	
Quality Representative Name and Job Title	Monika Wojtun-Sieminska, Casework and Quality Manager	
Geographical Reach of Service	UK	
	England	✓
	Wales	
	Scotland	
	Northern Ireland	
	Local Authority Area	London Borough of Islington
Advice Delivery Methods	Face to Face only	
	Telephone only	
	Email only	
	Face to Face/Telephone	✓
	Web based automated programme (no adviser input)	

3. Assessment Case Record /File Statistics

Cases Opened in Last 12 months	Total Cases		169	
	Advice only		Not given	
	Casework		Not given	
No. of open files on day of assessment	32			
No. of files examined during assessment	Direct Access	0	Adviser/Caseworker	10

4. Compliance Summary

Area of Standard	No. of Areas of Good Practice	No. of Areas for Improvement	Instances of Corrective Action
A. Access To Service	5	1	
B. Seamless Service	1		
C. Running the Organisation	1	1	
D. People Management	1	1	2
E. Running the Service	3		1
F. Meeting Clients' Needs	1		1
G. Commitment to Quality	2	1	2

5. Service Overview

Centre 404 is a charity providing services to people with learning difficulties in north London. The organisation is located in London N7. Centre 404 has several funders including Cloudesley, City Bridge, Albert Gubay Foundation and Sir John Cass Foundation. Centre 404 provides advice and casework in the following subject areas:

- Welfare benefits
- Housing
- Disability
- Older People
- Health & Community Care.

The organisation has held AQS accreditation since 2010 and was last assessed against the standard in 2018.

6. Assessment Outcomes

6.1 Summary of Assessment

The assessment was conducted remotely on account of Covid-19 restrictions. All staff were interviewed via Zoom. Access to Centre 404's case management system (Charitylog) was provided to enable an examination of case files. Central records relevant to the AQS were also inspected remotely. Prior to the assessment the organisation provided electronically a full set of its policies and procedures and relevant case 1 forms. Four members of staff were interviewed via Zoom. Ten case files were also examined during the assessment.

6.2 Areas of Good Practice

A number of areas of good practice were identified during the assessment. Areas of good practice are where the organisation has exceeded the standard to a significant extent and/or has developed an innovative approach to service delivery. These are detailed below and the numbered references refer to the evidence criteria of the standard:

- A1.1 Use of a 'values tree' to portray organisational values and beliefs
- A1.2 Detailed and well-constructed twelve months operational plan for Supporting Families
- A1.3 Comprehensive Supporting Families annual service evaluation
- A2.1 Sound relations with other service providers and associates to ensure that clients receive a seamless service
- A3.1 Undertaking an equality impact assessment when significant decisions or changes are made to enable the organisation to assess their impact on staff and service users and take remedial action accordingly
- B1.4 Specific local directory of organisations holding the AQS quality mark within the boroughs of Camden, Islington, Haringey and Enfield to facilitate signposting and referral
- C2.3 Detailed risk assessment covering the implications of Covid-19
- D2.1 Individual workplans for casework staff containing work activities, targets, outputs, outcomes and achievement measures
- E1.2 Well-maintained files retained on the Charitylog case management system
- E1.6 Casework diagram that delineates the three levels of casework support provided
- E2.4 Casework circle meeting to consider particular cases, common themes and problems arising
- F3.1 Detailed a procedure for maintaining confidentiality within the Supporting Families team
- G1.1 Inclusion within the compliments and complaints policy of the contact details of organisations capable of giving independent redress to a client who remains dissatisfied after having followed the official complaints procedure
- G2.3 Production of 'easy read' policies relating to complaints, equality and diversity and adult safeguarding for ease of clients' understanding

6.3 Areas for Improvement

A number of areas for improvement were identified during the assessment which may develop or enhance the service delivered. These are detailed below and for the organisation to consider as part of its ongoing continuous quality improvement actions. The numbered references refer to the evidence requirements of the standard. These will form the basis for discussion at the monitoring assessment which will take place two years from the date of this assessment, along with any other notable advice service developments:

- A1.2 The Supporting Families operational plan contains a progress column against each identified operational objective. The organisation could update this column to confirm that the plan is a 'live' document
- C1.5 Good practice would be to identify on the Supporting Families staff diagram or on a note appended thereto the person with responsibility for ensuring that the organisation satisfies the requirements of the AQS (i.e. the casework and quality manager)
- D1.3 The hyperlink explaining the organisation's values and work behaviours needs to be included within the induction policy as indicated (section one)
- G2.2 In line with the requirements of the most recent review of the AQS, undertake an annual assessment of proximity to the standard

6.4 Corrective Action

During the assessment, a number of corrective actions were identified where further work is needed in order to demonstrate that the organisation meets all of the criteria of the standard. A maximum twenty-eight-day period is allowed which provides clients with a reasonable amount of time to address any actions that have been identified.

For details of corrective action please see Appendix 1 Corrective Action Report.

6.5 Conditions of Accreditation

Accredited Advice Quality Standard holders must:

- Demonstrate how they maintain and continually improve their advice services
- Inform Recognising Excellence if the quality representative contact name/contact details change
- Submit the booking form for monitoring assessments at least two months prior to the accreditation anniversary date
- Ensure monitoring reviews take place within the two-year anniversary accreditation date; it is expected that organisations will be reassessed by this date or will risk decertification and withdrawal from the AQS directory.

