

Select Lifestyles Limited

# Select Lifestyles Limited - 512-514 Stratford Road

## Inspection report

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Date of inspection visit:  
14 April 2023  
17 April 2023

### 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

Select Lifestyles Limited – 512-514 Stratford Road is a care home without nursing which provides accommodation and personal care for up to 6 people. Six people lived at the home at the time of this inspection.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

#### Right support

People received personalised and responsive care and support in line with their needs and wishes. The accommodation met people's needs and the environment was clean. People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's dignity was maintained, their right to privacy was respected and their independence was promoted.

#### Right Care

The atmosphere was warm and friendly. People felt safe and told us the staff were kind and attentive. Staff had been recruited safely. They knew people well and understood what was important to them. Risks had been assessed and outcome focussed care records helped staff to provide safe and individualised care. People had access to a range of healthcare professionals which supported them to remain healthy and well. People received their medicines when they needed them from trained staff.

#### Right culture

The culture was person centred and inclusive. This demonstrated significant improvements had been made since August 2022. People and their relatives felt involved and listened to. Staff felt valued and appreciated and they understood what their managers expected from them. The management team had a clear overview of the care and support provided to people. The provider's governance systems were effective and embedded into practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 10 October 2022). Following that inspection, we

served a warning notice because the provider was in breach of multiple Regulations. We undertook a targeted inspection in November 2022. A rating was not awarded at that time, but the provider had complied with the warning notice and was no longer in breach of the Regulations.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. We also undertook this inspection to assess that the service is applying the principles of right support right care, right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Select Lifestyles Limited - 512-514 Stratford 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

Select Lifestyles Limited - 512-514 Stratford Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Select Lifestyles Limited 512-514 Stratford Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

Our first inspection visit was unannounced.

#### What we did before the inspection

We reviewed the information we had received about the service since our last inspection. We gathered feedback from local authority commissioners who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually 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

We spoke with 3 people and 1 person's relative to find out what it was like to live at the home. We also 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 5 support workers, the registered manager and the deputy manager. We reviewed a range of records which included 3 people's care records, 4 people's medication records and 5 staff recruitment files. We also reviewed a range of checks the management team completed to assure themselves people received a safe, good quality service.

# Is the service safe?

## Our findings

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

At our ratings inspection in August 2022 this key question was rated inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Improvements we found during our targeted inspection in November 2022 had been maintained.
- Risks associated with the different aspects of people's care and support, including their mobility and risks associated with eating and drinking, had been assessed. Detailed guidance was in place to help staff provide safe care and support.
- Staff managed and mitigated risks with positive effect. During our visit a staff member recognised when 1 person was becoming anxious and upset. They used a range of effective de-escalation techniques to diffuse the situation which kept the person and other people living at the home safe.
- Staff knew what to do and described the support people would need to evacuate the home in the event of a fire. In response to our feedback the registered manager added further information to people's personal emergency evacuation plans to make sure the support people required was detailed.
- Checks took place to ensure the environment was a safe place for people to live. In addition, equipment people used such as, walking frames was checked daily to make sure it was safe to use.

### Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe. One person said, "It's all good here. Trust me, we are safe as houses." A relative had no concerns about their family member's safety.
- People were protected from the risk of abuse because the provider's safeguarding systems were effective.
- The registered manager understood their responsibilities to keep people safe. They told us and records confirmed they had shared important information with the local authority and us (CQC) when required.
- Staff completed safeguarding training and explained what they would do if they thought someone was at risk of harm. One staff member said, "If I saw a bruise on (Name's) skin I would report it to the managers. It's my duty to share any concerns immediately." They added, "It would be raised as a safeguarding alert."

### Using medicines safely

- People's medicines were stored, administered and disposed of safely. Those improvements had been sustained since November 2022.
- People confirmed staff supported them to take their medicines when they needed them. This included medicines to manage their health conditions such as epilepsy.
- Staff were trained to administer medicines safely and they confidently explained what they would do if an error occurred. Managers checked staff were competent to administer medicines in line with best practice guidance.
- Checks of medicines took place which meant any errors could be identified and addressed promptly.

### Staffing and recruitment

- People told us staff were available when they needed them. One person said, "Five of them (support workers) are here in the day plus the managers, that's plenty." We saw staff were attentive and they had enough time to provide personalised care and support people.
- Some new staff had started work at the home since our last inspection. The registered manager explained how that had benefited people, particularly as the number of agency staff working at the home had reduced.
- Staff were recruited safely. The provider followed safe recruitment procedures to ensure their staff were suitable. This included completing Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was using PPE effectively and safely. We saw staff wore their face masks correctly throughout our visit.
- We were assured that the provider's infection prevention and control policy was up to date. The policy was up to date and was followed by staff to prevent infections spreading to keep people safe.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

### Visiting in care homes

People told us there were no visiting restrictions. We saw visitors were welcomed at the home during our visits.

