

Blue Ribbon Healthcare Limited

Blue Ribbon Supported Living

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Blue Ribbon is a supported living service. At the time of inspection, it was providing care and support to 12 people with learning disabilities and autism who may display behaviour that present as challenging.

The service provides support to people who live in their own homes. People were tenants in houses located in residential streets. People had their own bedrooms and bathrooms and often shared the communal areas and gardens. Sometimes staff members stayed at these homes overnight and supported people 24 hours a day

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

The inspection occurred during the COVID-19 pandemic. Infection prevention and related control measures required some improvement. A thorough staff testing and vaccination policy was required and we have made a recommendation about this in the 'Safe' section of the report.

Staff members had been recruited safely and the provider had robust recruitment processes and policies.

People were safeguarded from situations in which they may experience harm. Risks to people's safety had been thoroughly assessed, monitored and managed so they were supported to stay safe. People received support from an experienced and consistent team of staff who knew them well. One person who was able to give us feedback indicated to us that they felt safe. We were unable to gain feedback from other people due to their complex needs.

Staff received safeguarding training and had a good understanding of the principals involved in acting when abuse was suspected.

People's needs were met through assessments and support planning. The service worked with relatives, health and social care professionals to achieve positive outcomes for people. Staff and management had good knowledge and skills and this ensured people's needs were met.

People's medicines were managed and administered safely.

Staff described being supported by the registered manager and provider. There were quality assurance systems and processes to monitor the service and drive improvements.

The service's ethos was to put the person at the centre of the plan, action and outcome of care and support. We observed good examples of this person-centered approach at inspection.

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.

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

People's care and the setting where they lived helped them to have choice and, where appropriate, independence. The service and staff member's approach to support was person-centred and allowed people to live with dignity and privacy. The whole ethos of the service also allowed staff to support people to ensure they were included in decisions to live empowered lives. The service and staff supported people around all of these principals.

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

Rating at last inspection and update

The last rating for this service was rated 'Good' (published 1 November 2019).

Why we inspected

We received concerns in relation to people's support and staffing. As a result, we undertook a focused inspection to review the key questions of 'Safe' and 'Well-led' only.

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.

We found no evidence, during this inspection, that people were at risk of harm from these concerns. Please see the 'Safe' section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Blue Ribbon on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Blue Ribbon Supported Living

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.

This was a focused inspection to check on specific concerns we received about care and support at two schemes run by the provider.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

This service 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 a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this. In addition, the service is small and we needed to be sure the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We received information of concern from people connected with the service. We also reviewed information we had received about the service and considered feedback from the local authority. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

In addition to the office visit, we visited one scheme where we saw the extent of the care and support provided to one person. We were unable to visit the second scheme we had received concerns about, due to the complex needs of the person/people living there. We also spoke with three staff members, the registered manager and a provider representative. We considered five staff recruitment files, two people's care files and medicines records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence we found at inspection. We also requested further information including staff training records and infection control prevention policies.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- The inspection occurred during England's 'lockdown' due to the global COVID-19 pandemic. We noted there were enhanced infection control procedures and the use of Personal Protective Equipment (PPE) in line with national guidance.
- Although some rudimentary checking processes were in place for staff such as temperature checks at the start of their shift, the service had not registered for COVID-19 testing for all staff. In addition, the service had not developed a policy or process around testing for staff or the expectations of staff in relation to the national vaccination programme. We noted a number of members of staff were not participating in regular testing.

Although there was no evidence people had been harmed as a result of these concerns, we recommend the provider set out a robust policy and adopt processes to ensure people and staff members are protected from the risks around the transmission of COVID-19. This should include consideration of current best practice and national guidance for health and social care workers.

- Staff who supported people with food preparation had received food hygiene training. This help to ensure people would be protected from the risks of infections.

Staffing and recruitment

- There were safe systems and processes in place for recruitment of staff. Processes included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references.
- There were enough staff to support people safely. Staffing levels were determined by the level of care and support each person required. Our observations showed that sufficient staff were available to support people effectively.
- People were supported by a consistent staff team. In some cases, people helped select which staff members would be employed to support them.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes protected people from the risk of abuse. Information about safeguarding processes was available to staff. Staff knew how to raise a concern.
- Staff had good knowledge of safeguarding and how to keep people safe. Staff had completed safeguarding training and had access to the safeguarding policy.
- One person could not tell us verbally how they felt but in engaging with the inspector, provided a 'thumbs up' hand gesture indicating the service provided was safe.