7. Assessment Findings

Strategy, Business Planning and Monitoring Service Performance
Core Standard Evidence Criteria
A1.1 A written strategy must be in place setting out the aims, key objectives, core values, type and level of services and resources required
A1.2 A Business Plan for the current year and in outline for a further two years
A1.3 Annual review of strategy and quarterly Business Plan reviews
C2.1 Reviews of service performance against your service plan on a quarterly basis
C2.2 Decisions about service delivery reflect available resources
<p>The organisation has a strategic plan that spans the period 2016 to 2021. The document describes services provided, reflects upon achievements over the period 2010 – 2016 and contains aims and objectives for the ensuing five years. The plan contains an overview of the organisation, priorities for the duration of the plan, a description of services provided, the needs of beneficiaries, a mission statement and organisational values.</p> <p>Centre 404's mission is <i>'to work towards a world where people with learning disabilities and their families have the support they need to enjoy the same rights, freedom, responsibilities, choices and quality of life as people within the wider community'</i>. Aims and objectives contained within the plan describe a broad range of intentions to fulfil the organisation's goals and purpose. The strategic plan is supported by annual operational plans that describe in detail specific activities to achieve organisational goals and priorities.</p> <p>Centre 404 undertakes quarterly reviews of the strategic plan and overall service provision. Such reviews are reported to the board of trustees who meet on a quarterly basis. Regular reporting to the board of trustees enables discussion on service capacity and delivery in line with organisational strategy.</p>
Areas of Good Practice
A1.1 The organisation makes clever use of a 'values tree' to portray its values and beliefs. Prominent display of the values tree enables staff, volunteers and service users to identify easily with the ethos and culture of the organisation
A1.2 There is a detailed twelve months operational plan for Supporting Families that is well constructed and links objectives and activities to Centre 404's strategic plan and itemises costs, persons responsible, target dates, measurable outcomes and progress
A1.3 The organisation undertakes a comprehensive supporting families annual service evaluation that contains key findings, a demographic and ethnic analysis of clients as well as information regarding the use of Centre 404's services and learning points for service improvement

Commercial in Confidence

Areas for Improvement	
A1.2 The Supporting Families operational plan contains a progress column against each identified operational objective. The organisation could update this column to confirm that the plan is a 'live' document	
Corrective Action	
Please see Appendix 1	
No Corrective Action identified in this Section	✓

Governance and Structure	
Core Standard Evidence Criteria	
C1.1 Governance, demonstrating independence of funders and management of the organisation is made clear	
C1.2 Membership of recognised representative body e.g. Advice UK	
C1.3 Membership of a regulatory body (where appropriate)	
C1.4 Clear description of how your organisation is organised/structured	
C1.5 Decision making structure is made clear with key personnel identified and documented including who is responsible for maintaining AQS	
C1.6 ICO registration (Reference Number and Date of Expiry)	
C2.3 Carry out an annual risk assessment that identifies all key known risks and mitigating actions put in place	
C3.3 Professional indemnity insurance cover not less than £250,000k (Insurer and Date of Expiry)	
<p>Centre 404 is a registered charity (charity no. 299889) and a company limited by guarantee (company registration no. 2270299). The articles of association describe the governance and organisation of Centre 404 and the make-up of the board. All trustees are independent. Funders are not represented on the board of trustees. Discussions with the head of supporting families service during the assessment confirmed the independent and impartial nature of the board of trustees.</p> <p>Centre 404 is an established charity and an existing holder of AQS accreditation and is therefore an appropriate organisation to be awarded the AQS. There is no requirement for the organisation to be beholden to any regulatory body as such. The articles of association and the strategic plan describe how the organisation is structured and managed. The organisation's website (https://centre404.org.uk/) also provides a detailed description of how the service is organised. The staff diagram describes the roles and responsibilities and decision-making accountabilities of staff within the Supporting Families team.</p>	

The organisation is registered with the ICO - registration number ZA345370. Registration expires on 18/04/21. Centre 404 undertakes an annual risk assessment. The risk assessment provided as evidence for the monitoring assessment identifies the risks obtaining, their potential impact and the mitigating actions required to manage them effectively. Centre 404 has professional indemnity insurance with Everest Insurance (policy no. PCRH00132020/01). The indemnity limit in the aggregate is £2 million. Insurance cover expires on 01/05/21

Areas of Good Practice

C2.3 In addition to the general risk register, the organisation has produced a detailed risk assessment covering the implications of Covid-19. Specifically the assessment identifies the mitigating actions Centre 404 will take regarding use of office accommodation during the pandemic and the associated risk of infection

Areas for Improvement

C1.5 Good practice would be to identify on the Supporting Families staff diagram or on a note appended thereto the person with responsibility for ensuring that the organisation satisfies the requirements of the AQS (i.e. the casework and quality manager)

Corrective Action

Please see Appendix 1

No Corrective Action identified in this Section

✓

Financial Management

Core Standard Evidence Criteria

C3.1 Financial management – policies and procedures. Independent financial review details

C3.2 How does financial information assist in reviewing the provision of services?

