

West Berkshire Mencap The Slater Centre

Inspection report

Unit E
Hambridge Road Industrial Estate
Newbury
Berkshire
RG14 5SS
Tel: 01635778125
Website: www.westberkshiremencap.org

Date of inspection visit: 11 December 2015
Date of publication: 11/02/2016

Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This inspection took place on 11 December 2015 and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

We had not previously inspected the service, which had been registered in November 2014.

The Slater Centre is a domiciliary care service providing care and support to seven people living in their own

homes with family. Three of the seven people supported were children. People all had needs relating to a learning disability or autism and some people had additional physical disabilities.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 kept people safe and appropriately assessed any risks to them. Recruitment processes were robust to safeguard people from being supported by unsuitable staff.

Staff were appropriately supported and trained and enabled to develop their skills and knowledge. Relatives and people had confidence in the staff and management.

Relatives felt the service was very effective in meeting people's needs. A lot of support was provided to enable

people to access activities and events in the community which they might not otherwise be able to attend. Families felt the service also supported them through practical advice as well as by enabling them to have time to focus on other family members.

The service listened to the opinions and suggestions of families and took account of their and people's views when planning care and support.

Relatives felt the service listened to them and responded to any concerns that had been raised. Their views had been sought via surveys, reviews and family liaison meetings.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Relatives told us people felt safe when being supported by the staff. Appropriate action had been taken to safeguard people from risks to their wellbeing.

Staff understood their responsibilities to protect people and knew how to keep them safe.

The service had a robust recruitment system to ensure staff were suitable to care for vulnerable people.

Good



Is the service effective?

The service was effective.

Relatives were very happy with the support provided by the service.

Effective training and support were provided to staff.

Staff knew how people expressed their agreement and consent and people's rights were protected.

Good



Is the service caring?

The service was caring.

People's relatives felt the service and its staff were very caring and treated people with dignity and respect.

Relatives felt people were well supported and they were consulted appropriately about their care.

Good



Is the service responsive?

The service was responsive.

Relatives praised the way the service adapted to people's changing needs.

People were involved as much as possible in deciding how they were supported.

Care plans were reviewed and updated when necessary. Relative's said that any issues raised were appropriately resolved.

Good



Is the service well-led?

The service was well led.

Relatives and staff felt the service was well led and effectively managed.

The service sought the views of relatives and staff about its practice and management sought to continually develop and improve the service.

The registered manager monitored the operation of the service and provided clear expectations to staff.

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.

We have not previously inspected the service.

The inspection took place on 11 December 2015. We gave the registered manager 48 hours' notice because the location provides a domiciliary care/supported living service and we needed to make sure someone would be in the office. The inspection was completed by one inspector.

Prior to the inspection we reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help us plan the inspection.

During the inspection we spoke with the registered manager and one of the directors about the service. People receiving support were unable to tell us about their experience of the service. Following the inspection we spoke with four relatives on behalf of people using the service and three staff.

We reviewed the care plans and associated records for five people, including related risk assessments and reviews. We examined a sample of other records to do with the operation of the service including staff records, complaints, surveys and various monitoring and audit tools. We looked at the recruitment records for the four most recently appointed staff.

Is the service safe?

Our findings

Relatives said people were safe and well cared for when being supported by staff. Their comments included: “They are very strong on safety”. One relative explained how it was important for their child’s safety for staff to be familiar with their complex health needs. Staff had been willing to listen and learn about these in detail.

The service had sufficient staff to provide support to people. Each person had a set group of staff providing their support. One relative commented that support was provided by a: “Regular team” of staff, for consistency. Another told us: “They always use familiar staff”. Staff turnover was low. One relative commented that: “They have very little staff turnover” and emphasised how important this had been for continuity of care.

Staff had been made aware of the provider’s whistle-blowing policy at induction. They had received training in safeguarding vulnerable adults and or children, according to the people they worked with. No safeguarding events had arisen in the previous 12 months.

