

Select Lifestyles Limited

Domiciliary Care Agency Riverside

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 

Overall summary

The inspection took place on 9 and 10 September 2015 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because we wanted to make sure staff would be available to answer any questions we had or provide information that we needed. We also wanted the registered manager to ask people who used the service if we could visit them in their homes. At our last inspection on 2 January 2014 the service was meeting all of the regulations that we assessed.

The service is registered to provide personal care and support to people in their own homes. At the time of the inspection the service was providing support and personal care to 29 people who were living in their own homes within four 'supported living' facilities within the community. Supported living enables people who need personal or social support to live in their own home supported by care staff instead of living in a care home or with family. The levels of support people received from

Summary of findings

the service varied, according to their assessed needs and levels of independence. Each supported living facility had their own communal area and an office for staff to use as a base.

A registered manager was employed at the service. 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.

People were supported by staff who had received training in how to recognise possible signs of abuse and how to report any concerns. Staff were aware of their responsibilities in this area and what actions they should take. All staff spoken with were confident that if they had to raise any concerns that they would be acted upon and dealt with appropriately.

Where recent concerns had been raised, we saw that lessons had been learnt and actions taken to ensure that people were kept safe from harm.

Staff were recruited appropriately and there were sufficient numbers to meet people's needs. Staff had received induction training when they first started work and ongoing training was in place in order to develop their skills and ensure they had the skills to meet the needs of the people they supported.

People were supported to live their lives in the least restrictive way possible, staff understood the requirements of the Mental Capacity Act [MCA] and Deprivation of Liberty Safeguards [DoLS], and what it meant for the people they supported.

People were supported with their nutrition and health care needs.

People told us that the staff who supported them were kind and caring and they spoke warmly of the staff and management. Staff enjoyed their role and the feedback they received from the people they supported.

Efforts were made to ensure that the staff who supported people were well matched with them. Prior to people moving into their new homes, detailed transition plans were in place to ensure the process was as smooth as possible.

People were involved in developing how they wanted to be supported and were encouraged to be as independent as possible and achieve their aspirations.

People were confident that if they had any concerns, they would be dealt with appropriately. We saw where complaints had been raised they had been responded to and lessons learnt, but recording of this was not always consistent.

The registered manager and staff group were described as supportive and approachable. Following recent concerns, lessons had been learnt and additional monitoring of the service had been put in place to ensure the quality of the service people received.

Summary of findings

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 safe.

People told us that they felt safe and that they were supported by staff who knew how to keep them safe from abuse and harm.

Staff were safely recruited to provide care and support to people.

People were supported to take their medicines when they needed them.

Good



Is the service effective?

The service was effective.

People were supported by staff who received training, supervision and support to meet their needs effectively.

Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards preventing people from being unlawfully restricted.

People were supported to access healthcare professionals to meet their needs.

Good



Is the service caring?

The service was caring.

People told us that they staff who supported them were kind and caring.

People's privacy and dignity was promoted and maintained and their independence regarding their daily life skills was encouraged.

Staff encouraged people to make their own choices regarding their daily routines.

Good



Is the service responsive?

The service was responsive.

People were involved in developing their care plan so that staff knew how they wanted to be supported.

People were supported to take part in activities they enjoyed.

People's complaints were listened to and acted on.

Good



Is the service well-led?

The service was well led.

People described the registered manager and staff group as supportive and approachable.

Lessons had been learnt from recent events and systems were in place to improve and streamline record keeping and quality assurance systems.

Good



Domiciliary Care Agency Riverside

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.

The inspection took place on 9 and 10 September 2015 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be available for us to speak to at the head office and also we wanted to make sure staff would be available to answer any questions we had or provide information that we needed. We also wanted the registered manager to ask people who used the service if we could visit them in their homes.

The inspection was carried out by one inspector and one registration inspector. The first day of the inspection took place at the head office of the provider [50 Popes Lane, Oldbury] as the provider had made an application to add this new location to their conditions of registration with us relating to personal care. A registration inspector

accompanied the inspector of this service in order to consider this application. The service provides support to people in their own homes at four separate supported living facilities. The inspector spent the second day of the inspection speaking to people in their own homes.