C3.4 Evidence of compliance with regulatory requirements

C3.5 Financial reports to include Annual budget, Quarterly variance analyses, Profit and Loss Account, Balance Sheet

Centre 404 has a set of financial procedures and protocols to ensure the effective financial management of the organisation. The board of trustees exercises overall financial control of the organisation. The organisation is subject to an annual financial review by its independent auditors. The last set of accounts was prepared by Moore Kingston Smith LLP for year ending 31/03/19. Regular financial reports to the board of trustees enable the organisation to review the provision of services based on financial information available. The organisation is not subject to compliance with any external regulatory body

As part of its evidence submission Centre 404 was prepared to provide financial information including an annual budget, quarterly variance reports, an annual income and expenditure account and an annual balance sheet. The profit and loss account and the annual balance sheet are reproduced in the audited accounts

Areas of Good Practice

Nothing to report

Areas for Improvement

None identified

Corrective Action

Please see Appendix 1

No Corrective Action identified in this Section ✓

**Access to Services, Equality and Diversity
Core Standard Evidence Criteria**

A3.1 Equality and Diversity policy in place covering both service users and workers and with reference to the Equality Act 2010 and the Protected Characteristics

D1.1 Equality and Diversity policy in place to preclude discrimination against staff, volunteers and job applicants and must be compliant with Equality Act 2010

The equality and diversity policy applies to both the workplace and service delivery. The policy emphasises fair treatment for all concerned within the organisation and examines all aspects of inequality and discrimination and how the organisation will address such matters. The equality and diversity policy applies to staff recruitment and has been developed to ensure that recruitment is fair and effective. The policy is designed to encourage the widest possible response to any employment vacancy. Selection for employment, promotion and training is undertaken on the basis of merit and ability. The policy complies with the requirements of the Equality Act 2010. Staff interviewed confirmed that the organisation was an equal opportunities employer.

Areas of Good Practice

A3.1 Undertaking an equality impact assessment when significant decisions or changes are made to enable the organisation to assess their impact on staff and service users and to take remedial action accordingly to ensure adherence to its equality and diversity principles

Areas for Improvement	
None identified	
Corrective Action	
Please see Appendix 1	
No Corrective Action identified in this section	✓

Community Links, Publicity and Accreditation	
Core Standard Evidence Criteria	
A2.1 Publicising details of services to local service providers, funders and the public and seeking feedback	
A2.2 Ensure local service providers are aware of your services and monitor referrals into your organisation	
A2.3 Displaying the AQS logo correctly	
<p>Centre 404 is a member of several networks and support groups. These include Help on your Doorstep, a support and wellbeing organisation for the residents of Islington; SENDIASS (Special Educational Needs and Disabilities Information Advice and Support Service) and various service provider groups overseen by borough councils. Membership provides opportunities to inform other providers of the services the organisation offers and to encourage effective signposting and referrals. The organisation also produces a range of information and publicity materials that inform other providers, the specific communities it serves and members of the public in general of the services and support it is able to provide. The organisation's website also serves to promote its services. Centre 404 is in regular contact with other members of its referral networks to ensure that clients continue to receive a seamless service in addressing their needs.</p> <p>The AQS logo is on widespread display. It appears on the organisation's website, on its letter-headed paper and on several forms and documents it uses in dealing with client matters. The AQS certificate is displayed within Centre 404's main offices.</p>	
Areas of Good Practice	
A2.1 The organisation maintains sound relations with other service providers and associates to ensure that clients receive a seamless service to address their needs	

Areas for Improvement	
None identified	
Corrective Action	
Please see Appendix 1	
No Corrective Action identified in this Section	✓

Signposting and Referral
Core Standard Evidence Criteria
A3.2 Scope of services offered to specific client groups and where relevant signposting for those out-of-scope
B1.1 Describe the services you can deliver and state clearly any potential conflicts of interest
B1.2 Where appointments offered, record attendance and non-attendance for service improvement
B1.3 Procedure for signposting and referral; staff must demonstrate how they signpost or refer
B1.4 Directory of alternative provider to be kept up-to-date and accessible by all staff
B1.5 Maintain records of referrals including where no suitable provider could be found and review at least annually
B1.6 Signpost any individual your organisation is unable to help
B1.7 For referrals, steps taken to identify appropriate service providers, first consideration should be given to organisations holding AQS
B1.8 When signpost/refer, ensure client told what your role will be and what they can expect from the other provider
B1.9 Advisers should discuss the cost implications of being signposted or referred; this should be recorded on the client's records
B1.10 Subject to client consent, information about advice or service already given is forwarded to the other service provider
B2.1 Recording feedback on services provided by other service providers after referral
B2.2 Regular monitoring of incoming and outgoing referrals including attendance/non-attendance by the client
Centre 404 provides an inclusive service to all members of the communities it serves. Where clients and enquirers fall outside its remit the organisation will invoke its signposting and referral procedure.
The organisation describes the service it provides through a variety of means. These include its website, publicity brochures, participation in local community events, advertising and via social media. Potential conflicts in relation to the services the organisation provides are described in detail within the conflict of interest policy, one example of which would be where Centre 404 advises both parties in dispute. Where appropriate, the organisation will apply

its signposting and referral procedure to overcome potential conflicts of interest.

