

Select Lifestyles Limited

Select Lifestyles Limited - 153 St Marks Road

Inspection report

Chapel Ash
Wolverhampton
West Midlands
WV3 0QN

Tel: 01902427141

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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 inspection was unannounced and took place on 21 January 2016. At the last inspection in May 2014, we found the provider was meeting all of the requirements of the regulations we reviewed.

153 St Mark's Road is registered to provide accommodation for up to five younger adults who require personal care and support. On the day of the inspection there were four people living at the home. There was a registered manager in post. 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 and their relatives told us they felt safe. Staff understood their responsibilities in keeping people safe from harm, and knew how to report any concerns. Relatives told us there were enough staff to support people living at the home, and that staff had the right level of skills and experience. Staff received training that was relevant to their role. The provider had effective recruitment processes in place and carried out appropriate checks on staff before they were able to start supporting people. People received their medicines as prescribed and systems to manage medicines were effective.

People were asked for their consent before care was provided. People's care and support was planned in a way that did not restrict their rights and freedom. People were supported to have enough to eat and drink. People were supported to maintain good health by staff who followed the advice given by healthcare professionals.

People and their relatives told us the staff were kind and caring. Staff understood people's individual needs and people's privacy and dignity was respected.

People were supported to take part in activities that interested them. Where people's needs changed, staff took action to ensure people received care that was appropriate for their needs. People's relatives felt confident to complain if they were unhappy and there was a system in place for handling complaints.

Relatives and staff expressed confidence in the registered manager and the provider and felt they were listened to when they gave feedback. There was an open culture within the home and people felt able to express their views and opinions. There were systems in place to manage the quality of the service and regular audits were carried out.

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.

Staff were aware of their responsibilities in protecting people from harm. Risks had been assessed and plans were in place to manage risks to people's health and safety. There were enough staff to meet people's care and support needs. People received their medicines as prescribed and medicines were stored and managed safely.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff that had the appropriate level of skills and knowledge. People had sufficient amounts to eat and drink. People's health needs were met by staff that followed advice given by healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People's relatives told us staff were kind and caring. Staff understood people's needs and preferences. People were supported in a dignified way and their privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the planning and reviewing of their care. There was a system in place to manage concerns or complaints and relatives knew who to contact if they had any concerns.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture within in the home. People's relatives and staff expressed confidence in the registered manager and the provider. There were systems in place to monitor the quality of the service.

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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.

This inspection took place on 21 January 2016 and was unannounced. The inspection team included one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was learning disability.

As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We met and spoke with all the people who lived at the home, four staff members, three relatives, and the registered manager for the service. We looked at three records about people's care and support, medicine records, and systems used for monitoring quality.

Is the service safe?

Our findings

People and their relatives told us they felt safe. Where people were not able to share their views we saw they appeared comfortable and relaxed and were confident to approach staff if they needed anything. One person's relative told us, "Oh yes, they are definitely safe. We can tell by their body language, they seem comfortable with staff." Another relative said, "[Person's name] is most definitely safe, behaviour and response is the best indication of how they are feeling. And from the word go they've been settled." People were protected from the risk of harm by staff who knew how to recognise signs of abuse. Staff understood their responsibilities in recognising and reporting abuse and knew how to raise concerns with both the registered manager and other relevant outside agencies if necessary. One staff member told us, "I would go straight to the team leader or the manager. I would say if I didn't agree, and I'd contact CQC." Another staff member said, "I would go to the manager, I am confident they would respond and there are other people in the organisation who would too."

People's relatives told us they were involved in decisions about people support and the risk management plans used by the provider. Risk assessments were in place to enable people's support to be provided in a way that did not hinder them but enabled them to live their lives safely. Staff shared with us examples of how they assessed risk on a daily basis and told us about the signs they could look for if they felt a person's behaviour may present a risk to themselves or others. This included taking note of changes in people's body language or behaviour. The registered manager had a system in place for monitoring accidents and incidents and told us how this information was reviewed and then discussed with the staff team to try and reduce the risk of similar incidents happening again.