Staff confirmed they would record and report any safeguarding concerns. They understood their ‘duty of care’ to do so and were confident management would respond appropriately to any concerns raised.

Potential health and safety risks to staff and the people supported were assessed through a set of appropriate risk

assessment when planning the care package. Copies of these were on people’s files and they had been recently reviewed to ensure they remained accurate. Risk assessments were enabling and provided staff with information on how to manage the identified risk.

Staff moving and handling practice was checked as part of the training provided and was due to be assessed as part of the new Care Certificate in order to ensure staff were fully competent. The registered manager and the training mentor were accredited to deliver this training.

In order to ensure that people were supported by staff with the necessary skills and approach, the service had a robust recruitment process. Staff files contained the required records including details of a criminal records check, proof of identity and references. One person had a gap in their recorded employment history which the registered manager addressed immediately following the inspection.

People’s needs meant they were not able to be involved in the formal interview process for staff. However, staff who were going to work with adults attended a second interview at the provider’s other registered service, where their interactions and engagement with people were observed as part of the process.

Where people required support with their medicines this was provided by staff who had received appropriate training and whose competency had been assessed. No medicines errors had occurred in the previous 12 months.

Is the service effective?

Our findings

Relatives told us they were happy the service was effective and met people's and their needs. One relative said the staff: "Get to know [name's] needs and I am totally happy with the service". Another said: "They do a brilliant job". Other comments included: "They know [name] well" and: "We'd be sunk without Mencap, the support allows [name] to have a life".

Relative's told us the staff usually arrived promptly and if they were running late the office rang to explain. If necessary alternative staff were provided who knew the person's needs and was familiar to them. Relatives gave examples of how the support provided by the service had enabled people to make very good progress, develop their skills and enhance their life experiences.

Relatives were happy with how the service and staff communicated with them. They felt involved and were kept informed, verbally, via records and communications books. Staff spent the time needed to get to know people well and understand their communication systems.

Staff sought people's consent before offering support, usually through their known body language or expressions. One person had capacity to make some day-to-day choices using Picture Exchange Communication System (PECS) cards. Staff gave examples of how other people could indicate whether they consented or not. Relatives were happy the staff sought people's consent. In some cases people were supported to use digital devices to aid communication. Communication aids were sometimes used creatively to develop people's thinking and decision-making. For example by including decisions about appropriate clothing for the weather and decisions about activities/outings.

Where the person supported was a child, staff sought consent and discussed things with parents as well as enabling people to make age appropriate decisions for themselves. Where the person was an adult, their parents or representatives were consulted and best interests decisions made where they lacked decision-making capacity. Two parents were in the process of seeking 'deputyship' to enable them to make decisions about welfare on behalf of people.

The Mental Capacity Act 2005 (MCA) provides the legal framework for acting and making decisions on behalf of

individuals who lack the mental capacity to make particular decisions for themselves. Where a person lacking capacity has their liberty restricted the local authority must apply on behalf of the service to the Court of Protection for a 'Deprivation of Liberty' (DoL) order. DoL orders are provided under the MCA to safeguard people from unlawful deprivations of their liberty. The local authority had applied for a Deprivation of Liberty (DoL) order on behalf of one person and a meeting had been arranged with the local authority to discuss the potential need for this for another. One person was due to have a mental capacity assessment completed by the local authority regarding the decision to move to a supported living setting.

Staff received a five day induction which included introductory core training, reading policies and procedures and the care files of those they would be supporting. Induction also included an introduction to the Care Certificate which all staff were expected to complete. The service had employed staff to support and mentor staff through the care certificate process. Existing staff were asked to complete an assessment to determine whether their knowledge and skills enabled them to complete a 'fast-track' care certificate. The fast track certificate still included all of the required standards. Two staff had so far completed the care certificate with a series of observations which had to be completed for their competency to be confirmed. The system included a record of their competency in each area being signed off by their mentor or other appropriate staff.