Centre 404 operates a diary system to record appointments. Non-attendance is recorded and is used as a factor when considering the accessibility of the services it provides. Non-attendance of appointments hitherto has not given cause for concern from a strategic perspective and is mainly to do with individuals' personal circumstances.

The organisation has a procedure for signposting and referring clients to other agencies. The procedure differentiates between signposting and referral and the steps the organisation will take in each case. During the course of the monitoring assessment, staff interviewed demonstrated their understanding of the signposting and referral policy and were able to describe the circumstances when they would signpost or refer clients to other organisations.

Centre 404 has its own local directory of alternative providers. Any recorded changes in the services of alternative providers and through networking and assessing the feedback provided by clients ensures that the directory remains accurate and that services provided by others are of an acceptable standard.

The organisation maintains a central record of all referrals it has made which are the subject of ongoing monitoring and annual review. Should a pattern of non-provision on referral arise, the organisation itself would consider how such deficiencies in service provision could be addressed. In practice there have not been any cases where referral of clients to other agencies has proved unsuccessful.

Centre 404 confirmed that as a minimum all clients whom the organisation is unable to help will be signposted to another more appropriate agency where their needs are beyond the scope of the organisation and another agency is better placed to advise them. The referral procedure states that wherever possible, the organisation will select an agency accredited to the AQS when directing clients elsewhere. The signposting and referral procedure describes the practical steps the organisation should take when applying referral arrangements.

Part of the signposting and referral procedure includes informing clients of the ongoing role that the organisation will play. Clients are encouraged to return to the organisation if they are not satisfied with the service they have received from the third party concerned. Where clients are likely to incur costs when referred or signposted, the procedure requires that this be discussed with the client concerned. A note to this effect will be placed on the client's case record and will be confirmed to the client in writing.

Client consent is required both in making a referral and in cases where personal information is to be transferred to the third party agency to whom they have been signposted or referred. Feedback will be sought on clients' experience of organisations to whom they have been referred.

Areas of Good Practice	
B1.4 The organisation maintains a specific local directory of organisations holding the AQS quality mark within the boroughs of Camden, Islington, Haringey and Enfield to facilitate signposting and referral	
Areas for Improvement	
None identified	
Corrective Action	
Please see Appendix 1	
No Corrective Action identified in this Section	✓

Induction and Recruitment	
Core Standard Evidence Criteria	
D1.2 Fair and transparent recruitment and selection process to evaluate the skills, knowledge and experience of applicants	
D1.3 Induction procedure for joiners and those changing their role within the organisation e.g. promotion or secondment	
D1.4 Steps taken to create a workforce that reflects the community served	
<p>The recruitment and equality and diversity policies state that the organisation upholds the principles of equality and diversity in the recruitment and selection of new staff. The organisation confirmed that job applicants will be selected on the basis of skills, knowledge and experience required for posts advertised and are used as a basis for shortlisting and interviewing candidates for employment.</p> <p>Centre 404 has a detailed induction policy and induction checklist that describes the practical steps the organisation will take to induct new members of staff. Its purpose is to ensure that recently recruited staff quickly acclimatise to their new surrounds to enable them to make an early contribution to the organisation's aims and objectives. Induction also applies to those staff who change roles and responsibilities within the organisation through promotion or internal transfer and there is a specific procedure in this regard contained within the induction policy.</p> <p>The organisation strives to reflect the make-up of the communities it represents in the make-up of the board of trustees, staff and volunteers.</p>	

Areas of Good Practice	
Nothing to report	
Areas for Improvement	
D1.3 The hyperlink explaining the organisation's values and work behaviours needs to be included within the induction policy as indicated (section one)	
Corrective Action	
Please see Appendix 1	
No Corrective Action in this Section	✓

Individual Performance Management and Training & Development	
Core Standard Evidence Criteria	
D1.5 Clear disciplinary and grievance processes in place (reference made to Whistleblowing or separate Whistleblowing Policy) underpinned by principles of Dignity at Work	
D2.1 Annual staff appraisals undertaken and recorded; review of Job Description, file review discussion	
D2.2 Annual review of Training and Development plans that must support the needs of the service	
D2.3 Record all training and development undertaken on Training and Development plans	
D2.4 Where a regulated service is provided, evidence of compliance with professional standards and development frameworks is required e.g. Debt	
D3.5 Safeguarding Policy for vulnerable adults and/or children in relation to the delivery of your services	
D4.5 Where advice is delivered as part of a regulated service, evidence of compliance with relevant professional standards and professional development frameworks for supervision e.g. Debt and Immigration	
<p>The organisation has provided copies of both its grievance and disciplinary policies and procedures that accord with the requirements of the AQS. Both procedures have gradations of response dependent on the nature of the matter arising.</p> <p>All staff receive an annual appraisal. Completed appraisal forms are signed by both the appraiser and appraisee. Supervision and appraisals identify staff learning and development needs. The organisation makes use of a training plan pro forma that identifies learning needs and the means of addressing them. Appraisal documentation also has a section for recording training and development needs over the ensuing twelve months.</p>	

Centre 404 has a safeguarding adults at risk of harm policy the purpose of which is to promote good practice and prevent abuse to vulnerable adults for vulnerable adults. It also has a child protection policy. The organisation does not deliver advice as part of a regulated service.