People's relatives told us staff were available to support people with their every-day needs. One person's relative told us, "There have to be [enough staff] because [person's name] won't wait. You have to do it there and then, needs are met when they need to be." We saw there were staff available to assist people with their personal care needs, as well as to support people away from the home to follow their interests. Staff told us that because people had funding for one to one support this meant they could do what they liked, when they liked. On the day of the inspection we saw that some people went out on their own, and others as a group.

The registered manager told us that new staff worked alongside experienced staff that had worked at the home longer. This ensured that people always had someone they knew to support them and also provided support for newer staff at the home. Staff told us there was a number of regular bank staff from across the provider's other services, who supported people when the core staff team were absent due to sickness or annual leave.

We looked at the recruitment records for two staff members and found the provider had taken appropriate steps to ensure they employed suitable staff to work with people. We saw that they had requested references from previous employers as well as carried out all of the required checks, including Disclosure and Barring (DBS) checks to ensure that staff were suitable to work with vulnerable people.

People received their medicines as prescribed. One relative told us, "[Staff] do medication very well, [person's name] has to have tablets crushed and the staff do it in front of them, so it's not covert, it's best practice." We saw that people were relaxed around staff when they were being supported with their medicines and staff gave consideration to where people felt most comfortable taking their medicines. For example, one person preferred to take their medicines in the office area, while others had theirs with breakfast. One staff member told us, "I would log it if someone refused [their medicines], when people can take them themselves, I just put the tablet in their hand." We looked at the medicines for two people and found that they were stored safely, in accordance with national guidance and administered and recorded in a safe way. We saw that there were regular audits carried out in relation to medicines and staff had received training in this area. The registered manager or the team leader also carried out regular competency assessments to ensure staff were safe to support people with their medicines.

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge required to meet their individual needs. A relative told us, "Definitely they [staff] seem skilled and they always seem fresh and not tired." Another person's relative said, "[Person's name] seems to respond well to the staff, they know exactly how to speak with them, they do that well." Staff told us they felt they had the skills required to be effective in their job roles and shared with us recent training they had undertaken. One member of staff explained how some recent training had given them knowledge that they could apply to their role when managing potentially risky situations. They said, "It helped me. It gave me a more comfortable, friendlier approach. There are things I wouldn't have thought about that I can apply." We observed that staff's knowledge of people's needs meant they engaged with people sensitively and anticipated their anxieties. They were then able to offer reassurance to people to alleviate any concerns.

Staff received supervision and support from the registered manager and one-to-one meetings were held regularly. Staff told us they received feedback on their performance and were able to discuss any concerns they had. Staff who were new to the home were given an induction programme where they spent time shadowing other staff and reading people's care and support plans before undertaking any direct work with people. One member of staff told us, "Induction really helped me; it's helped me have a connection with people."

We saw how staff sought people's consent before providing them with care and support and staff shared with us examples of how they gained people's consent. One member of staff told us, "I always ask. It's about getting to know people, then I know what people are happy with. You learn from experience." Staff were aware of people's communication methods and preferences and how these could influence how they responded to choices offered by staff. One staff member told us, "It's about prompting and taking time." Another staff member said, "It's people's choice. I try and put myself in their shoes. Some people are sleepy early; others like to stop up late. It's their choice."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that it was. The registered manager understood their responsibilities in relation to DoLS and explained to us that they had applied for a DoLS for all of the people who lived at the home as they had recognised that people's freedom may be restricted. The registered manager and staff had received training in MCA and DoLS, but not all staff could recall receiving this training. However they did not act in a way that restricted people's rights or freedom. The registered manager explained to us that plans were underway to deliver training in this area to refresh people's knowledge and understanding.

