

Blue Ribbon Healthcare Limited

2 Millbrook Way

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

This inspection visit took place on 01 August 2018 and was announced.

This is the first inspection at 2 Milbrook Way following the providers registration with the Care Quality Commission (CQC) on 07 July 2017.

2 Milbrook Way is a six bedroomed specialist residential service supporting people with autism who may present behaviour which challenges. The home is set in one adapted building with two annexes accommodating two people with their own communal areas including a kitchenette and bathing facilities. One annex has a conservatory leading on to an enclosed garden. The main building accommodates four people in single occupancy rooms with ensuite wet rooms. Bedrooms were located over two floors. Communal space comprised of a lounge, kitchen and dining room located on the ground floor. Parking space is available for people visiting the home.

2 Milbrook Way is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in place. 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 who lived at the home told us they were safe, well cared for and enjoyed living at the home. Comments received included, "I love it here, it's great." And, "Yes I am happy here."

Relatives spoken with during the inspection told us they were happy with the care provided and had no concerns about their family members safety. Comments received included, "I am happy with [relatives] care and have no worries about anything." And, "The home is absolutely amazing. I cannot praise the staff high enough."

Procedures were in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs. These included daily outings,

shopping, going to the library and playing football.

All staff had been trained in positive behaviour support and physical intervention to support people who may challenge the service.

The service had sufficient staffing levels in place to provide support people required. People had one to one support to enable them to pursue activities of their choice.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required.

We saw there was an emphasis on promoting dignity, respect and independence for people supported by the service. They told us they were treated as individuals and received person centred care.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

The design of the building and facilities provided were appropriate for the care and support provided.

The service had safe infection control procedures in place and staff had received infection control training.

Meal times were relaxed and organised around people's individual daily routines. We saw people had access to the kitchen to make snacks and drinks as they wished. People were able to choose what they wanted to eat and prepare their own meals.

People were supported to have access to healthcare professionals and their healthcare needs had been met.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The service had information about support from an external advocate should this be required by people they supported.

The service had a complaints procedure which was made available to people and their family when they commenced using the service. The people we spoke with told us they were happy with the service and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits and satisfaction surveys to seek their views about the service provided.

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?

Good ●

The service was safe.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home.

Assessments were undertaken of risks to people who lived at the home, staff and visitors. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

We reviewed infection prevention and control processes and found suitable systems were in place.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received mandatory training.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The service was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's end of life wishes had been discussed with them and documented.

People told us they knew their comments and complaints would be listened to and acted on effectively.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The service had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

2 Millbrook Way

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This inspection visit took place on 01 August 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the service was a small care home for adults who are often out during the day, we needed to be sure someone would be in.

The inspection team consisted of an adult social care inspector.

Before our inspection on 01 August 2018 we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received. We contacted the commissioning departments at Blackburn and Bolton Councils and National Health Service Chorley and South Ribble Clinical Commissioning Group (CCG). We also contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We did not use the Short Observational Framework for Inspection (SOFI) during our visit. SOFI is a way of

observing care to help us understand the experience of people who could not talk with us. This was because people who lived at the home were able to speak with us before they went out on their daily activities.

During the visit we spoke with a range of people about the service. They included five people who lived at the home, two relatives, the services operations director, the registered manager, deputy manager and four support workers. We also observed care practices and how the staff interacted with people in their care.

We looked at care records of two people, staff training and supervision records of three staff and arrangements for meal provision. We also looked at records relating to the management of the home and the medication records of five people. We reviewed the services staffing levels and checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

We asked people who lived at the home if they felt safe in the care of staff. Feedback was positive with people telling us they had no concerns about their safety. Comments received included, "Yes I like it here and feel safe." And, "Yes I am safe."

Comments received from people's relatives included, "I have no worries about [relative]. I know they are safe." And, "I vary my visit times and have never seen anything that has given me cause to worry about [relatives] safety. The staff are always smiling and look as though they genuinely want to be at work. [Relative] is always chilled and relaxed in their company."