Areas of Good Practice

D2.1 The use of detailed individual workplans for casework staff containing work activities, targets, outputs, outcomes and achievement measures

Areas for Improvement

None identified

Corrective Action

Please see Appendix 1

✓

No Corrective Action identified in this Section

Advice from the most appropriate source (knowledge and skills of staff)

Core Standard Evidence Criteria

D3.1 Job or role descriptions for all staff (Person Specifications); reviewed during appraisal

D3.2 Matching the skills and competences of advisers to needs of clients

D3.3 Staff informing their supervisor if a case beyond their competence and complex case queries

D3.4 Processes to provide timely information about changes in the law pertinent to the service e.g. Homelessness Reduction Act and introduction of Universal Credit

All staff have job descriptions that identify their roles and responsibilities within the organisation. Specimen job descriptions examined describe the main purpose of the job and a description of key responsibilities. Job description also describe general responsibilities and have appended a person specification that identifies essential and desirable knowledge, experience, skills and abilities.

Centre 404 matches the skills and competencies of advisers to the needs of clients the organisation supports based on experience, specialist knowledge, current caseloads and availability. Supervision, appraisal and the results of independent file reviews ensure that staff have the knowledge and skills to address clients' needs. Staff interviewed confirmed that they would inform their supervisor, if a case were beyond their current level of competence. Supervision, team meetings and daily interaction between staff and their supervisor ensure that all client cases are managed effectively.

The organisation has access to a wide range of reference materials. These include information provided by DWP, CPAG, Disability Rights UK and Carers UK. Advisers also access the .GOV.UK website for information on welfare benefits entitlements.

Areas of Good Practice

Nothing to report

Areas for Improvement

None identified

Corrective Action

Please see Appendix 1

No Corrective Action identified in this Section

✓

Supervision for Advisers and Caseworkers and Case Allocation

Core Standard Evidence Criteria

D4.1 At least one person is responsible for supervising staff who work with clients

D4.2 Where there is more than one supervisor, one person must be responsible for meeting the Standard

D4.3 A clear method of allocating case/enquiries to advisers/caseworkers

D4.4 Supervision systems that are responsive to the needs of individuals

E4.1 System of supervision for all advisers and caseworkers

E4.2 Staff are all aware of the arrangements for supervision

E4.3 Staff record on case file where supervision on a case has been sought, and the outcome of any discussions (can be internal or external)

The casework and quality manager fulfils the role of supervisor. She satisfies all criteria stipulated by the AQS for effective supervision. She is also responsible for ensuring that the organisation satisfies the requirements of the AQS. Cases are allocated to advisers based on their specialist knowledge, previous connections with the client concerned, availability and current caseloads. Staff interviewed stated that case allocation within the organisation was fair and ensured that all staff have an equal share of work

Centre 404 has a supervision procedure that applies to all staff to ensure that they perform their roles and responsibilities efficiently and effectively. Supervision involves regular one-to-one meetings between the individual staff member and their supervisor to consider workload, performance and

achievements and new priorities. Supervision also considers any ongoing learning and development needs that staff may have. Staff interviewed during the course of the assessment confirmed that they had access to regular and ongoing supervision. Should supervision be required in the handling of a particular case a record thereof would be placed on the client file concerned.

Areas of Good Practice

Nothing to report

Areas for Improvement

None identified

Corrective Action

Please See Appendix 1

No Corrective Action identified in this Section ✓

Casework

Core Standard Evidence Criteria

D5.1 At least one caseworker in each category who undertakes at least 12 hours casework per week, others to complete 6 hours per week. Completed Case 1 forms must be provided and meet the criteria set out for each applicable category

D5.2 A Casework supervisor who meets the following criteria: 1 Previous experience 2 Availability to caseworkers 3 Ongoing involvement in casework

All caseworkers spend more than 12 hours per week on casework across the range of casework categories undertaken by the organisation. The casework and quality manager has the necessary experience, availability and ongoing involvement in casework to fulfil an effective casework supervision role to support her colleagues.

Areas of Good Practice

Nothing to report

Areas for Development

None identified

Corrective Action	
Please See Appendix 1	
No Corrective Action identified in this Section	✓

Case/File Management
Core Standard Evidence Criteria
E1.1 Access provided to client records for AQS assessment purposes and client consent to do so
E1.2 Systems in place to locate client case files or records and relevant supporting documents
E1.3 Case files retained for minimum of six years (requirement to be documented)
E1.4 Procedures for identifying and dealing with conflicts of interest
E1.8 Data Protection Policy in line with Data Protection Act 2018 and procedures to ensure clients are aware of rights under the Procedure to ensure clients aware of rights under the Freedom of Information Act
E1.9 Client consent for information or data held on them before sharing with external parties including AQS assessors
E1.10 Clear case closure procedures to ensure the number of open cases is manageable for each adviser/caseworker
All case records held on the organisation's case management system (using Charitylog case management software) were available for inspection during the course of the assessment. Ten records were scrutinised and were the subject of discussion with the casework and quality manager and caseworkers concerned. Case records are accessed by entering the client's contact details onto the system. All case records are retained for a minimum of six years.
The conflict of interest policy describes the organisation's approach to dealing with potential conflicts arising . Examples of conflicts described in the policy include supporting both sides in a dispute and where clients are intent on taking action against the centre or one of its funders. Conflicts of interest also arise when knowingly supporting clients based on false information.
The data protection policy describes the data subject access request procedure to enable clients to access the information Centre 404 holds on them. Requests must be placed in writing to which the organisation will respond with the required data within one month. All clients are required to give written consent prior to their information being shared with third parties including AQS assessors. Consent was recorded on files examined during the on-site assessment.
The case management policy describes the case closure procedure. Cases will be closed when support provided has been completed with no outstanding actions remaining, Closed files examined as part of the assessment confirmed the application of the case closure procedure

