

Blue Ribbon Healthcare Limited

Society 1

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

About the service

Society 1 provides personal care and support to people with learning disabilities and autism who may display behaviour that presents as challenging. At the time of the inspection the service was supporting two people in their homes.

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

The service effectively applied the principles and values of Registering the Right Support and other best practice guidance. These ensured that people who used the service lived as full a life as possible and achieved the best possible outcomes, that include control, choice and independence. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The registered manager and staff understood the safeguarding and whistle blowing procedures and knew how to report concerns to the appropriate agencies. There were systems for assessing and managing risk to help make sure people and staff were kept safe from foreseeable risks.

There were enough staff working with people and they received supervision and support so they could care for people effectively. The registered manager had procedures for recruitment.

People's care plans were comprehensive, providing staff with the required information about people's needs and how to meet them. We found people were encouraged to maintain their independence and develop their social skills and were supported by staff who knew them well and had positive relationships with them.

People's support needs and choices were assessed and their care and support were developed to achieve their preferred outcomes. Staff were well supported from starting working for the service and had the required skills to meet people's needs. People's individual needs and interests were well understood by the staff that supported them.

People's social needs were considered as part of the overall service and staff assessed and regularly reviewed their preferences and leisure choices with them. 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.

The registered manager and staff had good working relationships with other agencies and responded well to their enquiries. We found that the registered manager had management systems to respond to complaints and monitor the quality aspects of the service.

We have made a recommendation about the location and storage of records needed by regulation.

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

Rating at last inspection This service was registered with us on 19 October 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below

Good ●

Society 1

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Society 1 provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 October 2019 and ended on 14 October 2019 after contact with social care professionals and calls to staff. We visited the office location on 4 October 2019.

What we did before the inspection

Our planning considered information we held about the service. This included information about incidents the provider must notify us about, such as safeguarding.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all our information to plan our inspection.

During the inspection

We spoke with the registered manager, who was present throughout the inspection. We were not able to visit people in their own homes as this would have had a negative effect upon them. We spoke a relative who consented to speak with us during the visit.

We reviewed care records for the two people who used the service and records relevant to the running and quality monitoring of the service. A variety of records relating to the management of the service, including policies and procedures were reviewed. We looked at a selection of records including, medication administration, quality monitoring records and the training and recruitment records for staff.

We requested contact information for professionals who came into contact with the service and for staff.

After the inspection

We continued to seek clarification from the provider to validate evidence. We requested further information regarding staff recruitment and agency staff information, staff training, medicine protocols and the statement of purpose. We contacted two social care professionals for their feedback and spoke with two staff members to get their experiences of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had systems and processes in place to protect people from the risk of abuse. A relative told us "[Relative] is safe and well, he's well cared for, I have absolutely no concerns about that."
- The registered manager understood their role and responsibility when recording and reporting safeguarding incidents. Care staff supporting people had received training on safeguarding adults.
- The registered manager had used an external auditor to monitor the safeguarding arrangements in the service and advise.

Assessing risk, safety monitoring and management

- The registered manager made sure individual and environmental risks were assessed and managed to keep people safe.
- Staff completed assessments for each person that identified their individual needs, preferences and any foreseeable risks.
- People's support plans were regularly reviewed and these contained instructions for staff to follow to minimise risks and keep people safe.

Staffing and recruitment

- There were enough care workers to cover the needs of people who used the service. A relative told us, "There has never been any problem with the staff, [relative] seems to be very happy and comfortable with them." Agency staff had been used to ensure support when permanent staffing levels were not sufficient.
- The provider had policies and procedures in place to support safe recruitment. However, some information regarding people's suitability for employment was not on file and not immediately available during the inspection. The registered manager was able to make the information available following the day of the visit to evidence they were following up on fit persons issues found during recruitment.
- The recruitment processes included interview questions that were valued based to ask staff about positive outcomes. People using the service were not involved in recruitment as they did not feel confident in such a new environment.