Some concerns had been raised regarding this service and we planned to look at those areas during our inspection, for example the management of financial records and accurate record keeping. We looked at notifications that had been received from the provider about deaths, accidents and incidents and any safeguarding alerts that they are required to send us by law.

We spoke with three people who received support from the service, one relative and representatives from the local authority, the Black Country Learning Disability Service, the registered manager, the domiciliary care manager, the managing director, the safeguarding lead, two team leaders and three care staff.

We looked at the care records of five people who received support from the service, two staff files, training records, complaints, accident and incident recordings, safeguarding records, policies and procedures, medication records, rotas, staff supervision records, quality audits, surveys and tenancy agreements.

Is the service safe?

Our findings

People spoken with told us that they felt safe when supported by staff in their own homes and when in the community. One person told us, “Staff are nice, I can talk to them; I feel safe and safe when I have visitors”. People told us staff knew how to keep them safe and support them to live their lives the way they wanted.

People were supported by staff who were aware of the risks to them on a daily basis. Staff were able to provide us with examples of how they kept particular individuals safe. For example, when supporting one person in the community a member of staff told us, “[Person’s name] prefers to link arms when we approach a crossing and likes to press the button and wait before crossing”.

People were cared for by staff who recognised the types of abuse people could be at risk from. Staff told us they had received training in safeguarding and were able to tell us what action they would take if they suspected someone was at risk of abuse. We saw where a recent safeguarding had been raised, lessons had been learnt and actions put in place in order to reduce the risks highlighted. For example, concerns had been raised regarding the cash recording of service user’s money in the home; as a result of this issue a new cash recording system had been put in place, complete with double signatures for each purchase. A relative we spoke with confirmed that changes had been introduced which they considered to be much more transparent.

We saw where accidents and incidents had taken place, these were reported upon and recorded appropriately and lessons were learnt. This information was then picked up by management in their monthly audits in order to monitor the service and ensure improvements continued and were

maintained. Staff spoken with were aware of the provider’s whistle-blowing policy and we saw that whistle-blowers were protected and supported and where appropriate, action was taken.

People told us that staff were always there when they needed them and they always arrived on time. One person told us, “Staff are always on time; they tell me if staff can’t come and sort out someone else”. We saw that staff absences were covered by existing staff or bank staff. A member of staff told us, “We raised in the staff survey we need more bank staff to cover staff sickness and they got someone in quite quickly”.

Staff spoken with confirmed that prior to commencing in post, all the necessary pre-employment checks had been completed, including checks with the Disclosure and Barring Service (which provides information about people’s criminal records). We also looked at the files of two members of staff and noted that the provider had a robust recruitment process. This meant that checks had been completed to help reduce the risk of unsuitable staff being employed by the service.

People were supported by trained staff to take their medication. Each person kept their medication in their own flat, complete with their medication administration records. We saw one person was going away for the weekend with their support worker and arrangements were in place to ensure all their medication and relevant medical records accompanied them on their trip. We saw that in response to recent safeguarding concerns, additional medication training had been put in place for staff and a new medication administration system had been introduced. A member of staff told us that since the new system had been introduced things had improved and medication audits seen confirmed this.

Is the service effective?

Our findings

People spoke positively about the staff who supported them. Staff told us they felt well trained to do their job and received regular training. A member of staff told us, “I feel well equipped to do my job; they had someone in to do the manual handling training, it was done really well”. A social worker spoken with commented to us, “The staff are very skilled”.

Staff told us they were allocated time in order to complete their training, much of which was done through watching DVD’s and completing related questions afterwards. One member of staff told us, “I have no problem with the DVD training, they give us four to six weeks to complete it and you can do it at work whenever you are free”. We saw that where concerns had been raised about staffs level of knowledge in a particular area, additional training had been put in place in response. As well as mandatory training, staff were able to access additional training to support people with their healthcare needs. One manager told us, “We have a good rapport with the Black Country Learning Disability Service” and a representative of the service confirmed this. They told us, “They [the service] have been very good in contacting me if there have been any concerns and they do take on board advice given – they look to sort things out”.