Areas of Good Practice	
E1.2 Well-maintained files retained on the Charitylog case management system. All files examined recorded details of the support the organisation has provided, consent, accurate contact details and planned next steps (where appropriate)	
Areas for Development	
None identified	
Corrective Action	
Please see Appendix 1	✓
No Corrective Action identified in this Section	

Independent File Review	
Core Standard Evidence Criteria	
E2.1 Independent review completed of quality of advice and service including number and frequency of reviews	
E2.2 Central record of independent reviews; copies of completed file reviews required, use of ASA Peer Review Online Scheme were applicable	
E2.3 System to ensure that corrective actions from independent reviews have been undertaken	
E2.4 Independent reviews undertaken by supervisor or suitable delegated person, internal or external	
E3.1 Results of Independent File Reviews fed back to management or board	
E3.2 Results of Independent File Reviews fed back to adviser/caseworker by their supervisor	
E3.3 Summary of results of Independent File Reviews fed back to adviser/caseworker during their annual appraisal	
E3.4 Annual review of the central records of Independent File Reviews	
Centre 404 undertakes file reviews in accordance with its file review procedure. The procedure states that a selection of case files (three files per caseworker) will be the subject of review by a nominated colleague each month, the results of which will be considered at monthly supervision and support meetings with the supervisor. Independent file reviews are retained within a central register. The file review procedure makes reference to the system in place to ensure that corrective actions identified are addressed. The results of independent file reviews are fed back to the adviser	

The casework and quality manager confirmed that the board of trustees would be informed of the outcomes of file review. Centre 404 undertakes an annual review of file reviews to identify any trends that could give rise to additional training needs or impact on the manner in which the organisation delivers services to its clients.

Areas for Good Practice

E2.4 Holding casework circle meeting to consider particular cases, common themes and problems arising

Areas for Development

None identified

Corrective Action

Please see Appendix 1

No Corrective Action identified in this Section

✓

Clients receive information and independent advice

Core Standard Evidence Criteria

F1.1 Processes to ensure advice remains independent; Advice organisations should aim to provide their services in a language appropriate to the target client group wherever possible. For organisations providing services to clients based in Wales, services must show that they have undertaken the Welsh Language Commissioner’s on-line self-assessment tool kit

E1.6 Systems for the orderly storage of case files and information to be clear to other caseworkers/advisers

F1.2 Clear records show advice given and actions to be taken and by whom and relevant consent

E1.7 Case files and information records must include a clear record of the advice given

F1.3 Clients informed where advice includes actions your organisation is not able to take and why

F1.4 Inform and consult with clients about any potential cost liability from an opposing party

E1.5 Where appropriate, operate a key dates diary and back-up system

F1.5 Where action cannot be taken immediately, systems are in place to ensure actions are taken in the future

F1.6 Systems ensure clients are informed of progress in their case and any changes to agreed plans

F1.7 Clients are informed of the outcome of their case

F1.8 Procedure for when information must be confirmed in writing - client informed of any proceeding in advance of action

F1.9 Inform clients of what they can expect from the service – Client Charter/Service Standards on display/Client Care Letter

Some members of the supporting families team speak additional languages to English which can prove beneficial when dealing with clients who do not have English as a first language. In addition language barriers are overcome by requesting that service users be accompanied by a family member or trusted friend who can speak English when engaging the organisation.

A key principle of the organisation is to provide impartial and independent advice to clients. Advisers are not constrained in any way and strive to give accurate and pertinent advice based on their specialist knowledge and understanding of the law and procedure. The independence and impartiality of advice given was confirmed by staff interviewed.

Case files examined were orderly and well-maintained. They follow a set pattern in every case and are accessible and logically constructed. Case files demonstrated that the advice given to clients addressed their needs. Client authorisation was recorded on file where the organisation acted on clients' behalf or shared their information with third parties.

Case control documentation records client contact information, a synopsis of the case in question and details of the steps taken to address it. The organisation is in regular contact with its clients. However, where a situation arises whereby the organisation is no longer able to act on a client's behalf, the client will be informed accordingly. There may be several reasons for such a scenario arising including lack of specialist knowledge or expertise or where a potential conflict arises. In such cases the client will usually be referred to another agency. The organisation will cease supporting a client where information provided in support of their case is known to be false. Centre 404 does not engage in any contentious litigation on behalf of its clients and as such will not be in a position where clients are likely to incur costs from any opposing party. Clients would be advised in writing when the advice given includes any cost implications.

