West Berkshire Mencap

The Slater Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Outstanding
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Slater Centre provides personal care to up to 12 people. The service provides care and support to people living in two shared house, (Heffernan House and Stella Maris House), in a supported living setting, so that they can live as independently as possible. At the time of inspection 11 people were receiving this service. People all had needs associated with learning disabilities or autism, some of whom may display behaviours which challenge the service. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. This inspection looked at people's personal care and support.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support an overall rating of good. In the "Effective" domain the service had improved to "Outstanding". There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were provided with highly effective care and support by a well-trained and qualified staff team who received regular ongoing support and development. People's healthcare needs were very well met and the service advocated positively for them to receive the care and treatment they needed. People living with epilepsy received excellent support because staff had been trained and understood its individual impact on each person. Effective monitoring systems had been established to monitor seizures as safely as possible with the least disturbance.

People with complex dietary needs received excellent support. Staff were well informed and trained to provide specialist diets where necessary and did so effectively to minimise the impact of their illness on people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were supported to access a wide variety of activities and experiences in the community and had opportunities for supported work placements.

People's rights, dignity and privacy were promoted by the staff in the way they provided support. Consent was obtained as far as possible prior to support being offered. Where necessary, appropriate professionals and other significant people had been involved in making 'best interest' decisions, if people were unable to make particular decisions themselves.

People were supported to maintain their safety as much as possible. Foreseeable risks were identified and assessed and appropriate action was taken to minimise them. Staff understood how to keep people safe and knew how to report any concerns. They were confident that management would take appropriate action should they report any issues.

People's medicines were managed safely on their behalf by staff who had received training and had their medicines management competency assessed. The service supported a national initiative to reduce the unnecessary use of medicines for people with a learning disability. Behavioural support was offered using approved interventions for which staff had attended recognised training. The level of people's recorded incidents had reduced significantly when compared to their history in previous placements. Staff recognised in the early stages, where people might require support to manage their behaviours. They were skilled at diversion and distraction techniques to refocus people onto things they enjoyed.

People's needs were regularly reviewed involving relevant others, to ensure care plans remained up to date and relevant. Care plans and associated records were detailed and supported staff to deliver person-centred care.

The service had a robust recruitment system to ensure as far as possible, the suitability and skills of potential staff. Staffing levels were based on individual assessments of support needs within and outside their home.

The management team provided very effective governance of the service through a range of audits and monitoring systems and were also involved in day-to-day care. The service worked well with external care and health professionals.

The registered manager was actively involved in local initiatives to improve care, recruitment and retention. The values of the provider were widely known and familiar to staff. Staff were proud to work for the organisation. They felt very well supported and that the management team were accessible and approachable and very committed to providing positive care to people.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good.

Is the service effective?

Outstanding ☆

The service has improved to Outstanding.

People receive very effective care and support from a well-trained and supported staff team who knew them very well.

People's rights were protected and their needs were very effectively advocated for, on their behalf, by the service. Their best interests were addressed by the service in consultation with relevant others.

People received excellent healthcare support. Their nutritional and hydration needs were very well managed, including, when people required specialist diets.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

The Slater Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on 8 and 9 October 2018. The inspection was announced and was carried out by one inspector.

We gave the service 48 hours' notice of the inspection visit because the location provides a supported living service and we needed the registered manager to organise visits to the supported living locations and prepare people for our visit.

The service had submitted a provider information return (PIR), in January 2018. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help us plan the inspection.

Prior to the inspection we reviewed the information we held about the service. This included any notifications that we received. Notifications are reports of events the provider is required by law to inform us about. We contacted three representatives of the local authority who funded people supported by the service for their feedback and received no concerns.

During the inspection we spoke with the registered manager, the service managers of each supported living location and four other staff. We examined a sample of five care plans and other documents relating to people's care. We looked at a sample of records to do with the operation of the service, including, training and supervision records and medicines recording. People were unable to verbally give us their views about the service. However, we did observe some of the care and interaction between them and support staff. Following the inspection, we emailed three family members and four staff to obtain their views about the service. We received feedback from three staff. The family members who contacted us did not raise any concerns about the service.

Good

Is the service safe?

Our findings

Relatives felt people were safe when supported by staff from the service. People were kept as safe as possible because the service provided staff with regularly updated training on safeguarding. Staff were fully aware of the expectations upon them should they have concerns about any person's safety and knew how to raise a whistle-blowing concern if they felt the matter wasn't being addressed. A 'HR Hotline' telephone number was available to staff to report any other urgent concerns. Staff were confident the provider would respond appropriately to any concerns raised. No safeguarding issues had arisen relating to the service since the last inspection. The service had themselves raised two safeguarding matters relating to the conduct of other people involved in the care of people they supported, who were not employed by the service.

