

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

The inspection was unannounced and took place on 20 March 2018. We gave the provider 48 hours' of our intention to undertake the inspection. This was because the service provides domiciliary care to people in their own homes and we needed to make sure someone would be available at the office.

We last inspected Select Lifestyles on 21 December 2016, when we rated it as 'good.' Since the inspection we had received concerns about care provided for one person and how one safeguarding incident had been managed. The inspection followed up on these concerns and we also discussed the information with partner agencies.

Select Lifestyles is registered to provide personal care to people living in their own homes. At the time of the inspection the service was providing care and support to 32 people who were living in shared accommodation across seven locations. The levels of support people received from the service varied, according to their assessed needs.

A registered manager was in place. A 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 were able to tell us of the needs of the people they provided care for and their roles and responsibilities in keeping people safe. Staff understood how to protect people from abuse and were clear about the steps they would need to take if they suspected someone was unsafe.

People had their individual risks assessed and had plans in place to manage them. Medicines were administered by trained staff to support people's health needs and records were completed to record this.

The provider had arrangements in place to make sure that there were sufficient and regular staff to provide support to people. Staff told us training helped them meet the specific needs of the people they supported and they attended regular training to ensure they kept their knowledge updated.

People's consent was appropriately obtained by staff when caring for them. People were involved in developing how they wanted to be supported and were encouraged to be as independent as possible. They were supported to access healthcare appointments and to maintain a healthy diet which reflected their choices and preferences.

People told us that they liked the staff who supported them and staff spoke warmly of the people they cared for. Staff enjoyed their role and felt supported by management team to provide a good service.

Complaints information was available in alternative formats. Relatives and staff were confident of the

actions they would take if they had concerns and that that any concerns would be dealt with appropriately.

People told us they enjoyed living in the schemes. Staff and relatives spoke positively about the management of the service and the said it was well run for the people it supported. Staff felt the management team involved them and they were able to raise any areas of concern or new ideas with them. The management team ensured regular checks were completed to monitor the quality of the care that people received and had identified areas they felt would improvement the service for people.

Further information is in the detailed findings below.

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 remains safe.

Good ●

Is the service effective?

The service remains effective.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service remains responsive.

Good ●

Is the service well-led?

The service remains well-led.

Good ●

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 inspection took place on 20 March 2018 and was announced. The inspection team consisted of two inspectors. The provider was given 48 hours' notice because the location provided a domiciliary care service. The provider can often be out of the office supporting staff and we needed to ensure that someone would be in. We then made telephone calls to five members of staff and relatives of people receiving support on 24 March 2018.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. Prior to the inspection we had received concerns about care provided for one person and how one safeguarding incident had been managed. The inspection followed up on these concerns and we also discussed the information with partner agencies.

We spoke with five people who received care and support. We also spoke to seven relatives of people receiving support and two healthcare professionals by telephone. We spoke with the operations director, the registered manager, eight team leaders and four care staff. We looked at the care records for seven people to see how their care was planned. We also looked at three staff recruitment files, medication records, audit records and minutes of staff meetings.

Is the service safe?

Our findings

At the last inspection on 21 December 2016, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

People we spoke with told us they felt safe. Relatives also told us they felt people were safe being supported by staff. One relative said, "[Person's name] is kept very safe, we have no concerns about that." A second relative also told us, "I certainly feel they are safe with staff." Another third relative commented their family member was safe, they said, "I would know if anything was wrong and they would say. I have no concerns at all."

Prior to this inspection visit, we received concerns about the timely reporting of one safeguarding incident and how it had been managed. We checked the provider's records and saw a thorough investigation had been completed. We discussed the incident with the registered manager and operations director and asked what improvements had been made to the provider's processes to report incidents in a timely way and protect people from the risk of harm. The registered manager acknowledged reporting of the incident could have been improved. The investigation had identified learning needs for staff and the provider had addressed this and arranged additional safeguarding training for staff.

Staff we spoke with confirmed that they had received training in safeguarding people and demonstrated a good understanding of the types of abuse people could be at risk from. Staff were clear about the steps they would take if they had any concerns. Staff told us they were confident to report any concerns with people's safety or welfare to the registered manager and that action would be taken. One member of staff told us they had previously raised a concern. They said they had been supported by the management team who had kept them informed of the actions taken in response and the matter had been resolved.

All staff we spoke with told us they were aware they could raise concerns externally with CQC and that the provider had a whistle-blowing policy in place. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, a person's safety), wrongdoing or illegality. The whistle-blowing policy supports people to raise their concern(s) within the organisation without fear of reprisal or to external agencies, such as CQC if they do not feel confident that the management structure within their organisation will deal with their concern properly.

We spoke to two healthcare professionals who supported people at two different schemes. Both told us they had no concerns and they were happy that the people they supported received good care from staff. One healthcare professional commented, "They [staff] have minimised the risks for my client."