The casefile management procedure describes key dates as time limits for the submission of applications (benefits, appeals etc.). All key dates are centrally recorded on the Charitylog case management system. A record of any action taken in relation to key dates, including informing the client thereof, is noted on the individual client's case record. Clients are kept informed of the progress of their case through regular contact with their caseworker. The preferred method of contact is agreed at the outset of each case. An examination of case files undertaken during the course of the assessment confirmed that clients were kept informed of the progress of their case. Once a case has been resolved the client will be informed accordingly. The conclusion of each case is recorded on the client's case file prior to case closure.

The case file management policy describes the circumstances when it would confirm advice in writing. These include where the centre is representing a client, when contacting outside authorities on a client's behalf, where limitation periods, deadlines and hearing dates are involved and when advice is complex. Advisers interviewed stated that clients would be informed at the commencement of their case of what they should expect when Centre 404 acts on their behalf. This will also be confirmed in any opening correspondence between the organisation and the client concerned.

Areas for Good Practice

E1.6 The organisation had developed a casework diagram that delineates the three levels of casework support it provides and the nature of support involved dependent on specific parental criteria

Areas for Development

None identified

Corrective Action

Please see Appendix 1

✓

No Corrective Action identified in this Section

Client Charges

Core Standard Evidence Criteria

F2.1 Where the advice service is chargeable, information is provided in writing about the pricing structure

F2.2 Where the advice service is chargeable, and changes are explained, and the client is told where they can get same service for free if possible

F2.3 Where the advice service is chargeable, clear cost updates are provided in writing at least every 6 months

These requirements do not apply as the services Centre 404 provides are free of charge at the point of delivery

Areas of Good Practice

Nothing to report

Areas for Development	
None identified	
Corrective Action	
Please see Appendix 1	
No Corrective Action identified in this Section	✓

Confidentiality	
Core Standard Evidence Criteria	
F3.1 Ensure client confidentiality is maintained - client consent where information is to be shared with a third party	
F3.2 Arrangements to ensure privacy in meeting clients and consideration given to face-to-face, telephone contact, Skype and webchat	
Client consent forms are signed and dated by clients authorising Centre 404 to provide information relating to their case to a third party. A copy of such consent is retained on client case files. The organisation has private meeting rooms available for client appointments and for clients attending drop-in sessions. Advice is currently provided by a telephone service only.	
Areas for Good Practice	
F3.1 The organisation has produced a detailed a procedure for maintaining confidentiality within the Supporting Families team. The procedure contains a number of strictures (e.g. no unauthorised access to the Charitylog database) to ensure client confidentiality is maintained	
Areas for Development	
None identified	
Corrective Action	
Please see Appendix 1	
No Corrective Action identified in this Section	✓


Maintaining Quality - Third Party Service Delivery	
Core Standard Evidence Criteria	
F4.1 Where part of service is provided by external 3rd party, ensure the client is informed, including any cost implications	
F4.2 Clients knows who is going to do the work and have a say who that is, if possible	
F4.3 Any service provided externally is monitoring and recorded	
Where third party advice is to be provided, clients have an influence over who is selected. The principles of equal opportunities apply in all cases. Clients will be informed prior to engaging a third party if a charge is likely to be raised for the service. In this regard Centre 404 keeps an up-to-date list of all persons and organisations it uses for professional services. Should it be necessary clients would be allowed to select third parties who may be called upon to assist with their case often with the advice and guidance of the caseworker. Centre 404 will seek feedback on the services provided by third parties whether this be as a result of referral to other agencies or where an external adviser has been introduced to support the progress of a client's case.	
Areas of Good Practice	
Nothing to report	
Areas for Improvement	
None identified	
Corrective Action	
Please see Appendix 1	
No Corrective Action identified in this Section	✓


Quality, Complaints, Client Feedback and Service Improvement	
Core Standard Evidence Criteria	
G1.1 A Complaints handling procedure or policy including who is responsible for it, and how clients are informed of the procedure	
G1.2 Central records of complaints received and how they were resolved and are reviewed regularly	
G1.3 Inform your governing body of the number and nature of complaints received and how they were resolved on regular basis	
G2.1 Appointed person responsible for quality processes and provide the lead person responsible for AQS	
G2.2 Quality processes reviewed at least annually and an annual appraisal of your continued compliance with the AQS and areas for improvement acted upon	
G2.3 System for updating processes and procedures and date they came into effect	

G2.4 Staff have access to up-to-date quality processes
G3.1 Procedure for obtaining client feedback
G3.2 Annual review of client feedback and outcomes
G3.3 Review of performance and strategy considering results on analysis of feedback and complaints
<p>Centre 404 has a detailed compliments and complaints policy that is made available to clients. The policy includes a step-by-step procedure for making a complaint and the different stages within the process. The purpose of the policy and accompanying procedure is to resolve complaints in the quickest way, ensuring that they are thoroughly investigated, recorded and reach a positive outcome. The board of trustees is ultimately responsible for the complaints procedure.</p> <p>Centre 404 maintains a central register that records the nature and detail of any complaints received and how they have been resolved. Such information is also used in the ongoing and annual assessment of performance of the organisation as a whole. Complaints are reported to the board of trustees as they arise. Moreover, in line with the complaints policy the committee plays an integral role in complaints resolution where they have not been resolved at an earlier stage.</p> <p>The casework and quality manager is the organisation's quality representative. Part of her role is to ensure that the organisation satisfies all requirements of the AQS. With some exceptions, all policies and procedures provided as part of the monitoring assessment were reviewed within the last twelve months. Policies presented contained the date that they were last reviewed. Policies and procedures are maintained in electronic format.</p> <p>Centre 404 will issue client satisfaction questionnaires to assess clients' views on the services they have received. The organisation will also seek clients' views through telephone surveys and actively encourage feedback at every opportunity. Client feedback is collated and analysed annually, the results of which are one of the sources of information taken into consideration as part of the annual review of services and in the preparation of an updated operational plans.</p>
Areas of Good Practice
<p>G1.1 A strong feature of the compliments and complaints policy is the inclusion of the contact details of organisations capable of giving independent redress to a client who remains dissatisfied after having followed the official complaints procedure. References include the Local Government and Social Care Ombudsman, the Information Commissioner's Office, the Charity Commission and the Care Quality Commission</p> <p>G2.3 The production of 'easy read' policies relating to complaints, equality and diversity, adult safeguarding for ease of clients' understanding</p>

