

Select Lifestyles Limited

Lincoln Road

Inspection report

3 Lincoln Road
Walsall
WS1 2EA

Tel: 01922643036

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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

About the service

Lincoln Road is a residential care home providing personal care to people with learning and/or physical disabilities. The service can support up to six people but at the time of the inspection, four people were using the service. People use the service for short stays as respite care.

The care home accommodates people in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes.

The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People using the service at the time of the inspection could not tell us about their experiences of using the service. However, we observed positive interactions between people and staff and people looked comfortable with the way they were being supported.

Relatives were positive about the quality of care and support provided and felt confident their family members were safe and happy when staying in the home.

There were enough experienced and trained staff on duty to meet people's needs and people received their medication at the right time. Staff knew people well which meant they could manage any risks. The environment was clean, spacious and maintained to a high standard.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, and in their best interests. The policies and systems in the service supported this practice.

Staff received induction and training which helped them to deliver effective care. Staff kept a close eye on people's health needs and would contact relatives and healthcare professionals if they had any concerns about people's wellbeing.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right

Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible to gain new skills and become more independent.

Relatives and staff were happy with the way the service was being led and managers carried out a range of checks to make sure the service was running well. The provider had a good oversight of the service and helped the registered manager to keep up to date with current best practice.

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

Rating at last inspection

This service was registered with us on 10 August 2018 and this is the first inspection.

Why we inspected

This inspection was planned as part of our inspection programme.

Follow up

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

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Lincoln Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Lincoln Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

The people who were using the service at the time of our inspection could not talk to us about their experiences of the care provided. We therefore used the Short Observational Framework for Inspection

(SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two relatives about their experience of the care provided. We spoke with five members of staff, including the registered manager, deputy manager, operations manager and care workers.

We reviewed a range of records. This included two people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt the home was a safe place to be. One relative said, "I have no concerns. I can tell [person's name] are happy".
- Staff received training in how to recognise possible abuse, knew how to report concerns and were confident action would be taken.. One member of staff told us, "I have never had a concern but I could speak to the manager or deputy or go to Head Office if needed."

Assessing risk, safety monitoring and management

- Staff had a good understanding of the risks to people and we saw that they took care to keep people safe. For example, staff we spoke with knew about one person's food allergies.
- There was clear guidance for staff on how to manage risks; for example, people had positive behaviour support plans which outlined how staff could reduce people's anxiety.
- The service completed checks on fire safety and the environment to make sure people were safe.

Staffing and recruitment

- We saw that there were enough staff available to support people, and enable them to go out and take part in activities. Records showed that staffing levels were changed depending on who was staying in the home at any one time. One member of staff told us, "We usually have enough staff. The managers are good at planning ahead and allow us enough time to get everything done".
- Checks were carried out on staff before they started work in the home to make sure they were suitable to work with people.

Using medicines safely

- Records showed people received their medication at the right time. Medicines were stored safely and staff received training in how to support people with their medicine as prescribed.
- Some people needed medication 'as and when required' or in emergencies and staff understood when these were needed and how to give them.
- Some people took their medication crushed with food or drink and the service had checked with the pharmacist and GP this was safe to do so. The service had also followed a thorough procedure to agree this was in people's best interests.

Preventing and controlling infection

- The home was clean and free from any unpleasant smells.
- We saw staff using personal protective equipment such as gloves and aprons to reduce the risk of

infection.

Learning lessons when things go wrong

- The registered manager reviewed incident and accident records to make sure appropriate action could be taken to reduce the risk of further harm.
- For example, the registered manager had investigated a recent incident and had increased staffing and made the environment safer as a result.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home to make sure their needs could be met. This included assessing people's individual preferences and their cultural and religious needs.
- The service carefully assessed how people using the home for a short stay would get on with each other as part of the assessment process. For example, some people liked smaller groups so would only stay during times when the home was quiet.

Staff support: induction, training, skills and experience

- Staff who had just joined the service told us they had received a good induction programme, which included the chance to shadow more experienced staff. One member of staff told us, "I did some shadowing for a few shifts to learn people's routines and was able to ask for help."
- Records showed that staff received training that was relevant to their role and to people's needs. Staff files contained evidence that their competence was checked by managers. For example, staff were observed giving medication to people three times before being allowed to do this on their own.