Training was provided through a mix of in-house and external courses. Staff each had a training and development plan and provider had clear expectations about the training each staff required. The registered manager and the training mentor had completed accredited training and a 'train the trainer' course to enable them to deliver much of the in-house training to staff. Certificated first aid and food hygiene training were provided externally. Most training had been updated within the provider's stated frequencies or had been attended within the last two years. Where this was not the case, courses were planned in the ensuing three months to address it.

Staff were positive about the induction and training provided. One staff said: "The training has been amazing". Staff confirmed their understanding had been checked through: "Written tests after the training".

Is the service effective?

Staff received training on managing challenging behaviour through a recognised course called “Promoting Rights in a Caring Environment” (PRICE). The training covered distraction and redirection techniques as well as appropriate physical interventions in extreme situations. Where people sometimes required support to manage their behaviour, they had individual support guidelines on file so staff acted consistently.

Staff attended quarterly supervision meetings with the registered manager or other supervisor, one of which was an annual performance appraisal. Staff said they could also ask for time to meet with their supervisor at other times if they needed to. Staff told us they could seek support through contact with management via the out of hour’s

on-call system if necessary. Staff were positive about the support received. One staff told us: “We have all the support we need”, another said they received: “Constructive supervisions and appraisals”.

Staff had limited involvement in supported people with health issues as this was usually attended to by their families. One person was supported with a physiotherapy programme and staff had received appropriate instruction to do this. Guidance was provided for staff on how to use other specialist equipment. One person was supported with their food and sometimes medicines via a tube, direct to their stomach. Appropriate detailed guidance and staff training had been provided. People living with epilepsy had individual emergency plans on file to be followed in the event of seizures.

Is the service caring?

Our findings

Feedback about the care provided by the service was positive. Relatives told us people were treated with respect and dignity. They felt people's independence was supported and they were encouraged to be involved in day to day decisions about their lives. One relative said the staff were: "Absolutely brilliant around dignity and treat [name] in an age appropriate way" Another told us staff: "Get yes/no answers to get [name] to choose". Another relative commented that staff worked to ensure that, "[Name] can choose activities and make clear their wishes"

Relatives told us a lot about how staff took the time to get to know people and their needs well so they could involve them as fully as possible and respect their individuality. One said: "They know [name's] needs inside-out. I trust them, I wouldn't let anyone else support [name]". Relatives felt the staff were well trained and competent and knew how to get support if they needed it. They were happy that where necessary, new staff were introduced gradually so people got to know and trust them.

Relatives felt staff involved them appropriately and provided information to them about how people had been

when out on activities. Relatives also recognised the support the service provided to them. One said: "The service supports me brilliantly too, they are here to listen and support". They had also been consulted about people's needs and felt their knowledge and experience of the person was always respected

Observations of staff completed for the care certificate and others described the approach and manner of staff and how they involved people in their care and decisions.

People's care plans were discussed and reviewed with relatives to ensure their needs were met. They made reference to maintaining people's dignity and involving them in decision-making. Care plans were signed by the parent where appropriate.

Relatives described how staff used a range of techniques to communicate with people, including Makaton signing, magnetic planners and social stories. Social stories help explain in a series of pictures, about the order of future events so they are broken down into more manageable stages. This ensured they respected people's needs in relation to their learning disabilities.

Is the service responsive?

Our findings

Relatives praised the responsiveness and flexibility of the service to their changing needs. One relative said: “They do what [name] wants to do and expand it” to broaden their experience. Another described the service as: “Flexible and contactable any time”. Relatives were also happy with how the service involved them and responded to their views and suggestions. One said: “I have contact numbers and I can call the keyworker and they communicate with us”. Another said we: “Always get feedback”.

People’s files contained copies of assessments and care plans. Care plans had been reviewed regularly and updated as changes in people’s needs had been identified. They contained details about people’s individual wishes, likes and preferences about how they were supported. They also described how people’s physical or mental health affected their needs, where necessary as well as their preferred communication methods.