Where people sometimes displayed behaviours which challenged the service, detailed behaviour support plans were provided so staff provided consistent responses. Staff had received recognised training in supporting people with behaviours that challenge. Identified behaviours of concern were recorded and monitored to assess and review the effectiveness of agreed interventions. Where 'when required' (PRN) medicines were prescribed for anxiety or agitation, staff had clear guidelines defining when it was appropriate to administer them. Records showed these medicines were not often used. Instead staff used a range of de-escalation and distraction strategies to help the person remain relaxed.

Risks to people and staff were assessed. Risk assessments were detailed and identified the actions to be taken to minimise the identified risk. They were regularly reviewed. A range of contingency plans to respond to foreseeable emergencies were in place within several separate procedures. Following discussion, the registered manager agreed to compile an overview document to collate these together for ease of access. Individual personal evacuation plans were on file for each person in the event of fire.□□

The service had a suitable and robust recruitment process to try to ensure the suitability of staff for their role. The interview process was values-based and involved questions to explore the approach and attitudes of applicants. Interview responses were recorded. However, we found some instances where the procedure had not been followed. For example, we found two gaps in employment history which were unexplained. One person's last job had been in a care setting but no reference had been sought from this employer and the reason for leaving the post had not been explored. A reference from the recent care employer was obtained by email during the inspection, to address this omission. The registered manager supplied a copy of an improved application form addressing the identified omissions, following the inspection.

Staffing levels were□based on the assessed needs of each individual. Sufficient staff were available to meet people's needs and ensure they had access to activities and events in the community. Any shortfalls which could not be addressed using employed staff, were covered by a small number of regularly used external agency staff who were familiar with people's needs. This helped ensure the continuity and consistency of people's care. Appropriate information had been sought on agency staff, confirming their criminal records check, training and references.

Staff performance was monitored and managed effectively and appropriate action taken where necessary, to address any issues.

People were safeguarded because the service managed their medicines appropriately on their behalf. Staff received training on medicines management including specialist training where necessary. Medicines records helped ensure people received the correct medicine in the right dose at the right times. We saw that in small number of instances, a second signatory had not initialled the medicine administration record and there had been two occasions when no record of administration had been made. However, checks showed the medicine had been administered and no medicines had been missed. These omissions had been addressed with the staff concerned. People each had medicines guidelines which identified the type of medicine and how the person preferred to take it. Staff had access to a file with information about the potential side effects of all prescribed medicines for information.

Staff had been trained on infection control and health and safety. They used appropriate personal protective equipment when necessary, which was readily available to them. Accidents and incidents were monitored and action taken to reduce the risk of re-occurrence, where appropriate.

Outstanding ☆

Is the service effective?

Our findings

A relative told us, "I'm very happy so far with the service provided, [name] is very happy, obviously the staff work very hard to make her life as much fun as possible." They felt their family member's happiness to return to the service after home visits, showed they were happy there.

People received highly individualised care mostly on a one-to-one or two-to-one basis, depending on their funded needs. The houses had a positive and social atmosphere as well as providing each person with their own space within their individual flats. People and their representatives' views were very effectively sought in devising person-centred care plans which really reflected their individuality.

Very effective communication systems helped ensure important information about people's needs and wellbeing was shared between staff to maximise consistency and continuity of care. Each person had individual communication and handover logs completed by staff, rather than relying on collective handover records. Staff demonstrated a very detailed knowledge about the needs of the people they supported. Significant changes to people's information were shared with staff via secure electronic means so they were alerted to these in a timely way.

People were supported very creatively with the aid of a range of technology to support them. For example, equipment was used to support communication, for seizure monitoring and to support people to make decisions and choices. One person contacted their family weekly via online video chat software using their own touch-screen computer. The service was also piloting a new interactive tablet provided by a local telecommunications company. The device was designed to assist people who were unable to communicate verbally, to make decisions and request things they wanted. It also offered the opportunity to control the environment, for example the lighting levels in a person's flat, as well as to give medicines reminders and offered GPS to assist with training people to travel independently.

People's transitions into the service were very well planned to try to maximise the chance of a successful move. The service had worked very effectively with previous providers, other professionals and families, to try to ensure a positive transition. Before people moved into Stella Maris House (one of the two supported living houses), extensive work had been done to adapt the environment people were moving into, to make it suitable for their needs. In particular, the facilities and layout of each person's flat had been designed specifically around the person's preferences, emotional and physical needs. The registered manager had reviewed the transitions into this supported living house to identify the best practice and most effective aspects for future any future developments.