### Learning lessons when things go wrong

- Inspection findings evidenced lessons had been learnt since we last rated the service in August 2022.
- The whole staff team demonstrated commitment to learning lessons when things went wrong to improve outcomes for people and support continual improvement.
- Accident and incidents that happened were recorded and analysed in an attempt to identify triggers or patterns. Debriefing sessions were held following incidents to give staff opportunities to reflect on what had happened to prevent recurrence.

# 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.

At our ratings inspection in August 2022 this key question was rated requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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 MCA 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 make 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. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was compliant with MCA. The information staff needed to provide care and support to people in the least restrictive way was available to them. That showed improvements had been made since our inspection in August 2022.
- People told us, and we saw, staff gained their consent before they provided any support. One person commented, "Oh yes, they (staff) ask me, I choose when and how things are done around here."
- When required people's capacity had been assessed and their care records documented whether or not they had capacity to consent to specific aspects of their care. Best interest decisions had been made when needed which demonstrated people's rights were upheld.
- Authorisations to deprive people of their liberty had been submitted when people needed restrictions placed on their care to keep them safe.
- Staff had completed MCA training and worked within the principles of the Act. They knew who had capacity to make decisions and the ways they made them. For example, one person stood by the kitchen door if they were thirsty and wanted a drink.

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

- One person told us they had decided the home was the right place for them to live and they had felt involved when their needs had been assessed. They commented, "Me and mom decided things together. We made the right decision for me."

- The assessments and the provider's policies were underpinned by a set of protected characteristics detailed within the Equalities Act 2010 and included religion and sexual orientation.

#### Staff support: induction, training, skills and experience

- Improvement had been made since August 2022 because staff had completed the training they needed to meet people's specific needs. For example, autism and dysphagia (swallowing difficulties) training. During our visits we saw staff put their training into practice.
- New staff completed an induction followed by an ongoing programme of training when they started work. A recently recruited staff member spoke positively about their induction which had included working alongside more experienced staff to help them get to know people and their preferred routines.
- New staff completed The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff met frequently with their managers to discuss their development and reflect on their practice. Managers also observed staff practices. The deputy manager said, "I am always checking and observing staff to make sure everything is safe and okay, but mainly to check our residents are happy."

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Specialist advice had been sought and was followed for people who were nutritionally at risk. For example, people who were at risk of choking were encouraged and supported to eat foods they were able to consume safely.
- Food menus had been put into place since August 2022 and people told us they were involved in planning their meals. One person explained they ate only halal meat and staff supported them to purchase it in line with their cultural wishes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support to support people's health and maintain their wellbeing.

- People were supported to access a range of services in a timely way which supported them to remain healthy and well. For example, doctors, dentists and chiropodists.
- Staff monitored people's health and took action in response to any concerns. One person had recently lost weight because they had been unwell. Staff fortified the person's meals by adding high calorie ingredients such as cream and milk powder. Records confirmed this action had resulted in the person gaining weight.
- People had hospital passports which contained information hospital staff would need to provide consistent care in line with their needs and wishes. This was important because some people would not be able to tell the staff themselves.

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

- People liked their living environment which included an accessible well-maintained garden, 2 communal lounges and a kitchen. One person showed us their bedroom which they had personalised with their treasured possessions. When discussing this they said, "It feels like home, I love it."
- The environment met people's needs. The home was decorated in a neutral colour scheme and the lighting was soft. This created a calm environment which prevented sensory overload for people with autism in line with best practice.
- Signage and pictures were used to support independence and orientation around the home. There was a passenger lift which people with mobility issues used independently during our visits to access different

areas of their home. One person commented, "The lift is easy to use and is big enough for my wheelchair."

# 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.

At our ratings inspection in August 2022 this key question was rated inadequate. At this inspection the rating has changed to 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

- The service was caring and the improvements made since August 2022 had benefited people.
- The atmosphere was warm and friendly, and people and staff chose to spend time together during our visits. We observed positive interactions and staff showed a genuine interest in what people had to say.
- People liked the staff and a relative described the staff team as, 'thoughtful and kind'. They went onto explain the staff were planning a party to celebrate their family member's upcoming birthday. They added, "I visit 3 times a week, it's a very caring place."
- All staff spoken with told us they loved their jobs, and they would be happy for someone they loved to live at the home. One staff member said, "People come first here, that's what good care is all about."

