

Select Lifestyles Limited

Select Lifestyles Limited

Inspection report

Select House
Popes Lane
Oldbury
West Midlands
B69 4PA

Tel: 01215412122

Date of inspection visit:
28 November 2019
29 November 2019

Date of publication:
15 January 2020

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 Limited is registered to provide personal care to people within a supported living setting. On the day of the inspection 59 people were being supported with a learning disability.

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

Not all risks to people had been assessed and while some care staff could explain how they managed risks, this was not consistent. Risks related to self-harm had not been mitigated against. This exposed people to the potential of harm. Improvements were needed around the safe management and recording of medicines administration.

The provider's systems for assessing and monitoring the quality of the service provided were not being used effectively. These systems were not effective in ensuring the risks to people's health and safety were appropriately monitored and mitigated against.

Care staff described how they would keep people protected from potential abuse and knew how to report allegations of poor practise. Appropriate recruitment systems were in place to ensure care staff were recruited safely. The provider had sufficient care staff to support people and care staff knew how to protect people from the risk of infection.

Services for people with learning disabilities and or autism are supported

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 service consistently 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.

Rating at last inspection

The last rating for this service was Good (Report published 27 April 2018).

Why we inspected

We received concerns in relation to the management of medicines, sufficient staffing and training, financial abuse and the general management of the service. 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.

We have found evidence that the provider needs to make improvement. Please see the list relevant key question sections of this full report.

Follow up

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 team consisted of two inspectors

Service and service type

This service provides care and support to people living in 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

This inspection was announced. We gave the service 48 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 and to enable us to speak with people. We visited the office location on the 28 and 29 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. As this was a focussed inspection the provider was not asked to complete a provider information return prior to the inspection. This is the information we require providers send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

We received information of concern prior to this inspection. We took this into account when planning this

inspection and making the judgements in this report.

During the inspection-

During the inspection we met and spoke with four people. Some people's needs meant they were unable to verbally tell us about their experiences of using the service. We spoke with seven members of the care staff including the registered manager, temporary operations manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and medicine records. We looked at three care staff files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

Following the inspection, we spoke with a further two people about their experiences of using the service and five relatives about their experiences of the care provided. We continued to seek clarification from the provider to validate evidence and information and looked at training data. We received further information from a number of Local Authorities to help us form a judgement.

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 due to issues with the management of risk.

Assessing risk, safety monitoring and management

- Although some care staff knew about people's individual risks, this was not always consistent and not all care staff had the knowledge they required to support people safely. Care plans, risk assessments and guidance were not always up to date. They did not always outline risks to people and how care staff should protect them from potential harm. For example, one person's care record did not reflect actions required to support them with risks associated with living with epilepsy. This meant care staff were not given clear guidance around how to protect the person in the event of a seizure.
- Assessments to outline how to protect people from known risks associated with health conditions, self-harm and sexualised behaviours were insufficiently detailed or incomplete. Risk assessments did not outline how care staff should protect people from risks associated with these known risks and care staff were not consistently able to describe to us how they would keep people safe from associated harm.

The provider's failure to ensure clear risk assessments were in place and care staff had a consistent knowledge of how to protect people from potential harm was a breach of regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014 Safe care and Treatment

Using medicines safely

- People we spoke with were happy with the support received with their medicines. One person said, "Staff do give me my tablets correctly because I check".
- Where people were supported with their medicines the provider had Medicines Administration Records in place which were completed appropriately.
- One person required care staff to support them with the administration of insulin. There were no risk management plans in place to guide care staff how to do this safely. This meant care staff would not potentially support the person with insulin consistently.
- Where people received medicines 'as and when required' (PRN) the provider had not ensured PRN guidance was in place. For example, one person was prescribed a PRN medicine with sedating qualities. There was no guidance in place to advise care staff when to administer this medicine and how this should be done safely. This increase the risk Care staff may not administer this medicine safely and at appropriate times.
- Care staff we spoke with told us they received the appropriate training and received regular competency observations to administer medicines safely. Records we reviewed confirmed this.

Staffing and recruitment

- We received concerns prior to the inspection around staffing levels. We explored how the provider managed staffing levels both prior and during the inspection. The provider told us that they were vacancies within the service and there was an ongoing recruitment campaign to address this.
- A person said, "There is enough staff. When I need help staff always help me". Relatives we spoke with confirmed what people had told us. One relative said, "There is always someone with my relative who needs one to one support".
- Care staff we spoke with told us they had no concerns with staffing and that there were always sufficient staff. One care staff member said, "We do have enough staff. We always have enough staff on each shift".
- The provider told us how they ensured they had sufficient care staff working to keep people safe. We saw from the documents we were shown that the provider regularly monitored their staffing levels in line with people's support needs and had a system in place for doing this.
- The provider had recruitment systems in place to ensure they had employed suitable care staff to support people. This included the completion of a Disclosure and Barring Service (DBS) check. A DBS check helps potential employers review a staff member's criminal history to ensure they are suitable for employment. A member of the care staff said, "I have completed a DBS check and two references". We confirmed these checks were completed by reviewing staff records.