Areas for Improvement	
G2.2 In line with the requirements of the most recent review of the AQS, undertake an annual assessment of proximity to the standard	
Corrective Action	
Please see Appendix 1	✓
No Correction Action identified in this Section	

8 Assessor Declaration

Name of awarding assessment body:	Recognising Excellence		
Declaration:			
<p>I confirm that I have had no other involvement with the implementation of the Advice Service Alliance's Advice Quality Standard at the organisation apart from the assessment itself.</p> <p>For each of the Advice Quality Standard requirements, I have considered whether sufficient evidence has been provided by Centre 404 in order for it to continue with its Advice Quality Standard certification.</p> <p>I confirm that the content of this report has been discussed with Centre 404.</p>			
Assessor Signature (or tick box)			
Assessor Name:	Neil Huxtable	Date:	17/09/20

For Office Use Only			
Continuation of Award Granted	Lindsey Poole, Director Advice Service Alliance	Date:	12/10/2020
Award Refused		Date:	
IV Completed by AQS Quality Manager		Name:	Elizabeth Morris



Appendix 1

Advice Quality Standard

Corrective Action Report

Organisation Name	Centre 404
Assessor Name	Neil Huxtable
Date Correction Action Report submitted to client	22/09/20
Date Corrective Action Report signed off by assessor	08/10/20
Project Reference Number	20/0451

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Introduction

As discussed at the verbal feedback meeting in order to continue with the certification process for your Advice Quality Standard application Centre 404 now needs to take the necessary actions to demonstrate full compliance against the requirements of the Standard.

Submission Requirements

- A maximum 28 day period is allowed for the corrective action period (i.e. by 15/10/20) which provides clients with a reasonable amount of time to address any actions that have been identified.
- Please note that late corrective action submissions can affect your AQS Accreditation Status.
- You are not required to complete the table below the assessor will complete this for you.

Section D Evidence Requirement	Corrective Action Required	Corrective Action Outcome	
D1.5	In line with the requirements of the most recent revision of the AQS there is a need to include within the grievance and discipline policies reference to whistleblowing and alignment with the principles of dignity at work. Alternatively the organisation could develop (or provide existing evidence of) free-standing whistleblowing and dignity at work policies in this regard	Action completed in full. No further Action required	✓
		Amended procedure presented during the assessment	
		Action completed - client to ensure this requirement continues to be implemented and monitored	
		Corrective action incomplete further action required	

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D3.5	There is a need to undertake an annual review of the child protection policy. It was last reviewed in July 2018	Action completed in full. No further Action required	✓
		Amended procedure presented during the assessment	
		Action completed - client to ensure this requirement continues to be implemented and monitored	
		Corrective action incomplete further action required	

Section E Evidence Requirement	Corrective Action Required	Corrective Action Outcome	
E1.8	There is a need to review the data protection policy annually. The date of the last review recorded on the policy was March 2019	Action completed in full. No further Action required	✓
		Amended procedure presented during the assessment	
		Action completed- client to ensure this requirement continues to be implemented and	

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		monitored	
		Corrective action incomplete further action required	

Section F Evidence Requirement	Corrective Action Required	Corrective Action Outcome	
F1.2	Case record 9814 – there is a need to address the outstanding action on this case file which was due on 10/09/20	Action completed in full. No further Action required	✓
		Amended procedure presented during the assessment	
		Action completed - client to ensure this requirement continues to be implemented and monitored	
		Corrective action incomplete further action required	
		Action completed- client to ensure this requirement continues to be implemented and monitored	
		Corrective action	

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		incomplete further action required	
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Section G Evidence Requirement	Corrective Action Required	Corrective Action Outcome	
G1.1	There is a need to undertake an annual review of the compliments and complaints policy which was last reviewed in November 2018	Action completed in full. No further Action required	✓
		Amended procedure presented during the assessment	
		Action completed - client to ensure this requirement continues to be implemented and monitored	
		Corrective action incomplete further action required	
G2.3	Ensure that 'easy read' policies and procedures are also reviewed on an annual basis	Action completed in full. No further Action required	✓
		Amended procedure presented during the assessment	
		Action completed - client to ensure this requirement continues to be implemented and	

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		monitored	
		Corrective action incomplete further action required	

Signature of Assessor	
Name of Assessor	Neil Huxtable
Date	08/10/20

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