

Select Lifestyles Limited

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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

This announced inspection took place on 21 December 2016 with phone calls made to people using the service and their relatives on 22 December with further attempts made to contact people over the following days. The provider had 48 hours' notice that an inspection would take place, so we could ensure staff would be available to answer any questions we had and provide the information that we needed.

Select lifestyles are registered to deliver personal care. They provide support to younger adults with learning disabilities or autism or physical disability within four supported living settings. At the time of our inspection 52 people were accessing this care through the provider.

The service had a registered manager. 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.

Staff supported people in a way that made them feel safe. Staff understood the procedures they should follow if they witnessed or suspected that a person was being abused or harmed. Criminal records checks were undertaken before staff were able to begin their role. People were supported to take their medication at the appropriate times. Staff had knowledge of the risks posed to people supported them safely.

Staff had the skills and knowledge required to support people effectively. Staff received an induction prior to them working for the service and they felt prepared to do their job. Staff could access on-going comprehensive training and regular supervision to assist them in their role. Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them. Staff assisted people to access food and drink and encouraged people to eat healthily.

People were involved in making their own decisions about their care and their own specific needs. People felt listened to, had the information they needed and were consulted about their care. Staff provided dignity and respect to people. People were encouraged to retain a high level of independence with staff there ready to support them if they needed help.

People's preferences for how they wished to receive support were known and always considered by the care staff. Staff understood people's needs and provided specific care that met their preferences. Staff considered how people's diverse needs should be met. People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

People were happy with the service they received and felt the service was led in an appropriate way. Staff felt well supported in their roles and that their views or opinions were listened to. Quality assurance audits were carried out and were used to develop the service.

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.

Risk assessments were in place and were used to keep people safe.

Sufficient staff were in place and staff recruitment was carried out safely.

Medicines were given, stored and recorded appropriately.

Is the service effective?

Good ●

The service was effective.

Staff were provided with an induction before working for the service and on-going supervision and support was provided.

Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them.

Staff assisted people to access food and drink.

Is the service caring?

Good ●

The service was caring.

People felt that staff were kind and caring towards them.

People were involved in making decisions about their care and how it was to be delivered.

Staff maintained people's dignity and provided respectful care.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's needs.

Staff considered people's preferences when carrying out care.

People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

Is the service well-led?

Good ●

The service was well-led.

People were happy with the service they received and felt the service was well led.

Staff spoke of the openness of the registered manager and senior staff team.

Quality assurance audits were carried out with an audit trail in place.

Select Lifestyles Limited

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.

This announced inspection took place on 21 December with phone calls made to people using the service and relatives on 22 December with further attempts made to contact people over the following days. The inspection was announced to ensure staff would be available to answer any questions we had or provide information that we needed. The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person with experience of using services or caring for someone who uses this type of care service.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

We liaised with the local authority commissioning team to identify areas we may wish to focus upon in the planning of this inspection. The team are responsible for monitoring services that provide care to people.

We spoke with two people who used the service and two relatives, three care staff, a professional involved in people's care, a senior manager and a manager at provider level. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to four people by reviewing their care records, we reviewed three staff recruitment records and four medication records. We also looked at records that related to the management and quality assurance of the service, such as staff training, rotas and audits.

Is the service safe?

Our findings

People told us that they felt that the care provided to them was carried out safely, with one person saying, "I am very safe here". Relatives commented, "[Person's name] receives 24 hour care and we don't worry at all" and, "The staff keep people very safe". A staff member told us, "We work hard to keep people safe".

Staff members were able to speak with a good level of knowledge on safeguarding and records showed that they had received appropriate training. One staff member said, "If I witnessed a safeguarding concern such as somebody having marks on their face or having a sudden change of personality I would pass it on to managers and record what I had seen". The senior manager we spoke with informed us that there was a safeguarding policy in place and said, "If a safeguarding concern is raised a manager would complete the paperwork and then we have a discussion on who is to take the lead and that person would work with the local authority". We saw that where people required support to access their money staff kept records of any transactions and receipts. If people required additional funds a professional involved in their care was notified and systems were in place to protect the individual from financial abuse.

