

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

We carried out this inspection on 24 May 2017. We told the manager we were coming 48 hours before the visit so they could arrange for some people, relatives and staff to be available to talk with us about the service.

Select Lifestyles Limited is a service which provides personal care support for up to six adults with a learning disability. At the time of our visit, six people used the service.

The service had a registered manager however this person no longer worked at the service and was in the process of de-registering with us. 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. A new manager was in post and had been since December 2016. They were in the process of registering with us.

At our previous inspection in June 2016 we rated the service as 'requires improvement' in the areas of 'effective' and 'well-led'. We found referrals to other professionals were not always made in a timely way. Staff did not always feel that they could raise concerns with the management team. We had not always received the notifications required to enable us to monitor the service. At this visit staff felt the new manager in post was approachable, effective and would listen to any concerns raised. People had been referred to health professionals by staff when required and we had received statutory notifications correctly.

Relatives told us people were safe at the service because staff were skilled and knew how to care for them well. Staff had a good understanding of what constituted abuse and knew who to contact if safeguarding concerns were raised.

Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service. The provider was improving their recruitment processes further to ensure they recruited suitable staff. Staff received an induction to the organisation, which included working alongside other more experienced staff, and a programme of training to support them in meeting people's needs effectively.

Staff understood the principles of the Mental Capacity Act (2005), and the manager had taken the required action if they felt people were being deprived of their liberty. Capacity assessments were decision specific in line with the principles of the Act.

People were assisted with their nutrition and to manage their health needs. Staff referred people to other health professionals for further support if they had any concerns.

People received support from staff they were familiar with who provided the support as outlined in their care plans. There were enough staff to care for people.

Relatives told us staff were kind and caring and had the right attitude and skills to provide the care people required. People were supported with dignity and respect. Staff encouraged people to be independent.

Care records contained relevant information for staff to help them provide personalised care including processes to minimise risks to people's safety. Care records were in the process of being reviewed by the manager. People received their medicines when required from staff trained to administer them. Senior staff checked that staff remained competent to do this.

People and their relatives knew how to complain and had opportunities to share their views and opinions about the service they received. This was through meetings and surveys.

Staff were confident they could raise any concerns or issues with the manager knowing they would be listened to and acted on. People and staff told us the management team were available and responsive.

The manager gave the staff team formal opportunities to discuss any issues or raise concerns at individual and team meetings. There were processes to monitor the quality of the service provided. These checks were carried out by the manager and the provider. These ensured staff worked in line with policies and procedures.

## 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.

People received support from staff who understood the risks related to their care. Staff demonstrated a good understanding of what constituted abuse and knew who to contact if they had any concerns. There was a thorough staff recruitment process and induction. There were enough experienced staff to provide the support people required. There were safe procedures for administering medicines and staff were trained to do this.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act (2005). The manager understood the action to take if they had concerns people were being deprived of their liberty. People were supported with their nutritional needs and to access healthcare services when required.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who they knew well and who were kind and caring. Staff ensured they respected people's privacy and dignity, and promoted their independence. People were given choices about how they received their care. People were supported to maintain relationships with their family members.

### Is the service responsive?

Good ●

The service was responsive.

People received support from consistent workers who understood their needs. Care records contained personalised information for staff so they could support people in the ways they preferred. People could access some social activities. The

manager understood the provider's complaints policy and how to respond to any complaints received.

### Is the service well-led?

The service was well-led.

People and relatives were happy with the service and felt able to speak to the manager. Staff were supported to carry out their roles by the management team who were available and approachable. Staff were given opportunities to meet with managers and raise any issues or concerns they had. The management team reviewed the quality and safety of service provided. This was through surveys, regular communication with people and checks to ensure staff worked in line with policies and procedures.

**Good** 

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## **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.

Before the inspection we reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

Before the inspection, we also asked the provider to complete 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 received this information and found it reflected the service.

The inspection took place on 24 May 2017 and was announced. We told the manager we would be coming. This ensured they would be available to speak with us and gave them time to arrange for us to speak with people, relatives and staff. The inspection was conducted by one inspector.