The service had procedures and systems in place to protect people from abuse and unsafe care. Staff had received training and knew what action to take if they became aware of or suspected a safeguarding issue. They understood what types of abuse and examples of poor care people might experience. They were able to describe safeguarding procedures which needed to be followed if they reported concerns to the registered provider. They told us they were confident if they reported concerns to the registered provider these would be dealt with appropriately.

Care plans seen had risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when they delivered their support. These included nutrition support, medical conditions, mobility, fire and environmental safety. The assessments had been kept under review with the involvement of each person to ensure support provided was appropriate to keep the person safe.

We saw personal evacuation plans (PEEPS) were in place for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

We looked at the staffing arrangements in place, observed care practices, spoke to people who lived at the home and staff on duty. We found people had one to one support to meet their care plan requirements. We saw routines were arranged around people's individual requirements to meet their personal care and social needs. The atmosphere in the home was relaxed and staff were able to give people the time and attention they required. We saw staff discussing with people their preferred activities for the day and these were met. Comments received from people who lived at the home included, "I am going out on the bus. Haven't decided where yet." And, "I am going out shopping. There are things I need."

We looked at the services recruitment procedures. We found relevant checks had been made before three new staff commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to identify if people were safe to work with vulnerable people. References had been requested from previous employers to provide satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We looked at a sample of medicines and administration records. We saw medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered manager had systems to protect people from unsafe storage and administration of medicines.

We looked at the medicine store room and found an organised and clean environment. Room temperatures had been checked daily and showed medicines were stored at a safe temperature. The medicine room was secure and senior staff on duty held the keys. Fridge temperatures had been recorded daily and within safe limits.

We saw information about allergens had been sought and an action plan produced for one person with an allergen to nuts. We saw the action plan provided clear instructions for staff in the event they may have to use the persons EpiPen auto injector should they have a reaction to nuts. EpiPen auto injectors are automatic injection devices containing adrenaline for allergic emergencies.

We looked around the home and found it was clean, tidy and maintained. All staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. Hand sanitising gel and hand washing facilities were available around the building. The relative of one person told us they were happy with hygiene standards at the home. They said, "The home is always immaculate when we visit. It's a credit to them."

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. The fire alarm and fire doors had been regularly checked to confirm they were working. We found windows were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these delivered water at a safe temperature in line with health and safety guidelines.

We looked at how accidents and incidents were managed by the service. There had been few incidents. However, where they occurred any incident had been reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.

Is the service effective?

Our findings

We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights. Comments received from relatives we contacted included, "Really happy with how things are going at the home. The management and staff are great and [relative] is really happy." And, "The place is absolutely amazing. I cannot praise the staff high enough."

We looked at care plan records of two people who lived at the home and found they contained a full assessment of their needs. Following the assessment the service had provided a holistic approach towards providing person-centred care. Each person had been fully involved in the development and review of their care and support plans. We saw they or a family member had signed consent forms confirming they agreed with the support to be provided. We found the records were consistent and staff provided support that had been agreed with each person.

We looked at how the home gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). People had choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's mental capacity had been considered and was reflected in their care records. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw people's mental capacity had been assessed and applications for DoLS had commenced.

We spoke with staff members and viewed their training records. We saw they had completed or were working towards national care qualifications and had access to ongoing training to assist their personal development. Training provided by the service covered a range subjects including safeguarding, health and safety, Mental Capacity Act (MCA) 2005, moving and handling, food hygiene, infection control and medication. Staff had received learning disability awareness training and were knowledgeable about how to support people in their care. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills. All staff spoken with the quality of training provided for them.

All staff had been trained in positive behaviour support and physical intervention to assist people who may challenge the service. During the inspection we were able to observe staff using their skills and experience to support one person who became distressed and displayed behaviour which challenged the service. The situation was dealt with promptly and professionally and the person calmed down and became relaxed in the company of the staff supporting them.

The service provided equality and diversity training to all staff and this was refreshed annually. The training taught staff to respect people's individual beliefs including religion, culture and sexuality. This confirmed the service was able to accommodate diversity in the workplace and create a positive and inclusive

environment.

Staff had received regular supervision and told us they felt well supported. This is where individual staff discuss their performance and development with their manager. Staff told us they were encouraged to discuss ideas and any concerns, their training needs and any support they needed in their role. They told us they felt confident and competent to undertake their role.