At lunchtime we saw people being offered a choice of food and drink, staff explained the options clearly to people to assist them in making their choice. People were not able to tell us what they thought about the food but one relative told us, "Food is very, very good. They eat what they want." Another relative said, "[Person's name] is always happy so I know they are well fed. They've put on weight and haven't lost it." Staff told us that people were supported to shop for groceries, "We all do a big shop on a Monday and then shop throughout the week, people do help to load shopping in to the trolley. When [person's name] goes shopping, they choose their own food." Where people had preferred diet choices, or required a specialist diet for health reasons the staff were aware of this, and meals were prepared to meet people's individual needs.

People's healthcare needs were monitored by staff and they were supported to visit healthcare professionals for both routine check-ups as well as in response to a change in their health care needs. One staff member told us, "People have regular check-ups and if they need to see a doctor they go straight away. If they need to go, they go." Another staff member said, "I think we are quick to respond, when you spent this much time with people you know if they are unwell. We support people to appointments." Where healthcare professionals had given advice about a person's diet or health needs we saw that staff had followed their guidance to ensure that people's needs were met.

Is the service caring?

Our findings

We saw that staff supported people in a kind and friendly way. Interactions were often light hearted and throughout the inspection we saw people laughing and smiling. One relative told us, "They [staff] are always welcoming. Whether its reviews, or when we pick [person's name] up or drop them off, they're lovely." Another relative told us, "I can only say from what I see and the staff all seem to be happy and helpful."

Staff talked to people in a caring way. People were confident to approach staff if they needed anything and interactions between people and staff were relaxed. A member of staff told us, "Being caring is about knowing people well. We would know if someone was happy or unhappy. You can tell from body language." Staff also shared examples of members of the staff team who would attend events that were important for people in their own time if they were not on shift.

People were allocated a key worker when they came to live at the home and we saw that this gave staff the opportunity to focus on people's individual needs and interests. Staff were able to tell us about people's likes and dislikes and they demonstrated a good understanding of people's routines and preferences. We saw that staff were responsive to people's needs and anticipated situations that may cause people anxiety and responded appropriately. One staff member told us, "I feel like here it's different to other places I've worked. It's individual; people are taking the time to care."

People and their relatives were involved in decisions about their care and support. We observed people asking for the support they needed, when they wanted it. One relative told us, "We have reviews and get together a couple of times a year. [Person's name] is there and their social worker too." People were encouraged to be as independent as possible and staff were able to tell us how they encouraged people to do as much as they could for themselves. One staff member told us, "It's about knowing people. [Name of person] might not be able to make all of their breakfast, but I prompt them to do the things they can do."

People's privacy was respected and relatives told us they felt staff upheld people's dignity. One relative told us, "They [staff] are brilliant. [Person's name] has no awareness of dignity, but if I said to staff do you mind supporting them with personal care they take them away privately, so I know they do things properly." Relatives told us that there were no restrictions on visiting and they were made welcome when they visited the home. Staff provided us with examples of how they protected people's dignity when supporting them with personal care. We saw that staff knocked on people's doors before entering their rooms.

Is the service responsive?

Our findings

People and their relatives were involved in the planning and reviewing of their care and support. One relative told us, "We have meetings regularly and the manger rings me up and tell me things. Because we see them quite regularly its mostly face to face communication weekly." Care plans were developed to reflect each person's individual communication needs. Staff took time to consider and understand what people enjoyed doing and recorded how they responded to different activities to ensure people could continue to take part in things they enjoyed. One member of staff told us, "Families are asked to input, if we did something they were unhappy with, they'd tell us. When people move in families tell us their likes and dislikes if they can't."

Where people's needs changed we saw that this was identified by the staff and appropriate action was taken. People's care records reflected any changes that had taken place and staff were informed through the provider's communication systems which include handover meetings and daily logs. One staff member told us, "If I notice any changes I report them to the team leader. We always pass information on."