The registered manager told us how important it was for staff to keep up to date with their knowledge and skills. They told us that following a recent discussion with parents, doctors and psychologists, a talk had been arranged to provide some additional training for staff who support people living with autism, they added, “It really helped staff understand the importance of routines for people”.

A member of staff told us that following their induction, they had shadowed colleagues and felt ready to take on their role. A member of staff told us, “During the induction the manager was really supportive and honest. I was able to shadow staff for three weeks”. Staff told us they felt supported by the management team and were happy with the amount of supervision they received although the frequency of supervision varied across the staff group. For example, some staff received supervision twice a year and others received it every three months.

We saw different methods of communication used by staff across people’s homes (a home where more than one person lived) for example, verbal and written handovers. Staff said systems worked well and we saw for each person supported there was a daily diary for staff to refer to in place. A weekly report had been put in place at one home (where more than one person lived) which was sent into the head office for the attention of the registered manager. This report included useful information with regard to audits undertaken, important diary dates for the week and any staffing issues such as holiday or sickness, thus enabling the registered manager to assess what was happening that week.

We observed staff obtain people’s consent before supporting them. One person told us, “[Staff member’s name] asks what I want to do every day”. Staff spoken with told us they had received training in respect of the Mental Capacity Act and Deprivation of Liberty Safeguards and were able to describe to us what lack of mental capacity meant, what determined unlawful restriction and what they should do if they had concerns.

People were encouraged and supported by staff to choose what they wanted to eat, shop for the ingredients and prepare their own meals. One person told us, “[Staff] help with my shopping and I do my own cooking”. Staff were able to tell us about people’s dietary preferences and how they supported them in this area. A member of staff told us how they supported one person to make healthy choices in their diet in order to maintain their diabetes. They told us how they tested the person’s blood sugar levels and what indicators to look out for if they were unwell and how they would respond to this. A member of staff described to us the additional learning they had been given with regarding to healthy eating and nutrition, they told us, “It was really interesting and helps us support people to have a healthier lifestyle”.

We saw that each person had a care plan that held information regarding their healthcare needs. In one of the three people’s homes we visited (a home where more than one person lived) a new system of recording appointments with healthcare professionals had been put in place to provide an up-to-date at a glance picture of the last time people had particular medical appointments. The registered manager told us there were plans to introduce this new paperwork for all people they supported. We saw that people were supported to access health or social care

Is the service effective?

services when they needed them that included the dentist, eye tests, chiropodist and specialist health care services. Staff were able to tell us of the healthcare needs of the people they supported. One member of staff described to us how a particular individual had been supported to maintain good health. They told us “[Person’s name] had a lot of [health] problems in the last 18 months and it altered how we looked after them. We are like a family here, if [Person’s name] became ill it affected everyone. Thankfully

they are now improving”. A social worker told us how one person became extremely distressed whenever they needed to attend healthcare appointments. They described to us how staff had developed a programme of desensitisation, in order to lessen the anxiety the person experienced every time they attended an appointment and how successful this was. This meant that people were supported to maintain good health despite the challenges this brought to both them and the people supporting them.

Is the service caring?

Our findings

People spoke positively about the staff who supported them, one person told us, “I love living here, it’s nice” and another person told us, “Staff are nice, I can talk to them”. A relative told us, “[person’s name] is very happy there, they’ve settled really well and get on well with all the staff”. We observed that staff were kind and caring in their approach and that people had warm relationships with the staff who supported them. All people spoken with told us they also saw the registered manager on a weekly basis and we observed that both he and they knew each other well. A person told us, “It’s a good place here, and [registered manager] visits every week”.