Using medicines safely

- People received the support they needed to take their medicines safely. The staff were trained in how to handle medicines safely.
- Risk assessments had been completed with people for the safe management and storage of their medicines.

Preventing and controlling infection

- The provider had policies and procedural guidance for staff to protect people from the risk of infection.
- The staff were trained in preventing infection and in food hygiene.

Learning lessons when things go wrong

- The registered manager monitored all accidents and incidents and this allowed lessons to be learnt.

Is the service effective?

Our findings

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

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

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

- Staff assessed people's physical, mental health and social needs and provided support in line with their individual preferences, recognised standards and evidence-based guidance.
- People's care records and their individual assessments identified their expected outcomes. Staff had regularly reviewed and updated people's care plans when changes happened or incidents occurred.
- The registered manager provided evidence that incidents were analysed to monitor and assess people's behaviours, recognise progress and any behavioural triggers. Incidents were collated monthly by the service's positive behaviour trainers for application in support plans and feeding back to management.

Staff support: induction, training, skills and experience

- Staff had undertaken training in areas relevant to their roles and the support they provided. This included training on autism awareness and positive behaviour training.
- Training included POACT-SKIP, a training course specifically developed to support people with autism and behaviours that may challenge. Support is through positively responding and engaging the person to reduce the behaviours that may challenge and by designing meaningful programmes to engage the person. This helped to raise a person's self-esteem and enable them to live a more independent and fulfilling lifestyle.
- Staff told us the training they received was "thorough", "intense" and "really made you think." One comment was "It was a real eye opener compared to training I have had working for other services." Records showed new staff had completed a two week period of face to face induction to the service, shadowing on day and night shifts and a supported probation period.

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

- People were supported to maintain a healthy lifestyle where this was part of their support plan.
- Staff assessed people's nutritional and hydration needs and supported them to make healthy food choices.
- Staff had completed the necessary food and hygiene courses so that they were aware of how to prepare and provide food safely.

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

- The service provided consistent and timely care, support and treatment. Staff supported people to attend healthcare appointments, if needed. They liaised with health and social care professionals involved in people's care or if their health or support needs changed

- People's care plans showed close involvement with external health and social care professionals. This had been documented and advice and guidance included in support plans.
- We received positive feedback from social care professionals about the level of support and engagement staff provided and how the service provided quick responses to any issues they raised.

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 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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were assessed in line with principles of the MCA and detailed mental capacity assessments were undertaken. Records were clear where court of protection processes applied.
- The provider had systems in place for supporting people should they be deprived of their liberty. Records were kept and staff we spoke with demonstrated understanding of the MCA.

Is the service caring?

Our findings

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

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

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

- Feedback from a relative and social care professionals was that people were treated well, their rights were upheld and they were not discriminated against.
- Support planning documentation helped staff to capture information about people's diverse needs and preferences. This was to make sure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs.
- Staff had received training on equality and diversity and the registered manager was clear about their responsibilities in this respect.

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

- People had been consulted about their support and in making decisions about the daily level of support they required, including attending staff meetings where their support was discussed.
- Feedback from social care professionals involved in people's support was positive about how people were supported to have choice and control where possible. We were told support staff went out of their way to allow people to make their own day to day decisions and complete and follow their activity timetables as they wanted.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. This was reflected in their support and progress plans.
- People were independent in their day-to-day activities and could access the local community, choose and help prepare their own meals and take care of their own flats. However, where people required support, for example, help with shaving, this was provided by staff who knew them well.
- Social care professionals told us their client's responses were that they felt "very happy" and they had settled into living in their own. Their view was this was due to the staffing and their supportive and empowering responses to the individual. Staff had developed a positive relationship with people and engaged well with them to support their independence.

Is the service responsive?