Supporting people to eat and drink enough to maintain a balanced diet

- We saw that people had a say in the menus. One member of staff told us, "We look at food likes and plan the menu accordingly but people can choose what they want."
- We observed people being offered regular drinks and snacks throughout the inspection.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Relatives told us that their family members had access to healthcare professionals when needed. This was supported by records showing that people had regular appointments with dentists and GPs etc.
- Staff monitored people's health, such as weighing people regularly, and made referrals to healthcare professionals if there were any concerns.

Adapting service, design, decoration to meet people's needs

- The environment had been adapted to meet people's needs and was decorated and maintained to a high standard. For example, some bedrooms were located downstairs which suited people with limited mobility. One relative told us, "[Person's name] has got a downstairs room which is important."
- Bedrooms were not personalised as they were used for short stays but there were displays of photographs which showed people enjoying themselves on trips and activities.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- We saw that the service had applied for DoLS where appropriate and were waiting for these to be authorised by the local authority.
- Staff understood the importance of giving people choice and asking for their consent. Staff had also received training so they understood the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff treating people with patience when people were anxious.
- Relatives told us they were happy with the way care and support was delivered. One relative said, "I visit regularly and the staff are always very pleasant."
- Staff told us how much they enjoyed working with people and how they wanted to make sure people were well looked after. One member of staff said, "I love working here and strive to make people's lives better."
- Records showed that people's diversity was respected and supported. For example, one person spent time praying with their family each week and cultural diets were provided for.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make choices about everyday life in the home as much as possible. For example, we saw people making choices about what they wanted to eat and how they wanted to spend their day. One member of staff told us that they gave people a choice of when they wanted to get up.
- Staff understood how people would communicate their choices if they had no verbal communication, for example by using facial expressions..

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they respected people's privacy and we saw people could spend time on their own if they so wished. Two people who used the service were siblings and the home had arranged for them to share a room as this is what they were used to in the family home.
- Care plans were individualised to make sure people were supported to do things for themselves where possible. One member of staff said, "I love working with [person's name]. They like to be so independent."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support plans were personalised to ensure they reflected people's likes and dislikes.
- People were supported by a consistent staff team who knew them well. This meant people were supported in line with their preferences.
- The service was organised to meet people's needs; for example, staff worked all day shifts which meant people could go out for the day and not have to return home for staff shift handover.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service ensured information was displayed and given to people in an accessible way. For example, there was large noticeboard which had symbols to let people know what activities were taking place.
- People had communication plans which helped staff understand how they preferred to communicate and how these might change depending on their mood and what was happening. For example, one member of staff told us, "[Person's name] really benefits from having a visual timetable."
- The registered manager had recognised the staff team would benefit from more training in this area and had arranged for some sign language training later this month.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We saw people had individual activity plans but that these were flexible. This meant people could make choices each day about what they wanted to do. Activities included trips out into the local community and further afield. One member of staff said, "We try to go out as much as possible but [person's name] will sometimes choose not to go."
- The provider organised social events, such as discos, where people from different homes owned by the provider could come together and enjoy themselves.

Improving care quality in response to complaints or concerns

- The service had received several compliments from relatives and professionals.
- The service had received no written complaints in the last 12 months but relatives were confident the service would respond to any concerns they had. There was an accessible complaints policy in place to handle any complaints received.

End of life care and support

- No-one was receiving end of life care at the time of the inspection but the registered manager told us, if they ever needed to, they would work with people and their families to ensure people were treated with dignity and respect.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives and staff were happy with the way the service was being led and managed and we saw the registered manager had created an open and honest culture within the home.
- Staff felt supported and told us the registered manager was approachable. One member of staff said, "They [the registered manager] is a good manager to work for. They are very helpful and supportive".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had notified relatives, the local authority and CQC of any incidents as they are required to do so.
- We found the registered manager and provider to be open throughout the inspection about what the service does well and what areas needed further improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The provider and the registered manager undertook regular checks and audits to make sure the service was safe and effective. These included checks on medication, vehicles and infection control. Any actions were noted and carried out.
- The provider carried out a monthly audit of the service and actions needed were put into an improvement plan which was monitored closely by managers.
- The PIR told us the registered manager kept in touch with best practice by attending events and meetings which were arranged by the provider.

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

- People, their relatives and professionals had the opportunity to give feedback on the service. People were supported to complete accessible surveys to ensure their views were heard.
- We looked at surveys that had been submitted in the last six months and responses were consistently positive.

Working in partnership with others

- The registered manager told us the service had good working relationships with other agencies which

helped people receive the care and support they needed.

- We saw that some healthcare professionals had sent in written compliments about the staff and the way the service worked in partnership.