During our visit we spoke with one person and three relatives. Most people using the service were unable to tell us about their experience of the care. We completed some observations in communal areas. During our visit we spoke with six staff including two support workers, a team leader, the deputy manager, the manager and the operations manager.

We reviewed three people's care records to see how their care and support was planned and delivered. We looked at two people's medicine administration records and two records of people's financial expenditure to ensure these were being completed correctly. We looked at two staff files to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other

records related to people's care and how the service operated, including the service's quality assurance audits, complaints, accidents and incidents.

# Is the service safe?

## Our findings

Relatives told us people were safe at the service as staff knew how to support them. One relative told us, "I would know it if [Person] was not safe. We are quite happy for them to stay here."

There were enough staff to complete the required tasks and to meet people's care needs. One relative told us, "Yes, there seems to be enough staff, they keep an eye on [person]." One staff member told us there were enough of them and even though there had been some recent staff changes they felt confident people were safe at the service.

The manager told us that following a recent sudden increase in one person's needs, they had been sourced additional staff to support them. Agency staff were used on occasion. The manager told us these staff were all regular staff who had had an induction to the service and so knew the service, and people well. At the time of our visit there were two staff vacancies.

Recruitment procedures made sure, as far as possible, staff were safe to work with people who used the service. Before employment could commence, two satisfactory references were sought and disclosure barring service (DBS) background checks were completed. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services. We checked two staff files and found the required checks had been completed. The manager told us a new recruitment process had been put into place which focused more on assessing potential staff based on their values, using different scenarios and their responses to these. This had been positive in helping them employ the right people.

Staff had received training in safeguarding people and understood their responsibilities to report any concerns. Staff were aware a whistleblowing policy was in place (raising concerns about other staff members practice). One support worker told us, "Safeguarding is being aware of the signs of abuse, physical, financial, verbal or sexual and reporting and recording it, protecting the person. I could tell the manager, the deputy or the team leader." Telephone numbers were displayed to report potential abuse to the local authority should staff or relatives have any concerns. This was also displayed in an easy read pictorial format to support people who lived at the home.

Staff undertook assessments of people's care needs and identified any potential risks associated with providing their support. For example, one person was at high risk of falls and had fallen frequently. Medical tests were continuing to identify the cause, and specialist advice had been sought from a falls team to identify how further falls could be prevented. Staff were recording all falls to try to identify any patterns. The person's relative told us they felt staff were doing everything they could to support this person further. Other risk assessments were in place, including for people at risk when eating. For example, staff were to use a teaspoon to support them to eat, with small mouthfuls so they could chew and swallow which reduced the risk of them choking. A protocol was in place for how staff should support them in an emergency, if this should happen.



The manager had started to review all the risk assessments with input from relatives and they explained that keyworkers would be responsible for this in the future. They explained they were continuing to improve these assessments. They told us, "They are not at a standard I would expect yet and are a work in progress."

People received medicines as prescribed from staff trained to administer them. Most staff at the service had received training, and this was being arranged for new staff. One senior staff member had taken a lead role in improving medicines following some issues identified in an audit by the clinical commissioning group. This had identified some issues such as recording of temperatures and in relation to returns of medicines. These issues had now been addressed.

Medicines were stored safely and correctly. Audits of medicines were completed by staff weekly and by senior staff each month, to identify any possible errors and how to prevent these reoccurring. Senior staff checked staff remained competent to give medicines through observations of their practice.

Information was recorded for people who took medicine on an 'as required' basis so staff would know when to give this, if the person was unable to say.

Records of accidents and incidents were completed by the manager to identify any patterns or trends which could be used to prevent further occurrences.

Procedures were in place so staff were aware of the actions they needed to take in an emergency, such as a fire. People had personal emergency evacuation plans which detailed their support needs in this situation. One staff member told us, "I have had fire safety training, had drills, I've been told about the procedures. People have individual plans. We would meet out at the front." Staff had completed fire safety training and fire drills also took place so people and staff were familiar with the procedures, two drills had taken place in May 2017. Fire procedures were written in an easy read format with pictures to support people further in this situation.