We observed that people were happy and comfortable in the company of the staff who supported them. One person was keen to tell staff about their plans for the future which included a holiday and buying a new computer. The member of staff chatted with them about their plans, taking an interest in what they had to say. We saw they took into consideration the things the person wanted to do and explained to them how they could support them to achieve those things. They then said to the person, “We can sit down and do a savings plan for you if those are the things you want to do and see where we go from there”. Another person described to us how staff would invite people to help cook a Sunday lunch and eat this together. A member of staff confirmed this, they told us, “Some Sundays we will arrange for friends to have lunch together; everyone cooks part of the lunch” and we saw photos on display showing this.

The registered manager told us that staff were handpicked to match people’s personalities to ensure that they got

along together. They told us, “You only have to look at [person’s name] and [staff member’s name] to see that they are well-matched – they get on really well” and we did observe this. We saw staff knock on people’s doors before entering their home and asked permission to enter. Staff asked people if they were happy for the inspector to speak to them in their own home and if so, if they wanted a member of staff present. One person told us how important it was for them to maintain their appearance and they told us how staff supported them to do this.

We saw when a person needed support to express their views, arrangements had been made for them to receive some assistance from an advocate.

People we spoke with confirmed that they were supported to maintain or develop their independence. One person told us, “I do my own cleaning and mopping and I do my own laundry”. We saw that staff helped people to maintain relationships with people of their choosing. One person had been supported to organise a family party in their flat. Staff spoke proudly about how this person had been supported to develop their skills, they told us, “[Person’s name] now requires a lot less support. He organised a family party, budgeted it himself and bought the party foods and cooked them himself. He has come a long way and staff have given him confidence in himself to do these things”.

Staff were able to demonstrate that they knew people’s personal preferences and supported them to engage in activities they wanted to do. One person told us, when comparing the support they received with where they previously lived, “It’s more flexible here, I can be more free”.

Is the service responsive?

Our findings

People spoken with told us they were involved in their care plans and records seen confirmed this. They were able to show us where their care plans were kept and the information they contained. A relative spoken with confirmed they had been invited to reviews and were kept informed of any changes, for example one person told us how their relative had recently had a flu jab but had been taken ill afterwards and staff had kept them informed. We saw care plans in place that were detailed and informative and reviewed monthly or if there had been a change in someone's care needs. We saw that the pre-assessment process was comprehensive and the information gathered from people, their families and other professionals was used to inform staff on how to support people the way they wanted to be supported. People's care plans stipulated the number of hours of support they required and these hours varied according to the needs of the individual.

One person described to us what happened before they moved into their new home, they told us, "I did visits before moving in, I like it here". The registered manager told us that prior to people moving to their new home, there would be a period of transition, whereby staff would work alongside other people supporting the person at different times of day and for different activities. People would be encouraged to stop for tea and meet other people living at the service, leading to overnight stays before moving into their new home. This period of transition helped people settle in and assist staff in understanding how best to support people whilst building relationships with them. We saw evidence of this process in people's care records and staff commented to us how well this process worked in understanding people, the risks to them and how best to meet their needs.

People expressed confidence that staff would support them to undertake activities of their choice and to follow their interests. One person described to us how prior to going on holiday abroad, staff had taken them to the airport in order for them to get used to the environment, so that they knew what to expect before they flew. They told us, "I went to Lanzarote and staff took me to the airport

first. They always ask what I want to do" and another person said, "I like talking to people and going out to places and staff support me. I decide what I want to do depending on my money".

Staff spoken with were able to describe in detail people's preferences and how they liked to be supported and spend their time. They spoke fondly of the people they supported, one member of staff told us, "It's really rewarding when you see how a person has improved – where they were previously to today" and another member of staff told us, "[Person's name] had no confidence when they arrived and was very quiet; over the months I've built a bond with [Person's name]; I've gained their trust".

A social worker spoken with told us how well a particular person had settled into their new home with the support of the staff. They told us, "[person's name] settled quite quickly and it was a big surprise. They [staff] have managed to support them really well and I was very pleased when I did their initial review. They had come on in leaps and bounds."

People told us that if they were not happy about something they could talk to a member of staff or the registered manager. One person told us, "I would tell the manager if I wasn't happy. He visits every week and we have a chat". We saw there was an easy read document for people on how to make a complaint and people spoken with were aware of this. We saw that the tenancy agreement that was in place was also in an easy read format and people spoken with were aware of their rights. A relative confirmed that they had previously raised a concern, that they were listened to and their concerns acted upon.

