

Select Lifestyles Limited

Select Lifestyles Limited

Inspection report

Select House
Popes Lane
Oldbury
West Midlands
B69 4PA

Tel: 01215412122

Date of inspection visit:
09 September 2021

Date of publication:
19 October 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Select Lifestyles provides personal care to people who may have a Learning Disability and Autism living within supported living schemes. At the time of the inspection, there were 61 people receiving personal care from the service across 22 locations. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Although systems were in place to ensure concerns of abuse were reported, these systems had not always been used by staff and on one occasion had led to people being harmed. The provider was investigating this at the time of the inspection and gave us assurances that lessons would be learnt.

Incidents had occurred within the service that indicated that staff did not always provide care that achieved good outcomes for people. Incidents had occurred in the service that exposed people to harm. Although the provider had taken action in response to each incident, further work was required to address the culture within the service and monitor staff practice so they could be sure people were safe.

Risks to people's safety had been assessed and staff knew the actions they should take to reduce risks. There were systems in place to ensure there were enough staff to meet people's needs and medicines had been given in a safe way.

There were systems in place to monitor the quality of the care provided and people had opportunity to feedback on their experience of the care.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. Based on our review of Safe and Well Led, the service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Although people were supported to exercise choice and control over their daily lives, our review of incidents that had occurred in the service indicated that the culture was not always empowering and had led to poor experiences for some people. This related to staff practice exposing people to risk of harm.

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

Rating at last inspection

The last rating for this service was good. (published 18 June 2021).

Why we inspected

We received concerns in relation to how people were safeguarded from abuse and staffing levels. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Select Lifestyles Limited

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 one inspector.

Service and service type

This service provides care and support to people living in 22 'supported living' settings, so that they can live as independently as possible. 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.

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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at care records for four people, as well as records held on accidents and incidents, staff recruitment and supervision and records relating to the monitoring of the care provided.

After the inspection

We held video calls with five people who use the service. We had telephone conversations with two relatives. We also had telephone conversations with seven members of staff.

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Prior to the inspection, we were made aware of an incident in which a person came to harm. The incident raised concerns about the effectiveness of safeguarding procedures at the service. At this inspection we found that although systems were in place to safeguard people from the risk of abuse, staff had not on this occasion utilised these systems to ensure people's safety.
- The provider had ensured that staff received training in how to safeguard people from the risk of abuse. The management team also gave staff opportunity to discuss any safeguarding concerns during their supervisions or in staff meetings. This demonstrated staff did have opportunity to raise concerns if they had these. However, the registered manager had identified and shared with us that staff had not shared concerns in relation to a recent incident. This had led to people being exposed to the risk of harm.
- The registered manager provided assurances that all staff who had not shared information about a person experiencing harm would receive refresher training in how to safeguard people, and that staff were being spoken with to emphasise their responsibility to report concerns of abuse.
- A further person disclosed to us that they had been harmed in an incident the day before our discussion. We, alongside the provider, took immediate action to ensure the person's safety. The concern was later found to be unsubstantiated.

Staffing and recruitment

- Prior to the inspection, we received concerns that there were not enough staff to meet people's needs safely. At this inspection we found there were systems in place to ensure there were enough staff available for people.
- People told us that staff were available to them when needed. One person responded, "Yes" when asked if staff were there when they needed them.
- Staff told us there were enough staff and they did not feel rushed in their work. Although some staff felt that more staff were required, they acknowledged that the provider was recruiting to address this concern.
- The registered manager showed us how they determined staffing levels across different settings. In some cases, this showed that there were not enough staff to cover people's funded care hours. However, there were systems in place to address this; including the use of bank staff to cover any staffing shortfalls. The registered manager reflected on the concerns raised prior to the inspection and had identified work was required in ensuring staff understood how staffing numbers were determined. They had begun to address this within staff meetings.

Assessing risk, safety monitoring and management

- Where risks were identified to people's safety, assessments were in place guiding staff on how to keep

people safe. For example, where people may pose a risk to others there were behaviour risk assessments in place identifying triggers to behaviour and how staff should respond to support the person experiencing the distress as well as others around them.

- Staff we spoke with knew the risks to people's safety and how they should address this. For example, staff could explain how they communicate with a person who was unable to verbally communicate to ensure their safety in daily activities.

Using medicines safely

- People told us they had their medicines at the correct time, and staff supported them to do this. One person said, "Yes I have medicine, staff get it for me."
- Staff could confidently explain the procedure they follow to administer medicines safely. This included, checking the Medicine Administration Record (MAR) first, and then staying with the person while they took their medicines. Staff told us they were observed giving medicines by managers to ensure they were competent in this task.
- The management team undertook weekly checks on medicines to ensure that these had been given as prescribed.

Preventing and controlling infection

- People told us that staff would wear their personal protective equipment (PPE) when in their home. Staff also confirmed they had access to PPE and had received training in how to safely apply and dispose of this. One member of staff said, "We got all of the training in infection control, they [managers] gave us numbers we could call for advice and support if we were worried and made sure we got all the masks and gloves we need."

Learning lessons when things go wrong

- Where incidents had occurred, a record was kept of this alongside records of actions taken to reduce reoccurrence. Accidents and incidents were analysed as part of the registered managers audit system to identify trends or patterns to incidents.

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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Prior to the inspection, we had been made aware of incidents where staff had been unkind to people or exposed them to harm. Although the registered manager had taken appropriate action to safeguard people once they were made aware of the incidents, the nature of the staff members practice in these incidents indicated a poor culture where people were not always supported by a team that were open, inclusive and empowering.
- The registered manager provided assurances that they would look into the culture within the service to address any identified poor practice and encourage staff to speak up where they witness poor care.
- People gave mixed feedback on the care they were provided with. One person told us, "I am happy here." However, another person said, "I want to move." We shared this feedback with a manager who was going to explore with the person why they wished to move.

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

- Staff told us they would raise concerns with the registered manager if they had these. Staff also demonstrated they knew the procedure to follow to whistle-blow if appropriate. However, a culture had developed within the service where staff had not shared with the management team where they had seen poor practice. Although this related to one incident, this indicated that the provider could not ensure people received safe care as they could not currently be assured that staff would share with them any concerns.
- The registered manager had systems in place to monitor quality. This included weekly service checks on medicines, daily records and finance records. There were also monthly area manager visits where feedback from people and staff were sought. Where these audits had identified areas for improvement, there was a record of the error identified, and the action taken in response to this.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated that they understood and acted on the duty of candour. Where incidents had occurred, the registered manager had maintained communication with the relevant external agencies as well as the person and their relatives to keep them informed on actions taken and lessons learned.

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

- People told us they had access to managers if they wished to raise a concern or provide feedback on their care. One person told us, "Staff, I would tell them (if I had a concern)." This was confirmed by relatives who told us the management team were approachable and open to feedback.
- The provider had implemented a service user forum, where a person from each supported living setting would represent their peers and feedback to the provider on their experience of care. The minutes of these meetings showed that feedback had been acted upon. For example, a request for a day trip had recently been met, with a group of people visiting Blackpool for the day.

Continuous learning and improving care; Working in partnership with others

- The registered manager demonstrated some commitment to learning and improving care. Improvements were still needed to drive and sustain a culture within the home that kept people safe and protected. Where concerns had been raised, the registered manager had evidently reflected on these and taken action to improve the service. For example, where concerns around staffing levels had been made, action had been taken to discuss this with the staff team to resolve the issue. In response to more recent incidents where harm had been caused to people, the registered manager was considering plans for how they could address the staff culture; including making changes to the recruitment procedure so they could ensure staff employed shared the organisations values.