The manager had a business continuity plan in place should they be any disruption to the service such as extreme weather or damage to the building to ensure the service could continue safely. Other safety checks had been completed such as gas, electric and equipment maintenance.

## Is the service effective?

### Our findings

Relatives told us they were happy with the care support their family members received. Comments included, "I've not got a bad word to say, they are very willing, they will bend over backwards if you're not happy, they do their job."

Systems were in place to ensure staff worked effectively. As each shift changed a 'handover' was given where important information was shared between staff about changes to people's care needs. The level of information written varied between shifts. We discussed this with the manager who agreed that more detail would be beneficial to enable staff to provide people with consistent care support. Other important information was recorded in a staff communication book.

Staff received an induction when they first started working at the service. One staff member told us, "Before, the induction was very brief, but now staff have fire safety training, food hygiene, they shadow (work alongside more experienced staff) for at least three shifts, it's good." Several new members of staff had recently begun working at the service. The manager told us they had settled in well and one staff member, who had been promoted, had particularly developed well into their role.

Staff received training the provider considered essential to meet people's care and support needs. One relative commented, "They have trained them (staff) up, I've watched staff with [Person] they are ever so gentle with them." One staff member told us, "I have done autism awareness training, it was really good, I could see where [Person] was on the spectrum and it made me change my practice. Before they would cry and be anxious, not always accept the care." Another staff member was completing a level five qualification in health and social care. Other training staff completed included safeguarding, first aid and MAPA (the management of actual or potential aggression).

A new staff member was completing the 'Care Certificate'. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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.

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 (DoLS) were being met. The provider understood the requirements of the Mental Capacity Act (2005). Five people at the service required a DoLS authorisation and this had been applied for or authorised by the local authority.

Mental capacity information was recorded on people's care records and this was 'decision specific,'

reflecting that people were able to make some decisions for themselves. Staff were aware of seeking consent before supporting people with their care and we observed staff doing this during our visit.

Staff understood their responsibilities under the MCA. One staff member told us, "We have to ascertain if they have got capacity, most people can make small choices, such as whether to have a hot or cold drink. I am aware [Name] has a DoLS in place. They can't choose certain things and we have to consider if we are restricting their liberty." One person sometimes refused their medicine. One staff member told us about this, "They have capacity to decide, and are aware of the risks in not taking it, if they refuse again, they we discuss it with the doctor." The team leader told us that one person at the service had a 'best interest's' meeting around their dental care and the risks related to this. A decision had been made in line with the principles of MCA for some treatment which was considered to be the 'least restrictive option' for them with treatment.

People's nutritional needs were met by staff. Menus were reviewed by people and staff each week to plan ahead for meals. A pictorial menu planner assisted people to understand their meals each day. We saw Friday night was 'takeaway' night. People were involved in preparing their own snacks, drinks and some meals with support from staff. Also to buy grocery shopping. One person preferred smaller meals as a 'picnic' and this was provided.

Staff were aware of people's special dietary requirements and how to support them, for example one person had food thickened to assist them with swallowing and staff were supported by the speech and language therapy team with this.

Some people's weight was being monitored by staff. One person's goal was to lose weight and this had been successful. Recordings of weights on care records were kept up to date by staff.

People were supported to manage their health conditions and to access other professionals when required. At our previous inspection staff had not always felt they could contact health professionals themselves, however they were now able to do this. One staff member told us, "Staff can make contact with the doctor themselves and referrals to other professionals are made, it is all recorded." One person was now being supported by an occupational therapist as it had been identified that their sensory needs were not being met. District nurses supported some people at the home. People were referred to the optician when required and one person had recently had new glasses. Referrals had been made to the chiropodist and another person had been referred to physiotherapy for an assessment in relation to their posture.

# Is the service caring?

## Our findings

Relatives told us support workers were kind and caring. One relative told us they had seen their family member when they were out with staff on a number of occasions and they could see they had good relationships with them. They told us, "[Person] is happy and I would not want them to go anywhere else."