We saw evidence of where complaints had been received they were logged, investigated and lessons learnt. For example, a complaint had been received regarding the rota for the laundry. We saw evidence of this being discussed in the staff meeting minutes and how this was resolved to a satisfactory conclusion. However at one of the other people's homes we visited (a home where more than one person lived), we could not see what actions had been taken following the receipt of a complaint. We discussed this with the registered manager and they confirmed to us that there were plans in place to ensure consistency in responding to complaints received.

Is the service well-led?

Our findings

People spoken with and staff supporting them, all spoke positively about the management of the service and said that if they raised any concerns they felt they would be listened to and acted on. Words used to describe the registered manager were “friendly” and “approachable”. One person told us, “I haven’t had to complain. It’s a good place and I like it, [registered manager] visits every week”. A member of staff told us, “It’s like a big family, everyone is very welcoming, [registered manager] comes in and asks every member of staff how they are feeling and if they have any problems or concerns. I have a good relationship with him. I wouldn’t hesitate to approach him”. A social worker spoken with told us, “It’s a well-managed service, managers are very approachable”. The registered manager told us that their goal was to enable people to live their lives as independently as possible, and where possible, reduce the need for support and was able to provide us with practical examples of this.

The registered manager told us that following recent concerns raised regarding the management of financial records and accurate recording keeping, a number of lessons had been learnt. He told us, “We should have done better as a company” and he went into detail about the changes that had been implemented in response to the concerns raised. We saw that a ‘Safeguarding Lead’ had been appointed within the organisation in order to investigate any concerns and implement lessons learnt. We also saw that spot checks were taking place every week in order to check paperwork, the new cash recording system, health and safety and general cleanliness of the environment. We saw that a new system for requesting maintenance work to be completed was being introduced and plans were in place to monitor this. We also spoke with the domiciliary care manager, who had been appointed in response to the concerns raised. They described to us how they were supporting the registered manager, including assisting in completing audits on how the service was performing and working alongside staff in order to develop the paperwork used.

We saw that regular staff meetings took place in order for the registered manager to feedback any issues to staff to help improve the service people received. Information was gathered together using quality audits that collected information under the headings, safe, effective, caring,

responsive and well-led, the intention being that staff would understand the CQC methodology and apply it in their everyday work. Staff were encouraged to put forward new ideas during the meetings and we saw evidence of this. For example, a new person centred care plan was being piloted at one which had been put forward by a member of staff.

Staff told us that communication arrangements were good. They told us about the daily handover from each shift worked well and that the registered manager was accessible. The registered manager told us, “I like to think people would come to me or one of my managers if they had a problem, I have grown with the company and people see me as someone they can approach”. We discussed with the registered manager the information sharing systems across the service. We saw that each service did things slightly differently and reported them differently to the registered manager. He acknowledged that this could create a lack of consistency in information gathering, but we saw that systems were being developed in order to streamline paperwork. He told us, “As we got bigger, it felt like there weren’t enough hours in the day, but the changes we have made have helped and will help going forward”.

We saw that efforts had been made to obtain the views of the people supported by the service and their relatives. This was either in the form of meetings or surveys. People were supported to attend meetings and contribute to the agenda and the content of the meeting. The registered manager told us that it was not always possible to get families together for meetings and in response to this a quarterly newsletter had recently been introduced. We saw that pictorial surveys had been simplified and sent out to people in their own homes every quarter and people were supported by staff where appropriate to complete these. An overview report of the findings had been completed and these showed that people were generally satisfied with the support they received.

We saw that information regarding accidents and incidents were kept at each person’s home and this information was looked at in monthly audits and where appropriate, action plans were put in place to address any shortfall. For example, we saw on one particular audit that a training gap had been identified and in response to this additional training was being put in place for staff.

Is the service well-led?

The service had a history of meeting legal requirements and had notified us about events that they were required to by law.