People's health needs were very well managed by the service. The service advocated strongly on behalf of people to have the same right of access to appropriate medical treatment as anyone else. For example, one person had undergone surgery but the follow-up treatment appeared unsatisfactory. The registered manager made a safeguarding referral on behalf of the person, to try to ensure they received appropriate and effective treatment. Clear information was provided to hospitals whenever a person needed to attend or be admitted, in order to try and ensure they received appropriate support.

One person had been diagnosed with type one diabetes. The support provided by staff to manage their diabetes had been highly effective such that they had not yet needed to have insulin injections. Their diabetes was managed through diet alone. Staff had worked very well with the person to enable them to cope with the regular blood tests as part of monitoring this.

The service worked very positively to ensure people were not given medicines unnecessarily, preferring to use alternatives, including behavioural support. This was consistent with the provider's support for the 'STOMP' initiative. This NHS initiative aims to reduce the use of medicines for people with a learning disability and autism to improve their quality of life. For one person the service had successfully introduced the use of a piece of fruit given to them when they began to exhibit particular behaviours, instead of using PRN medicine.

In response to people's needs, the support of external healthcare specialists such as dietitians, epilepsy specialists and mental health services were sought wherever necessary. Their guidance was incorporated into people's care plans as appropriate. Where people lived with epilepsy, very detailed epilepsy care plans helped ensure their safety through providing clear information to staff on their type(s) of seizures and how to respond to them. Staff were trained and had guidance on giving oral emergency epilepsy medicines and on the appropriate technique and response where a vagus nerve stimulator had been fitted. A vagus nerve stimulator provides electrical impulses to the vagus nerve to help regulate electrical brain activity, to assist in the control of seizures for people with complex epilepsy.

People's individual dietary needs and personal preferences were very well provided for within an overall culture of promoting healthier choices where possible. Staff were proficient at using their positive relationships with people to encourage healthier eating. Very effective and positive work had been carried out with individuals about healthy eating so they were able to identify and make positive food choices for themselves.

Staff were very knowledgeable about people's specialist dietary needs. For example, they provided a 'ketogenic' diet for people where necessary, to help in the management of their epilepsy. Extensive information on providing a ketogenic diet was provided for staff. A ketogenic diet is a specialist diet used to assist with the control of some types of epilepsy. Where necessary, people's food and fluid intake was recorded and monitored to help ensure their well-being was maintained. On the advice of dieticians, food options were offered which contained high fluid levels, where individuals were reluctant to consume sufficient fluids.

The service understood the Mental Capacity Act 2005. (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service worked in line with this legislation.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the community people can only be deprived of liberties when this is agreed by the Court of Protection under a community 'Deprivation of Liberty Safeguards (DoLS), order. Four people had 'community DoLS' in place and a further four had been referred to the local authority for them to apply to the court of protection for authorisation.

Staff were able to describe in detail, to what extent they could obtain informed consent from people wherever possible and understood how to do this. They spoke of offering people manageable choices and

supporting them to make decisions themselves wherever possible. For example, one person wanted to be able to go horse-riding for which they needed to lose weight for this to be possible. Staff explained this to them in such a way they could make positive dietary decisions for themselves in order to achieve their goal. Staff had used 'healthy and unhealthy' food pictures and a 'Public Health England' healthy eating initiative, the pictorial 'eat well' plate, successfully to help convey this information.

Where decisions needed to be made for people's wellbeing which they did not have capacity to consent to, appropriate best interest discussions had taken place following a capacity assessment. For example, for decisions relating to medical needs, the views of family and relevant care or health professionals were sought in making the decision. In one case a best interest decision had been necessary to approve live video monitoring at night in case of seizures. The type and potential seriousness of the person's seizures meant less invasive monitoring was ineffective at keeping them safe. Another person had a best interest decision in place for their epilepsy medicine to be administered covertly. The medicine was in fact stirred into yoghurt in front of them for them to take it, which respected their rights as far as possible.

We saw and staff confirmed they had a thorough induction to the service. The service used the Care Certificate framework (which is a set of 15 standards that new health and social care workers need to complete during their induction period) as their induction tool. Staff understanding and competence in all areas was assessed before their completion of the Care Certificate was signed off. New staff shadowed more experienced colleagues to get to know people's needs in detail before becoming responsible for their care. Staff member's completion of the Care Certificate was celebrated on a poster on the staff notice board which identified those who had successfully completed it. One staff member told us, "I had between 1 and 3 shadow [shifts] with each service user which I felt gave me enough time to get to know the service users before working with them one-to-one."