A relative gave an example of how staff supported people with kindness. When their family member's television had broken, a staff member bought in a radio for them to listen to, while it was being replaced. They told us that another time when their family member had to go to hospital the staff member refused to leave them alone, even though their shift was finished. They told us the staff 'really are lovely.' During our visit we observed staff supported people with kindness. People responded well and we could see they had good relationships with them.

Staff told us about what 'caring' meant to them. One said, "We think about what the person would like to do, ask them and help them choose." One person did not like seeing the doctor however needed to, as they were unwell. To support them with this, the GP visited the service and to encourage the person to be checked, the GP 'assessed' some staff at the same time which reassured the person, and meant they allowed the GP to see them also.

People were encouraged to keep in touch with their family members. Some relatives visited regularly and took their family members out. One person had recently visited a local museum with their relative. Birthdays were celebrated and parties held, with relatives invited.

People were offered a choice in how they received their care support. For example, one person preferred to lie in bed in the mornings so staff worked flexibly around their preferred routine. Another person preferred spending time in their room on their own so staff gave them the privacy to do this.

Staff were trained to support people whilst ensuring their privacy and dignity. One relative told us if their family member used the bathroom for example, staff always ensured they were given privacy, however always remained close by, should the person need some extra support.

One staff member told us how they ensured people's dignity was maintained at the service, "We speak with residents while helping them with personal care and meals, we spend time with them, we make sure they are happy and safe, that they are dressed appropriately for their needs, their age and the weather."

People had increased their independence with the care support provided by staff. Some people were encouraged by the staff to complete their own personal care routines. Another person helped to clean the kitchen and load the dishwasher. One staff member told us how one person had recently called out to a new staff member to ask them when they were back working at the service, and this was 'real progress' for them to interact with staff in this way.

## Is the service responsive?

### Our findings

Staff supported people regularly and had developed good relationships with them. A keyworker system was in place and their role was supporting people with their individual needs and liaising with relatives.

Staff supported people in the ways they preferred and were responsive to their needs. One staff member told about the importance of consistent routines for some people at the service and how this provided them with reassurance. Following some support from an occupational therapist to assist another person with their sensory needs, special baths were being provided using underwater lighting, 'confetti' and scents for them to enjoy. One person at the service had previously spent a lot of time being cared for in bed and it had now been identified that they liked going out in the community, visiting their relative and had started going to church with them. One staff member told us about the positive change in them, "They are more alert now and sitting up."

Care records contained information about people's health conditions, backgrounds, routines and preferences. For example, it was recorded one person could become inpatient if staff tried to rush them. Some care records were produced in a pictorial format so people were able to understand them more easily. The manager told us people's care records were being reviewed currently and a new format was being introduced. One of the care records which had been updated contained comprehensive information to enable staff to support the person well. However, other care records contained some handwritten amendments updating information and some financial records had been changed, however this was not always clear as to why. We discussed this with the manager who confirmed that any amendments would be clearly explained on the record now. In addition, they confirmed they were updating each care record now and would ensure they were all completed to the same standard and level of detail.

Care records documented people's communication preferences. For example, one person sometimes used Makaton, which is a type of sign language. Another person rubbed their hands together when they felt happy. Staff were aware that when another person tapped their nose, this meant they were unhappy. Staff understood other people's needs by their facial expressions and this information was recorded so staff could support them consistently.

People had 'health passports' for if they were admitted into hospital. These documents recorded important information about the person so they could be supported correctly by medical staff. For example, one person liked to have their hand held, and be spoken to in a calm soothing tone. A 'disability distress assessment tool' recorded how people showed they were in pain or happy, for example, when one person was content, they 'hummed'.

People took part in some social activities within and outside of the service. One person went out to a day centre during the week where they had a network of friends, and enjoyed this. Another person enjoyed doing an exercise DVD and visiting a local park. People accessed the garden and one person had been involved in some planting of herbs. One person had said they would like to go swimming and staff were encouraging them to do this now. A relative told us their family member had their own varied interests at the service

including reading, and seemed happy and content at the home.