Respecting and promoting people's privacy, dignity and independence

- Feedback confirmed people's dignity was maintained. This showed good practice had been embedded since August 2022. One person explained they used a discreet device to summon assistance from staff. The person commented, "I just press the button if I need help and no one else knows I need the toilet."
- People's right to privacy was respected. Staff knew when people needed their personal space and they respected this. Staff knocked people's bedroom doors and waited to be invited in before they entered.
- Staff promoted people's independence. Staff gave a person verbal prompts, reassurance and praise when they used their walking frame. The person responded positively to this support and encouragement.

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

- People were supported to make daily choices. For example, a staff member showed a person 2 different tins of soup at lunchtime which helped them to choose their preferred option.
- A relative explained they felt involved in making decisions about their family member's care and discussions with staff confirmed they understood the importance of empowering people to make decisions, wherever possible.

# Is the service responsive?

## Our findings

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

At our last rating inspection in August 2022 we rated this key question as requires improvement. At this inspection the rating has changed to 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

- People received responsive and personalised care from staff who knew them well. It was evident the improvements made since our inspections in August and November 2022 had been sustained.
- Care records were outcome focussed and contained detailed and accurate information. People's likes, dislikes and preferred routines were documented. Where possible people had contributed to care planning. One person explained their advocate and a social worker supported them with this.
- Managers reviewed care records monthly to check information was correct and up to date to ensure people's needs were met and their desired goals were achieved.

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

- Staff understood people's beliefs and cultures and why they were important to them. One person's faith was very important to them, and they explained how staff were supporting and encouraging them to 'fast' during daylight hours at the time of our visits as an act of worship in line with their wishes. We saw this happened.
- People had opportunities to do things they enjoyed and experience new things. One person told us they made cakes and liked going shopping. Records confirmed that happened. Another person told us they enjoyed going to a day centre where they took part in a range of activities. Two people told us they were planning a holiday for later in the year and they were looking forward to eating fish and chips on the beach.
- People were supported to maintain relationships with people who were important to them. For example, relatives were invited to monthly coffee mornings held at the home and people told us they were supported to visit and speak to their families via the telephone.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the AIS and people's communication preferences were detailed in their care records. It was evident staff understood people's non-verbal communication and what their body language and gestures meant.
- A range of information was available in a format people could understand including picture format and we

saw staff used picture cards and objects of reference to aid effective communication.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain. A person told us, "I would speak up if something was wrong. I would go and see the manager and tell my social worker about it."
- No complaints had been received since our last inspection. Staff understood the importance of supporting people to complain and the registered manager told us if a complaint was received, it would be investigated and any learning from the complaint would be shared with staff.

End of life care and support

- The service was supporting 1 person who was moving towards the end stage of their life. The person's wishes were known, and staff told us they felt confident and skilled to provide the care and support the person needed.

# 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.

At our rating inspection in August 2022 we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The improvements made over the last 8 months had been sustained. Governance systems to monitor the safety and quality of the service had been further strengthened and embedded into practice.
- The management team consisted of a registered manager and a deputy manager. They were skilled and confident in their roles. Their hands-on approach meant they had a clear overview of people's experiences. In addition, they completed checks to assure themselves people received good quality, safe care. The registered manager told us they would take action if checks identified any areas required improvement.
- The management team demonstrated their commitment to continually improving and were familiar with and promoted best practice guidance including CQC's policy on 'Right support, right care, right culture' for people with learning disabilities or autistic people.
- Staff understood what their managers expected from them. One staff member said, "The manager made it clear from day 1 what she expected from me. That's good and her guidance has helped me to improve."

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

- In August 2022 the culture at the home was not shaped and led by people. At this inspection the registered manager promoted a positive and person-centred culture and led by example. Feedback gathered during this inspection demonstrated this had been achieved. People were empowered and supported to achieve good outcomes and had as much choice and control over their lives as possible.
- Staff told us they felt valued and appreciated. One staff member said, "We have come on leaps and bounds, we are 1 big happy family. The culture has really shifted here, and we are all equally important."
- Staff felt listened to and attended regular meetings which gave them opportunities to share ideas and shape the service to benefit people. The provider's staff recognition scheme identified good care and encouraged staff to continually develop their skills to improve people's outcomes.
- The views of people, their relatives and staff were welcomed and listened to, to continually drive forward improvement. This was achieved in a variety of ways including coffee mornings, meetings, phone calls and questionnaires. A relative commented, "Communication is good, I always know what's going on with (Name's) care."

Working in partnership with others

- Staff had developed positive working relationships with a range of health and social care professionals which achieved positive outcomes. The registered manager informed us they were working in partnership

with a local authority which had helped them to prioritise and drive forward necessary improvement.

- Throughout our inspection the management team were open and honest. They welcomed our inspection and were responsive to our feedback.

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 registered manager understood their responsibility to be open and honest when things went wrong in line with their responsibilities under the duty of candour.