

# Blue Ribbon Healthcare Limited

## 2 Millbrook Way

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

2 Millbrook Way provides personal care and accommodation for up to six people with learning disabilities and/or autism. Accommodation is provided in a combination of single person and shared housing. At the time of inspection there were five people living in the home.

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

People were not always safe because some of the risks in relation to people's behavioural support needs had not been reviewed and updated regularly. Learning from incidents which included physical intervention and restraint had not been fully recorded or analysed to avoid reoccurrence and improve practice. It was not clear what the procedure was for reporting any concerns about minor injuries received during physical interventions and restraint. We were not assured all staff had received suitable training to support people with physical intervention and restraint.

People were supported by enough staff who had been recruited safely. Staff appeared knowledgeable about the people they supported and worked compassionately with them. One relative told us "I do believe that [name] is fully supported to be safe and secure at Millbrook and also out in the community." And "There is always enough staff on duty to support [name] and there are always familiar faces and staff with the knowledge of the special skills needed to support them at any given time."

People's needs and preferences had been assessed with their involvement, as far as possible, their relatives and other professionals. People's assessments provided enough information to guide staff. A relative told us, "The staff are fully equipped with the knowledge they need and they are learning every day. The new staff are supported by the more experienced staff and they gain knowledge and skills as they progress with the support of the senior staff and management team."

The management oversight of the quality of care records had not identified the issues we found during the inspection in relation to incidents, which included physical intervention and restraint when supporting people experiencing distress.

People were supported by a committed, caring and motivated staff team. Staff we spoke with said they could always ask managers for support and felt they would be listened to and responded to.

### Mental Capacity Act

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture

#### Right support

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Care records included good detail about what was important to the person and how they preferred to be supported.

#### Right care

People received compassionate and kind support from staff who were motivated to understand their needs and provide person-centred care.

#### Right culture

Care records and staff interactions we saw demonstrated respect and understanding about the people living in the home. We saw people appearing to be delighted when some staff approached them. The service was supporting people in ways that considered their ability to be involved in decision making and sought to protect their rights as citizens.

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

The last rating for this service was good (published 21 December 2020).

#### Why we inspected

The inspection was prompted in part due to concerns received about safe care and treatment and staffing. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this focused report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

#### Enforcement

We have identified breaches in relation to safe care and treatment, safeguarding vulnerable people, staffing and management oversight of incidents, at this inspection. We have also made a recommendation in relation to the protocols for reporting incidents to other professionals.

You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe

Details are in our safe findings below

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our well-led findings below

**Requires Improvement** ●

# 2 Millbrook Way

## 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.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

2 Millbrook Way 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about 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.

During the inspection

We spoke with four people living in the home and the relatives of one person. We met with the registered manager, deputy manager and spoke with two staff and received one response to a questionnaire sent to most staff. We contacted commissioners for their views of the service. We walked around the home and gardens.

We reviewed a range of records. This included two peoples full care records and the partial records of a further three people. We looked at the medicine records for five people. We reviewed a variety of safety and maintenance records including fire safety. We looked at a range of quality assurance records, training information, staff rotas and the recruitment records for three people.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had not always been supported to live safely and free from restrictions because though the provider had assessed the risks people faced they had not been reviewed or updated management plans regularly. This meant there was a risk staff did not have up to date guidance to follow.
- People's care records included high-quality recording, by staff, of incidents, some of which included the use of physical interventions and restraint. However, some of the techniques described by staff had not always been included in people's positive behavioural support plans or agreed as part of the best interest decisions in relation to physical interventions. There was a risk people could be harmed during physical interventions.
- The registered manager had not recorded the outcome of any debriefs completed following incidents which included physical interventions and restraint. This meant it was difficult to see how lessons had been learned and applied. We raised this with the registered manager who said they always had a good verbal debrief following incidents but did not always record this. We sought feedback from staff but did not receive enough to assure us.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider ensured environmental risks including gas and electrical services and appliances, hoists, moving and handling equipment and fire safety equipment were maintained in line with recommendations.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding policies and procedures in place to guide staff in recognising and responding to potential abuse. However we were not assured there was a protocol in place to report injuries to safeguarding when they had been the result of a person who had needed physical intervention including restraint from staff.

Systems were either not in place or robust enough to demonstrate people had been safeguarded. This placed people at risk of harm. This was a breach of regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



- Staff had received training about safeguarding. Staff recording of incidents and injuries was clear and detailed in care records.