Staff were provided with a programme of regular updates for all training considered mandatory as well as in key specialist areas relating to the needs of individuals. Management monitoring and individual staff had alerted the training department where some refresher courses were overdue. As a result, staff were booked on these. Specialist training included epilepsy management, emergency epilepsy medicines, and enteral 'PEG' feeding (direct feeding via tube into the stomach). Feedback forms suggested a high level of staff satisfaction with the training provided. One staff member suggested they would benefit from more training on using Makaton signing, which makes use of signs and symbols to help people to communicate. An external provider had also written to commend the commitment of staff to their training. Reminders about previous courses were provided to staff via a 'Topic of the Month' key-points summary on the staff notice board. The service had a highly qualified staff team with 70% of staff having at least attained National Vocational Qualification (NVQ) level 2 or equivalent. Three other staff had almost completed their care diploma and others had registered to do this.

Staff received ongoing support through quarterly one-to-one supervisions and annual performance appraisals. In addition, a lot of support was provided on an informal basis. Staff felt well supported and said they could have their say and discuss their needs. Comments from staff included, "Support is very good here," "There is loads of support," and "I love it here, they give me so much confidence. Nothing's too much trouble, there is excellent managerial support here."

Good

Is the service caring?

Our findings

A relative told us they felt staff looked after people's dignity and said it was evident their family member enjoyed the support received.

People's needs were clearly described in their care plans. Staff showed they were very familiar with individuals' needs. They were able to describe people's preferences and lifestyle in detail. Staff had received training on supporting dignity, privacy and independence.

The key day-to-day information about people's needs and preferences, likes and dislikes, was available to staff within each person's flat. This helped ensure staff had easy access to the information they needed to provide individualised care and support.

Staff demonstrated kindness and compassion, in the way they worked with people. We saw staff encouraged independence, decision-making and choice. People were spoken to respectfully as adults and staff used people's preferred communications methods with them. It was evident from their body language that people had strong and positive working relationships with staff.

To promote independence people were enabled to make day-to-day decisions in various ways. Care plans provided detailed information about their preferred communication methods. For example, staff supported decision making using pictorial communication systems, photos and Makaton, where appropriate.

People's care plans reflected their wishes and the degree to which they could manage aspects of their own care needs. Staff encouraged people to do things for themselves wherever possible. Care plans identified how people preferred to dress and other aspects of their personality and choices.

Care plans also reminded staff of ways in which they should work to promote individual's dignity. For example, through the timing of practical cleaning tasks which might impact on people's dignity if carried out in front of them. Staff told us how they supported people's dignity and privacy, by not allowing people to enter each other's flats without the person's consent. They also described ways in which they protected people's dignity when issues arose out in the community.

People's individual and diverse needs were recorded and met wherever these were known. This included any identified cultural or spiritual needs. One person was supported to attend church or representatives of the church were enabled to visit them. People from one of the supported living houses had positive links with the adjacent church, through participation in various activities and events there.

The service also demonstrated a positive attitude to the diversity needs of its staff. For example, through respecting staff's times for prayer or non-work days where applicable.

Good

Is the service responsive?

Our findings

A relative was happy that they were involved in decisions about their family member's care. They said, "We have regular meetings to discuss what is working and what isn't so good and work out together the best way to move forward." They were happy that staff kept them informed of any changes in well-being.

People's support needs were thoroughly assessed prior to admission and considered alongside those of the others with whom whey would be sharing a house. A carefully planned transition took place which reflected the needs of the individual. A person-centred care plan was developed, supported by detailed risk assessments, where necessary, which clearly identified the type and level of support needed in all areas. People's care plans, risk assessments and behavioural support plans were regularly reviewed to ensure they remained relevant.

The service provided very individualised support for people and worked flexibly to meet a wide range of needs. For example, one person refused any medication which wasn't a particular colour. The service worked with the pharmacist to get medicines provided in dispersible form and approved to be given in squash drinks of the person's preferred colour. This helped ensure the person regularly took their essential medicines.

People were supported to make choices about activities and to experience appropriate physical pursuits. People took part in varied activities including sailing, flying, adventure parks, swimming and horse-riding as well as having opportunities for supported work on a farm. People could attend activities individually or in groups if they were happy to do this. People had been supported to have overseas holidays and photographs showed people had enjoyed these and their regular outings. People had taken part in events in the local community, including various festivals and competitions.

The service had an appropriate complaints procedure which was available in easy read formats. Staff and management were very good at advocating for people where the person could reasonably be expected to want to complain if they were able. For example, with the consent of family, the service complained to the hospital over apparently poor aftercare offered to one person after essential surgery. In the absence of a satisfactory response they then raised a safeguarding with the local authority about the hospital's care.