All staff we spoke with were able to describe the different risks to people and how they supported them. For example, where people required one-to-one staff support to keep them safe or where people would need the support of two carers. People's risks were recorded in their care plans; however, we found these records could be improved further by clearly recording the date on which they were reviewed. Staff said the assessments gave them the correct level of information to provide care and support and were kept up-to-

date to ensure they were aware of any changes to people's care needs.

People told us staff were available to support them when needed and this was also confirmed by relatives we spoke with. One relative commented, "There are always enough staff, in fact more than enough staff. [There has been] lots of new staff. It isn't a problem though and [Person's name] seems to get on with them all well." Another relative commented, "[Person's name] has one-to-one care [for healthcare reasons]; we have never been worried about them not having staff with them."

Staff told us that there were sufficient numbers of staff available to meet the needs of the people they provided a service to. The registered manager advised the service was fully staffed but recruitment was ongoing to ensure cover was available.

Staff spoken with confirmed that prior to commencing in post, 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 three members of staff and noted that the provider had made checks to help reduce the risk of unsuitable staff being employed by the service.

People were supported by trained staff to take their medicines. Relatives we spoke with told us their family member's got their medicine as required. One relative commented, "It's [medication] all done on time with no issues. If [person's name] is in pain they've got liquid paracetamol; they get it as required." Another relative told us their family member was supported with, "Lots of creams," which they said were managed, "Very well." Staff told us they had received training in supporting people to take their medicines and this was monitored and checked. One member of staff we spoke with told us the provider did not allow them to give medicines because they had not yet received medication training.

People told us they were supported by staff to keep their homes clean and tidy. Staff told us they had had access to cleaning products and protective equipment, for example, gloves and aprons, to reduce the risk of cross infection when providing personal care and support.

Is the service effective?

Our findings

At the last inspection on 21 December 2016, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

People were supported by a staffing team that understood their needs and how to look after them. Two people told us staff were, "Good," and supported them well and this was confirmed by relatives we spoke with. One relative said, "I am assured that staff have the skills to support [person's name]." Staff told us they felt well trained to do their job and received regular training including care certificate training. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and effective care. One member of staff told us, "The training is very good, I've completed all my training and I am now doing refresher training." Two staff we spoke to were recently appointed and they said their induction had prepared them for their role. They told us that part of their induction involved meeting people and learning their routines before providing care.

All staff told us they were supported in their role, understood their responsibilities and had regular supervision and team meetings. Staff told us they felt able to access advice and guidance on people's care whenever they needed. One member of staff said, "I can ask any questions and I get answers."

We checked whether the service was working within the principles of the MCA. 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. We saw that where one person needed to have their medicines administered without their knowledge, by disguising them in food or drink a best interest agreement had been made involving a relative and a healthcare professional.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

Staff we spoke with told us they were aware of their responsibilities to ensure people's consent to care and treatment was sought and recorded. This was confirmed one person we spoke with, whom commented, "Staff listen, I can choose what to do." We also saw that staff knew the best way to communicate with people so they could indicate their choices. One member of staff said, "You look for eye contact and body language. There's lots of ways they let you know." This was confirmed by one relative who said they were assured staff sought their family members consent. They said, "They [staff] get [family member's] consent despite them being non-verbal."

People were encouraged and supported by staff to plan their weekly menus and choose what they wanted

to eat. People we spoke with told us the food they enjoyed and told us how they helped prepare meals with the help of staff. One relative also commented, "Meals are cooked freshly. Staff are very good with [person's name] food. They [staff] ensure they have four meals a day to keep their weight stable." Staff were able to tell us about people's dietary preferences and how they supported them.

We saw that people were supported to access routine healthcare services when they needed them, for example, GP and community nurse services. Staff had also linked to specialist health services to support people's wellbeing. For example, one relative told us their family member was very anxious about visiting the dentist; in response a specialist dental service had been found which caused them less anxiety. Staff were able to tell us of the healthcare needs of the people they supported.

Is the service caring?

Our findings

At the last inspection on 21 December 2016, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

Everyone we spoke with told us, they liked living at the schemes and they were supported by caring staff. One person said, "Staff are kind and look after me. Another person commented, "The team leader is funny, makes me laugh. [They are] the type of person you want in the job." We saw that people were happy and comfortable in the company of the staff who supported them. One person told us about their plans for the future which included a holiday. A member of staff continued to chat with them about their plans.

Staff knew how to provide care in the way people wanted. One person said, "Staff make me laugh. We like to sing in the shower." One relative said, "Staff do know [person's name]. They know what they like and dislike." They also gave an example of how staff supported their family member to do things that they enjoyed and which relaxed them.

Three staff we spoke with said they enjoyed working with people and had developed good relationships. One member of staff told us, "It's nice to come into work. Each day is different. If the clients are happy I am happy too."