#### Staffing and recruitment

- The service had enough staff, including one-to-one and two-to-one support for people to take part in the activities of daily living both inside and outside of their home.
- Staff recruitment and induction processes promoted safety.
- Every person's record contained a clear one-page profile with essential information which helped ensure that new or agency staff were aware of people's needs.

#### Preventing and controlling infection

- People were protected from the risk of infection by staff who helped ensure the home was clean. People were encouraged to maintain the cleanliness of their own accommodation.
- Staff had received training in the control of infection and basic food hygiene.

#### Visiting in care homes

- Visiting was facilitated in line with current government guidance.

# 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 last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff working with other agencies to provide consistent, effective, timely care

- Some professionals involved with people living in the home reported they were not kept up to date in relation to incidents. We raised this with the registered manager who agreed to provide evidence of contact made. We did not receive this.

We recommend the provider establishes and follows an effective protocol for contacting other professionals in relation to events and incidents.

- Information from other professionals involved in people's care and support had been included in care records.
- People had hospital passports which provided essential information about their health and social needs should they need to go to hospital. This included; health conditions, current medicines and how best to support the person to communicate.

Staff support: induction, training, skills and experience

- Staff had received training to support them to meet people's needs.
- The provider had an induction programme which they had recently updated which helped ensure new staff received the training, knowledge and insight into the needs and preferences of the people they supported.
- Face to face staff training was in progress in relation to some areas which had been affected by the COVID-19 pandemic.

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

- Staff had completed comprehensive assessments and developed support plans which were person-centred and included input from other professionals and relatives.
- Single page profiles gave an effective snapshot of people's needs which helped ensure temporary staff were provided with essential information.

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

- People were involved in choosing what they ate and drank. Staff supported people to be involved in meal preparation.
- People had enough to eat and drink to maintain their nutritional needs. Staff kept a record of food and drink taken by each person every day.

- Staff were aware of people who may be at risk of choking and how to support them. Advice from speech and language therapists had been included in care records.

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

- People's own accommodation reflected their personal taste and sensory needs.
- People had access to extensive outside space which included; vegetable plots, gardens, a summer house and lawned areas.

Supporting people to live healthier lives, access healthcare services and support

- People had health action plans which helped ensure they were supported effectively to maintain optimum health. Where people needed additional support to attend health appointments details of this was included in their health action plan.
- Staff supported people to attend health screening, this included; regular eye tests and dental check-ups.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- Appropriate legal authorisations to deprive people of their liberty in relation to where they lived had been applied for. Where these had been granted, we checked any conditions attached and were assured people's rights had been protected.
- People had been supported as far as possible to be involved in making specific decisions in relation to their care and support. Where they were assessed as not having capacity, best interest decisions had been made and recorded. This included decisions in relation to physical interventions and restraint. Records showed the best interest decisions made had been the least restrictive option.
- We found regular reviews of some best interest decisions had not been completed. We raised this with the registered manager who responded during the inspection. We were assured people's rights continued to be protected by staff.

# 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 last inspection we rated this key question good. At this inspection this has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- Oversight and reviews of incidents, which included physical interventions and restraint had not been recorded and maintained by the registered manager. This meant we could not be assured incidents had been robustly reviewed and lessons learned to improve practice.
- Records of incidents included descriptions of physical intervention and restraint which had not been included and agreed in care records. The registered managers review of incidents had not identified this.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate management oversight was effective. This placed people at risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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; Working in partnership with others

- Other agencies reported they had not always been kept up to date with incidents involving people placed by them in the home. We have discussed this in more detail in the Effective domain of this report and made a recommendation about this.
- Relatives we received feedback from said they had been kept well informed.

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

- The registered manager and staff team were committed to providing person-centred care. People living in the home were encouraged to achieve good outcomes and to engage in meaningful activities in inclusive ways.
- People's care records included detailed information about what was important to them and their cultural and social preferences. This helped staff understand the most effective ways to support people to achieve their wishes.
- Staff we spoke with said they really enjoyed working in the home.

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

- People were encouraged to provide feedback in a variety of ways using communication methods they

found helpful. Examples included; supporting people with planning what they were doing, asking people about what they liked to eat, using pictures and social stories to support people to be aware of events and try to ascertain their views.

- Staff meetings were held regularly, staff were able to express their views.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to ensure incidents which involved physical intervention and restraint were compliant with people's positive behaviour support plans and best interest decisions.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider failed to safeguard vulnerable people who received minor injuries during restraint.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The providers review of the record of incidents involving physical intervention and restraint had not identified the issues we found at this inspection.