When people were involved in an incident where members of the public had been abusive and threatening, the service had ensured the support of the police on behalf of the victims. People's family were involved and kept informed of their well-being where appropriate. In some instances, staff worked closely with people's family and involved them in decision-making on their behalf such as when decisions were made in their 'best interest'. A relative told us when they had some previous concerns, "Senior staff met up with us to discuss the issues and have addressed the issues raised."

No complaints had been received about the service since the last inspection. The registered manager very much promoted the view that the service worked in partnership with families where appropriate. The service held periodic family liaison meetings with each family to discuss any concerns. Any issues raised were

always addressed and resolved at an early stage so they didn't become a complaint.

The service had received a range of positive feedback via thank you cards and emails from people's families. Thank you comments from families included feedback about effective healthcare support and positive feedback about enabling their family member to experience an overseas holiday. Cards had also been sent by ex-staff, thanking the management and staff team for their support.

Improvements had been made in response to feedback from families, including the provision of regular well-being updates to families and staff being issued with uniform shirts. Staff had suggested that rotas were emailed to them in advance and this was now in place. Ideas were being explored to improve people's access to vehicles, to further develop community access.

The service complied with the Accessible Information Standard, which is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. Key documents such as care plans and surveys included pictorial elements to make them more accessible and the complaints procedure was available in easy read formats. People's communication was effectively supported using various recognised pictorial and signing systems so staff could communicate information and choices to them and understand their wishes.

Good

Is the service well-led?

Our findings

When asked whether they thought the service was well-led, a relative told us, "Yes very. It's very nice to see the door is open to us parents at any time. I think we have a very good working relationship with senior staff and the staff that work with [name]."

The service was led by a registered manager as required, with individual service managers for each supported living house. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service worked effectively with other agencies. Advice and support was sought and acted upon where necessary. The registered manager worked with the national training organisation 'Skills For Care', organising local carers' meetings (Berkshire Carer's Project), and chaired local 'Learning Disability Provider Network' meetings. The service offered work experience placements for prospective care staff. Senior staff attended a training programme called 'Lead to Succeed', run by a local training provider. The registered manager networked with other local providers on a staff 'recruitment and retention' group through Skills for Care.

Staff said the service had explicit and positive values which were made clear to them during induction and team meetings. One staff member described it as, "A very uplifting service." They felt well supported by the management team who were seen as very approachable. One staff member commented, "There is excellent management support here, they will listen to ideas. The managers are accessible." Another told us, "The management team are very supportive, flexible and accommodating." Staff felt included, and said their opinions and ideas were valued. One staff member described the atmosphere by saying, "It's like a big family here." Others told us there was, "Loads of support," and "The [team] spirit is good." A staff member summed up their impressions of the management team by saying, "They are all very available, their passion for working with disabilities and supporting our service users shows through by their availability for any concerns regarding the clients." Another told us "I cannot express how much I love working for [the provider]. I am proud to be a part of this amazing service."

The registered manager promoted an ethos of partnership working and ensured people's families were kept informed of people's well-being, in accordance with the guardianship role of most families.

The management team carried out various audits to monitor the service and identify any areas for improvement. For example, audits of medicines, care files, accidents/incidents, staff appraisals and training in addition to monthly monitoring and reporting. Actions had been take on identified issues, such as the booking of overdue training refreshers and updating of files. Policies and procedures had been reviewed in 2018.

The registered manager was based in each supported living house two days per week and worked some

weekend shifts as did one of the service managers. This provided regular direct management oversight of care practice and meant management were fully aware of any difficulties experienced by people and staff. Management also carried out periodic spot check visits, out of hours, to monitor practice. The registered manager understood her reporting responsibilities and had made reports when required.

The views of people supported were sought using yes/no cards and a short list of questions. People's responses were all positive. Relatives, external professionals and staff views had been sought via surveys. The 2018 surveys had provided very positive feedback about the service with almost all respondents rating the service excellent, very good or good.

Periodic staff meetings took place to share information. More recently the staff team themselves had been asked to set the agenda of these based on exploring things they did well and those that needed improving. The registered manager felt this had improved staff ownership of the meetings and the level of ideas contributed.

The management team monitored records of incidents, accidents and other events to identify any patterns or concerns which required action. The 2017 local authority annual audit of the service was also positive. The report described The Slater Centre as, "A well-managed and quality service." A detailed service development plan for the period 2018-2023 was in place for the whole of West Berkshire Mencap's services, of which The Slater Centre is a part.