We saw that detailed risk assessments were in place. Risk assessments completed included mobility needs, transport safety, skin viability, continence requirements, safety when using equipment and health needs. The risk assessment considered who could be harmed and how the risk could be mitigated. We found that risk assessments were reviewed regularly. Staff understood any risks posed to people and were able to discuss this with us. Examples of assessment of risk included where people may be at risk of pressure sores, it was noted that staff should ensure that the person was kept dry and clean in order to minimise risk.

We found that accidents and incidents had been recorded and that where required we had been notified of them. Where a previous incident had occurred regarding medicines this had been recorded accurately and the issue had been acted upon.

People told us that they felt that there were adequate amounts of staff to care for people and one said, "There are enough staff, even if some are off sick they [other staff] cover it". Relatives commented, "We see different ones [staff] on different days, but they have the same group of staff", and, "Yes, they have a core staff and there doesn't seem to be a high turnover of staff".

A staff member told us, "I don't think that we have a problem with staff numbers we get help when we need it". We looked at three recruitment files and staff told us that prior to commencing in their role they had been requested to provide references, identification and to undertake a Disclosure and Barring Service (DBS) check. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. Records showed that staff members had provided a full work history as part of their application.

People told us that they received their medicines safely and one person said, "I get my medicine without a problem". A staff member told us, "I am trained to give medicines". We found that medicines administered were recorded appropriately on Medicine Administration Records (MAR) sheets and these were audited

regularly. Where people took medicines as and when a protocol was in place to advise staff how to administer them correctly. We saw that where some liquid medicines required thickening guidance for staff was in place to assist them to prepare the correct dose and route of administration. There were no concerns over how medicines were stored or disposed of. Staff informed us that their competency in delivering medicines was checked periodically.

Is the service effective?

Our findings

People told us that staff had the skills and knowledge required to support them effectively. One person told us, "They care for me well". Relatives that we spoke with told us that they were happy that staff understood the needs of people and commented, "I think they [staff] are very well trained and they are very aware of [person's name] needs", and, "They [staff] are good, they are well trained and are excellent at their job".

Staff told us of how they had received a detailed induction period prior to starting work. One staff member told us, "My induction included training and shadowing, it prepared me for the job". A second person told us, "During the induction I watched a DVD on care and was questioned on it afterwards. I went out to see people with staff members, so I could find my own way of working from the shadowing". We saw that new staff had completed mandatory training courses and that they had completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers should adhere to. We saw that the training staff undertook was recorded. Safeguarding, moving and handling and hoist training was some of the more recent completed training courses that staff discussed with us.

Staff members told us they received regular supervision, one staff member said, "I have supervision three monthly, but it's an open door policy and we can go to management any time we want to". Staff members told us that they had annual appraisals and that these had been used as an opportunity to learn from the previous year's tasks and set goals for the next 12 months.

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. Staff we spoke with had a good level of knowledge on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards [DoLS] and records showed that staff had completed training. A staff member told us, "Where people do not have capacity they will have appointees. Usually parents help people with decisions, but if none are involved then we contact professionals involved in their care and meetings are set up to discuss best interests and any applications would be made to the Court of Protection".

People told us that staff asked for consent prior to carrying out tasks. One person told us, "They [staff] ask for my consent". A relative told us, "The staff always ask [person's name] before doing anything, we couldn't wish for better carers". A staff member told us, "I ask people for their consent and I look for it in actions such as hand signals, nods, noises and pointing to things".