Staff explained to us how they used people's care records to help them support people in the way that they preferred. One member of staff told us, "The care plans gave me a good idea about people; they paint a picture of the person." People's care records included information about communication needs and the how to support people if they became anxious or distressed and this enabled staff to support people effectively.

People were engaged in activities on the day of the inspection and there was friendly conversation between people and staff. Some people were attending college while others were supported by staff to take part in activities. People were offered activities that were relevant to them, and there were plans to ensure that people were able to do things that interested them. Staff had a good knowledge of things people enjoyed and shared with us people's preferences in terms of activities. One staff member told us, "We do things that people would enjoy; we don't always go out as a group. I think people here live a nice lifestyle." Another member of staff explained to us how the environment or busyness of a place was a factor in whether some people enjoyed certain activities.

The registered manager shared with us the provider's plans to change the service from a care home into supported living. This proposal had been discussed with people and their families and relatives had been invited to attend a meeting to explore the implications of this change. The registered manager told us, "We held informal coffee mornings to discuss the changes. I think we have good relationships with people's families."

All of the relatives we spoke with told us they would talk to the registered manager, or staff, if they had any concerns. One relative told us, "There haven't been any problems, but we just ring if we have any concerns." Another relative said, "If I had an issue I am completely confident that they would be mortified about it. They're so good with us, caring so much." People living at the home would be unlikely to make a complaint due to their understanding or communication needs. Staff were able to tell us how people would

communicate if they were unhappy about something. There was a policy in place for handling complaints. The registered manager told us that they had not received any recent complaints, but staff we spoke with knew what action to take if anyone reported any concerns.

Is the service well-led?

Our findings

People's relatives and staff told us they felt there was an open culture within the home and that ideas were welcomed by the registered manager and the provider. A relative said, "We meet staff and the manager formally and informally." Another relative told us, "I can always call or email, the manager always comes back to me." A member of staff told us, "I think it's open and honest. In team meetings we have open discussions." The registered manager shared with us how they tried to develop and maintain a culture within the home that encouraged people's input and ideas. They told us, "You get comfortable when you've done something for a long time, new people challenge that. Just because we are managers doesn't mean we know everything." The registered manager welcomed feedback from staff or relatives who advocated on behalf of people living at the home which meant people's views were represented.

Staff told us they were able to give feedback in regular staff meetings that were held by the registered manager and felt listened to when they did. Staff also had the opportunity to meet regularly with the registered manager and told us they were given feedback on their performance. One staff member said, "Supervisions are private, you can give your opinion." Staff told us they were supported in their role and felt confident to raise any concerns directly with the registered manager or the provider.

The registered manager was present in the home on a regular basis and people knew who they were. Relatives told us that they would talk to the registered manager if they were unhappy about something. One relative told us, "Yes I know the manager, they are always there, they are very present. There's a lot of respect for them from everyone." We saw that people who lived at the home were comfortable to approach the registered manager who understood their needs and behaviours. We spoke with the registered manager and they demonstrated their understanding and knowledge of their responsibilities, including the needs of people living there, and their responsibilities as a registered manager. We reviewed the information we held about the provider and saw that they had notified us of things they were required to do so by law.

People's relatives gave positive feedback about the home. One relative told us, "We're happy, absolutely happy. It's calm, ordered, just right." Staff also spoke positively about the provider. One staff member said, "They are genuinely good, if something needs doing, it is done."

The provider had systems in place to monitor the quality and smooth running of the home. We saw that the registered manager and senior staff carried out regular audits. These included infection control, medication, health and safety and a review of accidents and incidents. The registered manager explained to us they conducted monthly audits, focusing on a different area each month. We also saw records of audits carried out by the provider which included actions to be followed up by staff at the home. The registered manager shared with us examples of changes that had been made following feedback from both staff and the provider. This included exploring new activity options for people that had been researched by the staff. They told us they were supported by the provider, who they felt promoted information sharing and was open to new ideas.