Care plans referred to supporting people to make day to day decisions for themselves. Where people needed support around moving and handling to meet their needs, sufficient information was provided about how to achieve this. Relatives felt that the service allowed people to access the community in a safe way. They described how staffing levels were tailored to individual needs. One said: “I trust them, I wouldn’t trust anyone else”

The registered manager told us people’s care plans were reviewed with them or their representatives and relatives agreed. One relative told us they were: “Fully involved in the care plan”. A lot of support was provided to enable

people to access activities and events in the community. Relatives told us the service enabled people to access youth clubs, after school club and spend time with friends. Relatives also valued the support the service provided to them in terms of respite and time to focus on other family members. One said: “The service supports me brilliantly too, they are here to listen and support”.

The registered manager told us people were provided with a copy of the complaints procedure in the service user guide given to them at the start of their support package.

Relatives had received a copy of the complaints procedure. People had been given an individualised copy of the complaints procedure, in a suitable easy read format to assist with supporting them should they wish to raise something themselves.

People’s feedback regarding complaints was positive. Three relatives had not made any complaints. One of whom added they had had: “No reason to”. One relative told us they had raised a small issue but the service: “had acted on it”.

The service had received no complaints in the previous 12 months. Relatives had regular contact with and from the service which provided informal opportunities to discuss any concerns. In addition family liaison meetings had been introduced to discuss relevant issues. The first of these had taken place in October 2015 and had included a presentation by a parent about young people’s transition to adulthood. The minutes included a list of organisational contact numbers to ensure families had access to these and the date of the next meeting in February 2016.

Is the service well-led?

Our findings

Relatives told us the service was well run and felt the registered manager was accessible if anything needed to be discussed. People felt that the registered manager listened to them and took any necessary action. One relative described the service as: “very organised” and another said that: “good records were kept”. The registered manager was described as having: “A can-do attitude”.

The registered manager and provider had clear expectations in terms of staff care practice and communicated this well to staff. Staff told us the organisation’s expectations were communicated clearly through policies, procedures, memos and meeting minutes. The service had a five year development plan which was scheduled to be reviewed and updated every two years

Staff received regular support and could contact the registered manager at any time. This was confirmed by staff, one of whom described her as: “Supportive and approachable”. Staff felt the team was positive and motivated. One staff member described the team as: “small and on the ball”.

The service sought and acted on advice from care managers, health professionals and others where appropriate and accessed external training to develop its staff.

No statutory notifications had been received from the service. Notifications are reports of events that the provider is required by law to inform us about.

The registered manager carried out spot checks through working alongside other staff to monitor care practice. Other spot checks were carried out via observing staff whilst they supported people with activities in the community. She also had regular informal contact with staff as well as through supervision and appraisals. Two other senior staff worked directly with the people supported, alongside staff. The registered manager monitored staff training to ensure staff attended regular refresher training.

A new ‘manager’s audit’ process had recently been completed for the first time, which the registered manager felt had provided an effective review of systems and records. The format identified action points and enabled progress on these to be monitored. The service was subject to periodic monitoring visits from the local authority, most recently in July 2015 when no concerns had been reported. The manager received supervision from senior management and had a developmental appraisal in April 2015.

Team meetings took place at least quarterly. The minutes showed a good range of discussions around issues such as care practice and morale and included the views of staff. They focused on identifying solutions and actions to resolve any identified issues. Smaller meetings also took place, as required, between the staff working with particular people. The minutes showed they provided opportunities to discuss practice as well as any concerns about individuals.

Relatives told us the service had sought their opinions about the care and support provided. One said: “They ask us how they are doing”. The family liaison group had been set up as another means of discussion and communication with families. This had met four times in 2015.

The first relative’s survey was due to be carried out in April 2015. A staff training survey was about to be issued to identify individual training needs with regard to the new ‘Care Certificate’ along with any other training needs.

The registered manager had carried out a staff survey to identify any issues of concern to the care staff and had taken action in response to the issues raised. Staff felt their views were sought and listened to both via surveys and through their supervision meetings. One said that: “You can be quite open” and added that management: “have acted on things I’ve said”. Another was happy that where they had raised something: “Things do change as a result”.