Preventing and controlling infection

- A relative said, "I have seen staff using gloves and wearing aprons when they wash my relative. They even have access to sanitising gel".
- Care staff could describe to us how they followed infection control prevention and control procedures to protect people from infection. A care staff member told us they could access any required equipment when needed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People we spoke with told us they felt safe. A person said, "I do feel safe".
- Relatives told us people were safe and they had no concerns about people's safety. One relative said, "Approach with staff is good. I do feel my relative is safe".
- The provider had safeguarding policies and procedures in place and care staff demonstrated a good understanding of how to identify signs of abuse and how to report concerns both within the organisation and externally. A care staff member said, "If I saw any abuse I would go straight to the manager".
- The registered manager described how they carried out regular checks associated with the management of people's money to help protect from financial abuse. Financial records we reviewed and the systems in place to monitor people's finances confirmed this.
- The registered manager and nominated individual explained how lessons were learnt when things went wrong. For example, we saw incident forms which gave a good description of the incident, support provided and lessons learnt.

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 now 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.

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

- Systems in place were not effective to consistently monitor or mitigate the risks relating to the health, safety and welfare of people using the service.
- We saw audits of care files had been completed but they had not identified the shortfalls in care and support that we had identified. For example, care plans we looked at did not consistently include detailed risk management plans, or detailed guidance for care staff to follow about how to support people consistently and safely.
- The provider had not developed policies and protocols related to self-harm to set out what is required to mitigate against known risks. This exposed people to the risk of potential harm. The registered manager told us they would put a policy in place and we were sent a copy of their policy following the inspection which covered the guidance care staff would need.
- Relatives told us they were involved in planning and reviews within the service. However, the provider did not keep records to demonstrate what had been discussed, what changes to people's care was needed or who had contributed to the reviews.
- Systems failed to ensure all people's care records were accurately maintained in relation to their care and treatment. For example, risk management plans were not in place for care staff to follow in relation to self-harm, diabetes and epilepsy.
- The systems in place for the management of medicines were not robust. For example, medicines audits had not identified that 'as and when' protocols were not detailed for care staff to follow to ensure these medicines were administered consistently and safely.

The provider had failed to have effective systems and processes in place to assess, monitor and improve the quality of the service provided to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

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

- People and relatives told us the service was open and inclusive. A person said, "Staff support me how I want and I can go out where I want when I want to".
- The provider had effective systems in place to ensure people received person centred care that was appropriate to their needs and were given choice and control over how they preferred to spend their days.

Relatives we spoke with told us that people were supported how they wanted and it was personal to them. Care records we reviewed confirmed this.

- The provider was aware of principles and values around registering the right support and could explain how they ensured people lived as full a life as possible, them being able to make decisions as to how they lived their lives. People we spoke with told us care staff supported them to make their own decisions as to how they lived their lives, being able to go out when they wanted and personalising the environment where they lived how they wanted.
- The provider carried out spot checks to check the competency of care staff to ensure they were equipped with the skills needed and were applying their learning into practice. Care staff we spoke with confirmed the registered manager visited where they worked and conducted checks and audits. For example, checks on the environment where people lived and staffing levels.

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 had notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. They had displayed the previous CQC inspection rating as required.
- Any notifications the registered manager and provider were obliged to make such as those alleging abuse, had been made to CQC and the local authority.
- Throughout the inspection we found the management team honest, open and transparent regarding the improvements that were required of the service in line with the Duty of Candour. The registered manager and provider both demonstrated enthusiasm and commitment to making the required improvements to ensure people received consistent safe and good quality care.

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

- We found systems were in place, so people and relatives could share their views as part of the provider engaging and involving people within the service. We found the provider used coffee mornings and events to gather views. A relative also said, "I have completed questionnaires in the past".
- The registered manager told us and showed us evidence of their re-designed feedback questionnaire that was due to be sent out to people who used the service. This had been developed in-line with people's preferred communication needs.
- Care staff told us they felt supported in their role and found the management team helpful and approachable. A care staff member said, "I do feel supported".
- Care staff told us they were aware of the whistle blowing policy and its purpose in keeping people safe from harm. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.

Continuous learning and improving care

- We saw that a range of training sessions were available to care staff, which care staff confirmed they received.
- The provider has assured us they would be taking immediate action to rectify the issues identified at this inspection.

Working in partnership with others

- We spoke with a professional who told us they worked closely with the provider as part of meeting people's support needs. We saw evidence to support this on people care records.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider's failure to ensure clear risk assessments were in place and care staff had a consistent knowledge of how to protect people from potential harm was a breach of regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014 Safe care and Treatment</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to have effective systems and processes in place to assess, monitor and improve the quality of the service provided to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.</p>