

Select Lifestyles Limited

Select Lifestyles Limited - 512-514 Stratford Road

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Select Lifestyles Limited is a care home which provides support for up to six people in one adapted building. At the time of our visit, six people were using the service. These are people with learning disabilities and autism.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

As part of the thematic review, we carried out a survey with the management team at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

Staff were caring in their approach and had good relationships with people. Promoting independence was encouraged, to enable people to improve their daily life skills further.

There were enough staff to ensure people were safe. Where risks associated with people's health and wellbeing had been identified, plans were in place to manage those risks. Medicines were stored and administered correctly, and staff had received training in relation to this.

Staff understood their responsibility to safeguard people from harm and knew how to report concerns.

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

People received care which was responsive to their individual needs. Staff knew people well and had a good understanding of how to support them. Care records provided staff with person centred information in relation to people's backgrounds, interests and individual health needs.

Staff encouraged people to maintain a balanced diet and understood people's special dietary needs. The provider and staff team worked with external health professionals to ensure people's health and wellbeing was maintained.

A registered manager was in post. Positive feedback was received in relation to the management of the service. People, relatives and staff had opportunities to feedback about the running of the service. Quality checks were carried out to monitor the service and identified where improvements could be made.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was rated as Good (published 29 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by two inspectors.

Service and service type

Select Lifestyle Limited is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. They had been registered since October 2017.

Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

Prior to the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injuries.

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

We requested feedback from the Local Authority quality monitoring officer. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service. Some people were unable to tell us about their experience of care at the home, so we observed their interactions with staff and their daily routines and support. We also spoke with three relatives. We spoke with two support workers, a deputy manager, the manager and the registered manager. We reviewed a range of records including all or part of three people's care records and one medication record. A number of other records were reviewed in relation to the management of the service, including quality checks, training records, meeting minutes and accidents and incidents. We did not look at staff files on this occasion as we found staff were recruited safely at our last visit.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks associated with people's health and wellbeing had been identified, assessed and documented. One person was at risk of falls and measures were in place to reduce this risk, which included use of equipment and following advice from professionals.
- Staff had been trained in fire safety and regular fire alarm tests and drills took place. Personal emergency evacuation plans documented how people should be supported in the event of a fire. An emergency kit was available with equipment and information for staff to support people's safety in an emergency situation.
- An on-call system ensured staff could contact managers for advice and support out of office hours.
- Safety checks were completed in relation to the environment and the equipment used.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt people were safe living at the service. One relative told us, "I know we don't have to worry, they ring us if there are any problems and I am very happy with the care provided."
- The provider's policies and procedures provided staff with guidance on how to keep people safe. Staff were confident of actions to take should any concerns be raised about possible abuse. One staff member told us, "I would go straight to [manager] or escalate it to [registered manager]. We have a whistleblowing policy. I feel if you don't care, then you should not be doing the job."

Staffing and recruitment

- People were supported by enough staff to meet their care needs. Care was provided based on people's assessed needs and people received support from one or two members of staff as required.
- Staff had been recruited safely by the provider previously, so we did not check this information at this visit.

Using medicines safely

- Medicines were stored correctly, and people received their medicines as prescribed.
- Protocols were in place for the administration of medicines taken on an 'as required' basis, however some required further detail for staff to know when people needed these medicines. The manager confirmed they would address this.
- Staff were trained to administer medicines and competency checks were carried out by managers to ensure they remained safe to do this.

Preventing and controlling infection

- Staff received infection control training and followed good hygiene practices to help reduce risks, including wearing personal protective equipment such as gloves and aprons when providing care.

Learning lessons when things go wrong

- Staff completed reports when a person had been involved in an incident or accident. These were analysed to identify any themes or trends and then action taken by staff to prevent reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started working at the service which included shadowing more experienced staff.
- Staff completed the necessary training to enable them to carry out their roles, for example, first aid, epilepsy and autism awareness. Training was monitored by the management team to ensure this was kept up to date.
- Staff were supported with further health and social care qualifications. One staff member had completed a food and nutrition course independently to support people further.
- A daily handover of important information when shifts changed meant staff were up to date with any changes to people's care needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff understood the principles of the Mental Capacity Act and consent was sought from people before providing them with care. One staff member told us, "Mental capacity is about having the ability to understand and to choose what to do for yourself."
- Decision specific information was recorded in care records and a system was in place to ensure DoLS were monitored and authorised.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were complex, and care and support was provided in line with current guidance. One relative told us, "We are really pleased. The care is of a high standard and we could not ask for better."

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

- People were supported to help prepare meals and drinks in line with their needs and choices. One staff

member told us, "I think the food here is fantastic. They do fresh soups made from scratch, I am getting some cooking tips myself."

- Specific dietary needs were catered for and staff followed guidance from professionals such as dieticians, when required.

Staff working with other agencies to provide consistent, effective, timely care

- Staff communicated with other agencies such as the local authority and health professionals, including occupational therapists, physiotherapists and district nurses. Advice given by professionals was documented by staff and followed. One person had been supported in relation to taking some further medical tests, and staff worked closely with medical professionals to facilitate this.
- Important information had been documented for staff to give to the ambulance service should a person be admitted to hospital in an emergency.