People were satisfied with the meals that they received and commented, "The food they cook for me is done okay", and "No problems with meals". A relative told us, "[Person's name] does her own shopping, so chooses what she eats, but staff are there to support her when she needs it and she decides when she needs the support". A second person said, "There are no problems with meals [relative] looks well". People told us

that they had access to drinks throughout the day and that staff would get them a drink if they couldn't access their own. We saw that records noted where people were at risk of choking and required pureed foods or assistance to eat. Staff were able to discuss with us who needed help and how they would assist them and example of this was where one person required specific assistance, as they were unable to utilise a cup. Files also highlighted any allergies that people may have to food.

People we spoke with felt that if they were poorly staff would call a doctor to see them. People and relatives told us that they were happy with the amount of support that people received to maintain their on-going health needs. One relative told us, "[Person's name] requires specific care and always receives it". A second relative said, "They organise appointments and take [person's name] to them to them including the dentist". Staff reinforced this as they told us of how they attended medical appointments with people if this was required. Staff shared that they were asked to keep people occupied at appointments if they were known to get anxious. We saw that appointments attended were recorded.

Is the service caring?

Our findings

People told us that they felt that staff were kind and caring. One person said, "Staff are kind and caring, there is not a malicious one amongst them". A relative told us, "They [staff] are attentive and caring. You can speak to any one of them and they know how [relative] is". A second relative shared, "We have always been more than happy with them [staff], they are very caring and [relative] is extremely happy there". Staff that we spoke with were able to talk to us about people by name and understood their needs well, an example being staff understanding the triggers that may set off a seizure in a person.

We saw that where communication was difficult for people, steps had been taken to make things easier for them. Staff told us that they understood people's ability to have a conversation and if required they spoke slowly or loudly. We found that a large section of paperwork was completed in a pictorial format, which was easily understandable. An example of this was the personal plan that gave people information such as, 'who cares for me' and, 'what I like and dislike'.

People told us that they made their own decisions, with one person saying, "I decide what I want for myself". A relative told us, "[Person's name] makes their own choices about what they want to eat, wear or buying things, they have their own mind and staff know this". A staff member told us, "People make decisions on clothes and food and whatever else they want to, it is always up to them".

People told us that staff members encouraged them to be independent. One person shared with us, "I like to do things for myself, I feel useful". A staff member told us, "We try to keep people independent by not doing everything for people but prompting them to help themselves where they can".

People told us that staff respected them and promoted their dignity, with one person saying, "I have my own room and they [staff] knock on the door". A relative told us, "When staff are helping [person's name] with personal care they always do things like draw the curtains and close the door". A second relative shared, "They [staff] are very respectful to [person's name] but at the same time friendly". A staff member told us, "Privacy and dignity is very important. When I help to shower people I close the door and always knock before entering. I make sure that people are covered up and that their privacy is kept".

Although nobody was accessing an advocacy services through the provider, a senior staff member told us that people had used advocates previously and that if it was felt that an advocate may be useful then staff would contact social workers and inform them of the need for an advocate. An advocate is used when people require support to raise issues or discuss matters.

All of the relatives that we spoke with told us of their positive relationships with the staff and that they were very satisfied with the level of communication between them and the caring manner in which they were dealt with.

Is the service responsive?

Our findings

We found that people had been involved in discussions to develop their care plans. One person told us, "I was asked about the care I wanted for the plan". A relative told us, "Yes [person's name] has a care plan I have been involved in the past but not recently". A second relative told us, "[Person's name] has a care plan it's all in place, so the staff just update it now". A staff member shared, "I am involved in care plans and I read them to update myself".

We found that care plans looked at the support that people required and their personal targets and achievements to maintain. This included; mobility needs, personal care, medicines and health, communication needs and religious or cultural needs. Staff were able to discuss with us people's care needs and they were able to relate the care that they provided to the content of the care plan. We found that care plans were reviewed and updated in a timely manner.