Our findings

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

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

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

- Each person had a support plan in place which provided staff with personalised guidance on how people wanted to be and needed to be supported. People had contributed to support planning about specific needs.
- Care plans included people's medical conditions, likes and dislikes and the level of support they required. The plans underpinned people's transition into living in the community. They highlighted how people were supported to develop social and life skills as part of more independent living.
- People had profiles in their support plans. This gave staff quick reference on how a person wished to be supported, any risks and preferred methods of communication. It showed background information including the person's interests and what made them happy or sad. This helped staff to get to know the person and understand their different needs and personality.

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

- People were supported to engage in activities that stimulated and interested them and increased their community involvement and self-esteem. Records showed examples of people being supported to visit places of their choice, go out for walks, do gardening, visit shops they liked, attend football matches, visit the pub, play pool, go swimming and enjoy their favourite music.
- The plans we saw were person-centred and made clear their personal preferences, routines and how staff could best support them to live the life they wanted. This included supporting people to learn new skills that helped them to be independent. This included being supported to keep in contact with family and friends, taking care of their flats, cleaning, doing their laundry, making meals and sometimes ordering take away meals.
- Social care professionals spoke positively about the work staff did to support people to follow and achieve their chosen activity timetable. The registered manager tried to match the right staff to people and where there was a shared interest use this to promote building good relationships and common ground. For example, one person liked to go fishing and was matched with a carer who had the same interest and could support and understand their interest.

Meeting people's communication needs

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

- Staff carried out assessments to support people's specific communication needs and the guidance on meeting them was clearly stated in care plans.
- Detailed information in people's care plans about their communication skills helped to ensure staff were aware of their specific needs and preferred methods of communication. There was also guidance for staff on checking people's understanding.
- Pictorial and easy read information was provided for people if they preferred these approaches with communication and for giving their views.

Improving care quality in response to complaints or

- The provider had a complaints policy and procedure the relative who spoke with us was aware of the process. The information could be provided in different formats if needed to meet different needs, such as easy read and in larger print.
- The registered manager had not received any formal complaints since registration. They told us they would address all complaints and concerns by following their complaints policy. The registered manager told us they would use any lessons learnt from complaints to improve on the quality of the service.

End of life care and support

- No one using the service required end of life support.
- The registered manager confirmed that should such support be needed staff would work with and be led by health care professionals. This was to make sure the person received the most appropriate treatment and support to make sure they experienced a dignified and pain-free death.

Is the service well-led?

Our findings

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

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

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

- The registered manager demonstrated a commitment to providing consistent and person-centred care that met people's needs in a way that promoted their individuality.
- The registered manager kept up to date with current legislation and practices to promote people's health and wellbeing. They had undertaken training beneficial to the management and operation of the service, for example they were currently completing a leadership development course.

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 duty of candour and to notify of any significant incidents or events that affected the safety and running of the service.
- The registered manager engaged well with the inspection process and additional information was provided promptly.
- Professionals and a relative we spoke with confirmed the registered manager was open and discussed any issues of importance with them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider used quality assurance systems to promote safety, quality and improvement. This included the use of external auditors to support performance.
- Records were monitored by the registered manager for any themes or patterns to take preventative actions or identify lessons to be learned. However, the system had not highlighted that all the records regarding the regulated activity were not available, as required by regulation, at the registered location or being securely stored there. We discussed this with the registered manager and they took immediate steps to address this and provide the records we required.

We recommend the provider consider current guidance on the location and storage of records needed by regulation and review their systems and practices to make sure they always reflect the guidance.

- Records and staff confirmed team meetings and supervision were being undertaken regularly. Staff we spoke with told us the organisation was good to work for, they felt supported and the registered manager was approachable and available when needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager said their relationships with other agencies were positive. Feedback from professionals confirmed this was the case. The service worked with health and social care professionals to meet people's needs, provide 'joined-up' care and support them to live the way they wanted.
- People using the services were involved in staff meetings to help influence their support and the way the service was run for them. They knew staff well and so felt comfortable talking and exploring matters with them.
- Staff confirmed that the regular team meetings were "Very open" and "Everything is out in the open, we [staff] do have a voice."