People told us they were happy with the variety and choice of meals available to them. Meal times were relaxed and organised around people's individual daily routines. Everyone had access to kitchen areas where they could make their meals, snacks and drinks as they wished. They told us they were fully involved in assisting with shopping and food preparation.

The service promoted healthy living by offering balanced healthy options at meal times and these were based on the person's preferences. Where required the service had sought advice from dietitians to support with any specialist need. They had also developed easy read documentation so that it was better for the individuals to understand and make informed choices of what they want to do. The service also supported people with their cultural and religious dietary needs including supporting people to attend an establishment of faith and maintain a diet of their religious beliefs.

People who lived at the home had attended training with a catering company who offered healthy eating cooking programmes and planning and preparing healthy budget meals. One person told us how much they had enjoyed the training and were very proud of their training certificate.

We spoke with relatives of people supported by the service. They told us they were very happy with the meals and support provided for their relatives with their meals. One person said, "[Relative] has a dietary plan in place and is losing weight. [Relative] is enjoying their meals and looks amazing. It's great to see them so happy and full of confidence."

The service shared information with other professionals about people's needs on a need to know basis. For example, when people visited healthcare services staff would assist with the visit to provide information about the person's communication and support needs. This meant health professionals had information about people's care needs to ensure the right care or treatment could be provided for them.

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the outcome of each visit. We saw one person had been told during their health visit their blood pressure was high and they should get plenty of exercise and return later in the month. Care records confirmed on the return visit the person's blood pressure had come down.

The service had considered good practice guidelines when managing people's health needs. For example, we saw people had hospital passports in place. Hospital passports are documents which promote communication between health professionals and people who cannot always communicate. They contain clear direction as to how to support a person.

We looked around the home and found it was accessible, homely and suitable for people's needs. The home had two annexes to the building accommodating two people with their own communal areas including a kitchenette and bathing facilities. One annex had a conservatory leading on to an enclosed garden. The main building accommodated four people in single occupancy rooms with ensuite wet rooms

over two floors. Communal space comprised of a lounge, kitchen and dining room located on the ground floor. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. People who lived at the home had access to enclosed gardens which were safe for them to use.

Is the service caring?

Our findings

During our inspection visit we spent time observing interactions between staff and people in their care. This helped us assess and understand whether people who used the service received care that was meeting their individual needs. We saw staff were caring and attentive. They were polite, respectful and kind and showed compassion to people in their care. We saw people were relaxed in the company of staff and enjoyed the attention they received from them. People who lived at the home told us they were happy, well cared for and enjoyed living at the home. Comments received from the relatives of people who lived at the home included, "[Relative] is very happy and well cared for I have no doubt about that. [Relative] gets on really well with the staff." And, "I cannot speak highly enough about the staff and the care they provide. They are consistently excellent and [relative] is so happy."

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

We saw the service had arrangements to ensure specific and cultural values were respected. Staff could demonstrate how these could be met. Separate food storage arrangements, cooking utensils, crockery, cutlery and food preparation were available to meet people's cultural and religious needs. The service was also able to protect people's dignity, personal wishes and cultural values by ensuring they were only supported by staff of their chosen gender. We saw one person was supported with their cultural and religious needs by staff to attend their faith establishment each week. We saw on the person's care plan it had been documented this was very important to the person.

Care plans seen and discussion with people who lived at the home confirmed they had been involved in the care planning process. The plans contained information about people's needs as well as their wishes and preferences for their care delivery. Daily records described the support people received and the activities they had undertaken.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. The service had information details for people and their families if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed. The registered manager told us advocates had supported people who lived at the home when they attended their care reviews with the local authority.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they

spoke with people in a respectful way and were kind, caring and patient when supporting people. We observed they demonstrated compassion towards people in their care and treated them with respect. Our observations confirmed people were encouraged to retain their independence and undertake tasks for themselves where safe to do so.

Is the service responsive?