People told us staff were kind and relative's said staff were respectful. One relative said, "The staff completely respect [person's name] and speak to them positively. Their dignity is always respected." People told us staff were unhurried in their approach and would spend time chatting to them. One person said, "They take their time and are not rushed." Staff also described ways in which they treated people with dignity and respect, for instance ensuring their personal information was kept confidential and not discussing their care in front of other people.

People told us how their independence was prompted and supported. One person told us how staff supported them to prepare meals and do domestic tasks. Another person told us with the support of staff they had become, "More independent," and commented, "I have come on in myself." Relatives also felt staff promoted people's independence. One relative commented, "I believe that staff support [family member] to have their independence. They have their own flat so staff get them to do little things.... they can make tea and toast so they are encouraged to do this.... staff aren't pushing them to do things until they are sure what they are capable of."

Is the service responsive?

Our findings

At the last inspection on 21 December 2016, we rated this key question as 'Good.' At this inspection we found the service remained responsive.

People told us they received care that met their needs. One person said, "[I'm] happy with the care. I'm much better than before. I've improved." We also saw when the registered manager had changed staff shifts for one person to support their individual needs. The registered manager told us how this had been successful in supporting the person and how they were now more settled. Relatives also felt staff understood their family member's needs. One relative commented, "The staff identify what upset [family member] and minimise any upset." Another relative told staff knew how to support their relative when they became anxious. They said, "Staff know what to do to calm [person's name]. They know the triggers now and are proactive in taking action before it gets to that."

As part of the inspection we spoke to two healthcare professionals, they both told us that staff were responsive to people's needs. One healthcare professional said, "They [staff] are proactive. They call for advice when needed; they are responsive to my client."

People told us how they were supported to maintain friendships. For example, one person told us they enjoyed doing things with the other people who lived in the scheme. For example, they enjoyed preparing and eating meals together. Another person told us how they were friends with a person living at another scheme and they were supported by staff to meet up together and were also planning to go on holiday together.

People were involved in care reviews and understood their plans of care. For example, one person told us how they met with staff to discuss any changes in their care. People told us they also planned their daily care. One person said, "We have started an activities diary. It was more random before, [it is] now being planned." Relatives also confirmed they were involved in reviews. One relative commented, "We attend [the reviews] so we can discuss any changes." Another relative told us they felt comfortable to discuss any concerns or questions with staff concerning their family member's daily care.

People we spoke with told us they were happy with the service and didn't have any complaints but they would tell staff if they did. We saw the provider had produced their complaints procedure in accessible formats to aid people's understanding. We saw any concerns raised by people or their relatives were recorded and all staff and the registered manager said where possible they would deal with any issues as they arose. The registered manager was clear of the actions they would take if a complaint was received including logging the complaint, investigating, responding to the person and taking any learning for improvements.

Is the service well-led?

Our findings

At the last inspection on 21 December 2016, we rated this key question as 'Good.' At this inspection the rating remains unchanged and the service remained well led.

People told us they enjoyed living at the schemes with the support of staff. One person told us, "I love it here." Another person told us how living in a scheme worked well for them. They said, "Being around people helps and having the right managers." Relatives also complimented the care provided. One relative commented, "We are very happy with [family members] care and wouldn't want them anywhere else."

A registered manager was in place and responsible for managing the different schemes, to support this arrangement there were team leaders in place at each of the schemes. 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 told us they felt able to tell management their views and opinions at staff meetings. The registered manager told us they had good support from the staffing team and the provider. They said the provider supported them through supervision and further professional training opportunities. Staff we spoke with told us the schemes were well organised and run for the people living in them. They told us the management team was supportive and they felt able to approach the registered manager with any concerns they may have. One staff member said, "They [the management team] are approachable. I've got faith in them."

The care people received was checked and updated regularly by the management team. A summary audit looking at the care of each person, incidents and accident and staffing levels was completed for each scheme and then reviewed by the registered manager. The registered manager told us the results of audits were discussed in staff meetings and all staff were made aware so that any shortfalls were addressed to improve the overall quality of the service. For example, we saw a reminder to staff about the consistent completion of MAR records.

The registered manager felt they were supported by other professionals locally, such as GP surgeries and community nurses. These provided guidance and advice in how to support people's needs and we saw this had been used in support of people's care. We spoke to two healthcare professionals who supported people at two different schemes; both gave positive feedback on the support people received.

The registered manager told us, "I am very proud of our service. We want to make it the best service we can, We look to improve and move the service forward." They told us of recent developments to support the care of people including the introduction of a council meeting. This was a meeting with representatives from each scheme meeting together to share ideas and arrange group activities across the different schemes. We saw the first meeting had suggested a carer of the month award, which had since been actioned by the provider. A quarterly newsletter had also been introduced as a way of sharing information across the

different schemes.

We spoke with the operations director. They said they considered the schemes to be well managed and praised the registered manager who they had nominated for a regional care award. They said the organisation was, "Open and honest and willing to learn from our mistakes."