People told us of their preferences with one person saying, "I choose what I want to do, I go shopping and have been on shopping trips around the country". Relatives commented, "[Person's name] likes walking, going out in the car, shopping and social activities. [Person's name] also enjoys cooking very much too and does like one to one time with staff" and, "[Person's name] likes shopping and going to the cinema, going out for meals and to another centre for social events. I think [Person's name] is offered more activities than he actually does". Preferences were considered within the care plan and people's likes and dislikes were noted. Staff were able to discuss this with us and gave examples, such as, people enjoying going out for a car ride, to day trips and attending their place of worship regularly. We found that preferences were acknowledged and people were able to do their chosen activities. Preferences also included people's appearance and how they liked to look with preferred hairstyles and accessories noted.

We found that relationships of importance to people were maintained and this formed part of the care plan. Guidance for staff was given within the plan on how to arrange and support people to see family members and people close to them. A staff member told us, "If people didn't see their family regularly it would upset them greatly and we always remember this".

People told us they knew what action to take if they wanted to raise a concern or a complaint. One person told us, "I would speak with staff, but I have had no complaints". A relative told us, "We have never had a major complaint, little niggles, but they are sorted straight away". A staff member shared, "Any complaints are dealt with effectively". We saw that where complaints had been submitted these were investigated and the outcome was discussed with the complainant. We saw that complaints were recorded, but that recent issues had been minor such as a person disliking a meal. People told us that they had received the complaints policy and were able to understand it.

We found that feedback was currently taken from people in the form of informal discussions, but that plans were in place to develop this into formal feedback surveys. People and relatives told us that they recalled discussing their care in this manner with staff and commented that they would appreciate formal feedback. The PIR told us, "We will investigate the use of technology for service users to express their views on our

service; we plan to use computer tablets to do this. Our investigation work is planned for the next 12 months, with a trial to start".

Is the service well-led?

Our findings

People told us they were satisfied with the service provided and one person told us, "I like it here, it is good". A relative shared with us, "We have never had a problem, it is a fantastic place". A second relative said, "We are extremely happy with the service, [person's name] is happy to go back after a visit home and that is a good sign that he is happy living there". A staff member told us, "It is like a little family".

People and staff spoke about how well the service was led and managed. One person told us, "I know who the manager is they are okay". Relatives commented, "I think it is very well managed. They [staff] keep us informed and tell us straight away if there are any concerns", and "I can't recommend them [staff] highly enough they are a brilliant support and the management is spot on". A staff member shared with us, "It is well led, if you need advice you can always get through to somebody". Staff and people told us of the links forged within the local community including day centres and places of worship and said that they felt this was positive.

We saw that regular team meetings took place and that the minutes from these meetings were recorded. Staff told us that they felt able to put ideas and opinions across in meetings and one staff member gave the example of putting forward ideas for activities that were taken on board. We also saw that meetings for people living within the supported living units were carried out monthly and people told us that they discussed activities and ideas for the building such as decoration.

Relatives told us that they felt that the service was organised in a manner which made things easier for people who may have communication difficulties. One relative told us, "Everything is easy to understand and the manager has made sure people understand things". We found that all paperwork detailing information for people was in an easy to read pictorial format.

Staff told us, "I would whistle-blow if I saw bad practice, we have a massive folder of policies and all the information needed is in there". A whistle blower is a person who tells someone in authority about wrongdoing they witness.

Audits were carried out regularly and they looked how the service kept people safe, if it was effective, whether it was caring and responsive and well led. We saw that monthly checks were carried out on incidents and accidents, safeguarding, complaints and risks to assess for any trends or patterns that may indicate any areas of concern. Senior staff told us that the provider gave a lot of support and could be called upon at any time. A senior staff member shared, "The staff at provider level go to the units and take people out for the afternoon. They know everyone by name. We saw that unannounced observations on staff were carried out and these looked at whether the staff member assisted the person appropriately, provided them with choices and dignity and communicated with them effectively. Staff were able to confirm that these checks were carried out.

We were notified of any incidents that occurred, which enabled us to see how staff responded to incidents or concerns.