Our findings

The service provided personalised care which was responsive to the needs of people who lived at the home. Family members we spoke with were all extremely positive regarding the support and engagement they experienced from management and staff at the home. All the relatives we spoke with couldn't praise the service high enough. Comments received included, "When I visit [relative] I can see how happy they are which makes me happy." And, "The staff are so responsive to [relatives] needs. [Relative] looks well, sleeps well and is happy. They have a full activity plan in place with plenty of exercise. I have never seen them so happy."

We saw the service had responded to one person's wishes to be able to access the garden their bedroom looked onto by creating a door opening on to the garden. The person told us this had made them very happy and they had been able to buy pets which were kept in the garden.

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the service's assessment procedures identified information about whether the person had communication needs. We saw the service used a picture enhanced communication system (PECS) to support people who benefited from the use of picture symbols. Staff had also been trained in Makaton to support people with their communication needs. The service had produced a service user guide which was easy read and outlined how to make a complaint. In addition, the service had produced easy read leaflets which stated what medication people were taking, how it worked and any side effects.

The service had Wi-Fi (wireless connectivity) in the building enabling people who use the service to have internet access through their hand held computers and mobile phones. The registered manager told us this enabled people who use the service to maintain contact with family members, friends, watch films and play games at their leisure.

Each person supported by the service had their own activity planner which they had been involved in developing based on their likes and dislikes. They had been encouraged to try new activities as well as continue with their existing interests. Each person had their own interests which they liked to follow. These included playing computer games, shopping, going out for meals, going for days out in their own transport with staff, playing football and going for walks. One person enjoyed undertaking voluntary work in an area of particular interest to them. During our inspection visit we saw people discussing with their support workers their preferred activity for the day.

The service had set up a learning centre to support people who lived at the home to gain qualifications and help improve their independent living skills. We saw people who had completed the training had received awards in areas such as healthy eating, cleaning and gardening.

The service had a complaints procedure which was made available to people on their admission to the home. The procedure had been produced in easy read format and was clear in explaining how a complaint

should be made and reassured people these would be responded to appropriately.

The service is a small care home for younger adults and would not normally be involved in providing end of life care. We discussed this with the registered manager who told us if an end of life situation arose they would liaise with appropriate healthcare professionals and support the person to remain in their home if possible.

Is the service well-led?

Our findings

Comments received from family members of people who lived at the home were positive about the service provided for their relative. We were told their relatives were well supported, safe and treated with dignity and respect by professional, well trained and caring staff. Comments received included, "This is a really well led service." And, "Good staff and management in place. I cannot praise the service high enough. I am really delighted [relative] is happy and well cared for."

There was a registered manager in place. 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.

We found the service had clear lines of responsibility and accountability. The registered manager and his staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with staff on duty confirmed they were clear about their role and between them provided a well run and consistent service.

The service had systems and procedures in place to monitor and assess the quality of their service. Regular audits had been completed reviewing the services medication procedures, care plans, infection control, environment and staffing levels. Actions had been taken as a result of any omissions or shortcomings found. Staff told us they were able to contribute to the way the home ran through staff meetings, supervisions and daily handovers. They told us they felt supported by the registered manager and management team.

The service had an external quality assurance expert who visited twice a month and produced monthly board reports. Issues reviewed included the environment, staffing and outcomes for individuals being supported.

Individualised core team meetings were held monthly to look at specific issues relating to people supported by the service. The registered manager told us the meetings were held to see how the team supporting people could continue to provide a consistent approach to their support programme. People supported by the service were involved in meetings and able to contribute their views.

The service had been working with people they support to have the best opportunities to integrate themselves in the community. We found people engaged in several community activities including using local shops to buy personal and household items. People also undertook voluntary work and attended local gym's and leisure centres. The service had set up a food bank project where people supported by the service purchased items for a food parcel and then took them to the local food bank. This helped people supported by the service to develop friendships with local shopkeepers and other volunteers at the food bank. The registered manager told us this had helped people supported by the service to develop appropriate social and communication skills with others.

The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GP's, practice nurses, opticians, chiropodists and dietitians. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care to receive the appropriate level of support. They learnt from incidents that had occurred and made changes in response to these to improve care and safety.

This was the first rated inspection of 2 Milbrook Way. Providers are expected to place on display in the conspicuous area of their premises and their website their CQC rating once received. This has been a legal requirement since 01 April 2015.