Adapting service, design, decoration to meet people's needs

- The premises were adapted to ensure people's safety and meet their needs. A landscaped garden was accessible for people using the service. People had personalised their rooms to their individual tastes. A plan of refurbishment was currently taking place across the home.

Supporting people to live healthier lives, access healthcare services and support

- Checks of people's weight and other health checks were completed to ensure people remained healthy. Staff had successfully supported some people with lifestyle changes to improve their health.
- Care plans provided information of the support people needed to maintain good oral hygiene.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy living at Select Lifestyles Limited and we observed some positive interactions between people and staff. A pet cat had been adopted by people and the registered manager told us how people enjoyed the positive benefits of having a pet and this added to the homely atmosphere.
- Staff had time to sit and talk with people. One staff member told us they enjoyed working at the service as they felt they could 'give something back' and loved their job.
- Relatives were all happy with the service. One relative said, "Staff always contact me if [Person] has not been well or is tired or has had a bad day. I've got no concerns about the staff, they are a friendly lot." Another relative told us, "They take [Person] out, they communicate well with them, they are happy to be there." They explained that their family member would tell them if there were any problems, so they were confident they were happy at the home.
- Staff completed training in relation to equality and diversity. The registered manager explained how they understood the protected characteristics (these are nine groups protected under the Equality Act 2010) and the provider supported staff and people in line with their religion or cultural needs.

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

- Staff understood the importance of people's views, wishes and choices being respected.
- No one was supported by an advocate currently however staff understood when this might be required.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be more independent. Some people were involved in preparing their own meals, drinks and shopping. One person's ability to communicate had improved with support from staff and another professional.
- Staff supported people with dignity and respect. One staff member told us how people chose what they wanted through the day and these choices were respected. For example, some people preferred certain staff supporting them with care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People, relatives and professionals had shared people's needs with staff before care started.
- Staff knew people well and supported them in line with their wishes.
- Care records were very person centred and contained detailed information which enabled staff to understand people's likes, dislikes and preferences. For example, records stated what was important to people and what staff must know. People's care and support plans had been reviewed and updated to reflect any changes to their needs and review meetings took place. However, some information was inconsistent across records which posed a risk staff could support people inconsistently. We discussed this with the manager who addressed this during our visit.
- People had opportunities to follow their interests and decided their plans each day. One relative told us there was enough for people to do socially if they chose to, and if they did not want to do anything, this was respected. Some group activities such as 'movie night,' barbecues and karaoke took place and some people had gone on holiday in the summer to Blackpool together. Other people enjoyed trips out, for example to the cinema and a local farm.

Meeting people's communication needs

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

- People's information and communication needs were assessed, and staff understood these alongside the AIS. Information was provided to people in a format they could understand such as information about fire procedures was provided in a pictorial format.

Improving care quality in response to complaints or concerns

- Staff were aware of the process to follow if a complaint was made. Where complaints or concerns had been received by the provider, they were followed up and information was used to make improvements if required. One relative told us, "I've got no issues, I am very happy, if there are any problems, they are always sorted." No complaints had been received at the time of our visit.
- A complaints policy was available in an easy read format with information about who people could complain to.

End of life care and support

- No one at the service was receiving support with end of life care. However, further work was planned in relation to this to develop care plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: How the provider understands and acts on their duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team consisted of the registered manager, a manager and deputy manager. The registered manager had recently been promoted to operations manager and was gradually handing over to the new manager, who was in the process of applying for registration. They told us they felt very supported by the provider, the service was running steadily, and staff worked well together as a team.
- Plans were in place to change to electronic care systems. Longer term future plans were to build another service at the rear of the property.
- Relatives gave positive feedback about the management team and told us the service was managed well. One relative said, "If I had any problems I could go to registered manager, manager or the deputy manager, I've got no complaints." Another relative told us, "[Manager] is wonderful, I have told her before, she is so good, excellent. I can talk to her about anything. She has been here a long time and shows she cares."
- Staff were very positive about management support. One staff member told us, "I feel very supported by the management. I think it is lovely here, brilliant." Another staff member said, "We all work as part of a team, we are like a little family. [Manager] is doing an amazing job, you can talk to her and she is supportive."
- The provider understood their responsibilities in relation to duty of candour and being open and honest and accepting responsibility when things went wrong.

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

- Quality and safety checks were completed and had been successful in identifying areas for improvement and ensuring these were acted upon.
- The provider understood the legal requirements of their role including submitting certain notifications to us (CQC). Ratings from the last inspection were displayed prominently at the service.

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

- Views of people and relatives were gathered. Recent surveys had been sent out and the management team were awaiting their return. Compliments had been received about the service in relation to the quality of care and professionalism of staff.
- Staff meetings and one to one meeting's were held, where staff had opportunities to raise any issues,

concerns or put forward suggestions. At a recent meeting, staff discussed DoLS and were reminded about raising any concerns in relation to keeping people safe.

Continuous learning and improving care

- Learning from concerns and incidents contributed to continuous improvement.

Working in partnership with others

- Staff worked with a variety of professionals including psychologists and social workers to support them in meeting people's needs.