People and their families were involved in reviews of care with staff and professionals. A relative told us they had been able to discuss any issues they had about the care at this meeting.

People told us they had no complaints, however knew how to complain and would be confident to raise any concerns with the manager, provider or staff if they needed to. One relative told us, "I have got no complaints, I think staff do their best." A complaints policy was available. No complaints had been received while the manager had been in post, however they were aware of the provider's policy should any complaints be received.

## Is the service well-led?

### Our findings

Relatives told us they were very happy with the management of Select Lifestyles Limited. One relative told us about the manager, "I think they are very good, I've got no problems, I get on with all the team." Another relative described the service, "It's very good, it's nice, fresh and open, a home from home."

Staff also spoke positively about the management of the home. One staff member told us, "It is lovely here, a lot better and the residents are a lot happier. [Manager] is really good, wonderful, and I am learning a lot." Another told us they felt the new manager was 'getting there' and 'turning the place around' especially with improvements with records. They went on to say, "[Manager] is democratic, open to new ideas, they are good, they get out and about." Another staff member described the manager as a 'breath of fresh air' and 'very enthusiastic'.

Staff told us they felt supported with staff meetings. One staff member told us, "We are having team meetings, they could be a bit more formal, we had one last week. I feel I can raise any issues I need to." They told us meetings were at flexible times to be responsive to different staff working patterns. Another staff member told us the meetings had made them feel more valued. They went on to say, "[Manager] listens, and they know what they are talking about." Staff meeting minutes showed recent topics discussed were DoLS and key worker roles. The manager had also thanked staff for all their hard work.

Staff also received one to one management support with supervision meetings. One staff member told us, "Supervisions are becoming more regular now, I like to know where I can improve and it's nice to have that guidance."

Survey offered people, relatives and visitors further opportunities to feedback about the service. Customer satisfaction surveys had been completed by three people with support from staff. The manager told us that they were reviewing this method to find a better way, so that people could be supported to feedback honestly, rather than with staff at the service helping them to do this. All the responses received were either 'good' or 'excellent'. One person had said they would like to 'make and visit more friends' and staff had been discussing with them ways of doing this now.

Another survey had recently been sent to relatives, and responses were due back at the beginning of June 2017. A 'residents' meeting was held weekly to give people the opportunity to discuss any concerns they had. At the meeting in May 2017, staffing, menus and activities had been discussed.

The manager told us what they were proud of at the service, "I have made a lot of progress, there were some barriers to the changes and challenges. I have introduced some new processes. I am confident that practice has moved forward." They explained some changes had been made around infection control, following observation of staff practice, such as, ensuring staff separated laundry correctly. They felt the changes made had improved the quality of people's lives at the service.

Plans were in place to develop some aspects of the service further to link with the local community,

fundraising events and coffee mornings. A 'dignity audit tool' was also being implemented to review if people could be supported more effectively in this area.

The manager told us they felt supported by the operations manager and the provider. Staff also described the provider and management team as 'proactive' and willing to support them. An 'on call' system was in place where the managers were available to support staff out of hours. The provider's human resources team had provided drop in sessions to support staff at the service following the recent changes there.

The provider used some quality checks to make sure the service was meeting people's needs. The operations manager told us, "We have worked to devise an auditing system for quality assurance with checks of health and safety, infection control, medication and fire drills. We also obtain feedback from families and professionals." We saw up to date checks had been completed in relation to the areas we inspect, is the service safe, effective, caring, responsive and well-led.

Other audit checks were completed around the care records, medicines and people's finances. The manager completed staff observations of practice which included working alongside staff. A 'walk the house' audit was completed monthly, and this had identified some issues with areas of the service which required improvement such as the driveway and some flooring. These areas were now being addressed by the manager.

The manager understood their responsibilities and the requirements of the provider's registration. For example, information such as allegations of abuse and serious injuries should be notified to us. It is a legal requirement for the provider to display their ratings so that people are able to see these, we found this had been done at the service and these were also displayed on the provider's website.