Using medicines safely

- Medicine records were clear and accurate, and policies and procedures were available to all staff. Designated staff had received training to administer medicines and checks had been carried out on their competence.
- Regular and detailed auditing provided staff with clear feedback about the actions they needed to take to improve the management of people's medicines. In one case, we discussed the potential for how some 'as required' medicines may be administered. Staff had a good understanding of the person's conditions and the presentation of signs and symptoms that might suggest the medicine may be required. There were robust processes around this to ensure the person received their medicine safely.
- Medicines were stored securely and only accessible by authorised staff.

Assessing risk, safety monitoring and management

- The registered manager and staff assessed and managed risks to people's health, safety and wellbeing. People's care records included guidance for staff about how to provide their care in a safe and consistent way. Daily records of the care provided showed people were receiving the care they needed.
- People's care files included risk assessments based on their support needs. Risk assessments covered areas such as the home environment, medicines, behaviours, cognition, communication, mobility, nutrition and medicines.
- Staff were familiar with each person's risk management plan and worked together with the registered manager to ensure risks to people were mitigated.
- Management process were in place to identify and minimise risks. This included robust financial systems with checks to protect people. In one case, we noted a person may have faced a potential financial concern from an external source. This had been appropriately elevated to a person's social worker.

Learning lessons when things go wrong

- The provider had systems in place to learn lessons when things went wrong and make improvements. Staff recorded incidents and these were reviewed by the registered manager. We noted these were sometimes only reviewed by senior staff at the end of the month. At inspection, the registered manager implemented a system to ensure these were reviewed by management staff on the same day so that, if appropriate, immediate action could be taken.

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 the last inspection this key question was rated as 'Good'. At this inspection this key question remains the same. 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

- At the last inspection, some records were not immediately available as required by legislation. We made a recommendation this was addressed. At this inspection, all records were available and the registered manager assisted the inspector in retrieving records from the provider's digital system.
- We received positive feedback from staff in relation to how the service was run, and our own observations supported this. The registered manager and provider had oversight and knowledge of the day to day management of the service. They provided strong leadership and staff understood their roles and responsibilities.
- There was a robust governance framework in place and processes to drive quality. We noted any observations made by professionals, including any issues seen at this inspection, were addressed immediately and action taken.
- Quality assurance checks were undertaken regularly using provider led systems. These included checks on people's medicines, care plans and monitoring the care being delivered. Issues were identified quickly and cascaded to the team and action was taken.
- The staff team worked effectively together and were focused on meeting the needs of people. Care records and our observations of the care and support provided demonstrated this. There was an on-call system that provided support to staff if required.

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 and provider promoted transparency and honesty. The registered manager was open and honest throughout the inspection process and had a good understanding of their duty of candour. They openly shared information with people and their relatives when things may have gone wrong and were transparent with any learning from this.
- The registered manager had an open door policy. Staff said they felt able to speak to any of the management team. We observed a pleasant and friendly atmosphere among people, the staff and registered manager.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission. The provider had complied with regulatory requirements such as submitting formal notifications. This meant we had the opportunity of monitoring situations whilst safety concerns were under consideration by the local authority and other authorities.
- Records relating to the care and support of people who used the service were accurate, up to date and

complete.

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

- Personalised care was central to the service's philosophy and staff demonstrated they understood this by telling us how they met people's care and support needs. There was a strong emphasis on meeting people's individual needs and ensuring people's preferences were known, recorded and met. Staff were fully aware of their responsibility to provide good quality, person centred care.
- The registered manager had a good oversight of the service and understood the needs of people they supported. We noted they were regularly rostered to work with people in their homes.
- People were at the centre of everything the service did; the registered manager ensured people were involved with their care and staff understood the need to treat people as individuals and respect their wishes. In one example, we noted a person's support preference was to be set monthly attainment goals such as their improvements with cooking skills. We saw records supported the person was at the centre of this process. The achievements were celebrated with photographs in a booklet that was available to the person for reference in building on the next goal. The registered manager said the person preferred this approach and it helped in encouraging realistic and achievable skills and increased independence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, continuous learning and improving care

- The provider and registered manager engaged with staff, people and their relatives to provide care that promoted positive outcomes and support.
- Staff members we spoke with were complimentary about the registered manager, senior staff and representatives of the provider. They said they were approachable and supportive.
- Records showed regular staff meetings were being held. This including meetings during the COVID-19 pandemic. Staff told us that they felt valued and listened to by the registered manager and provider and they were encouraged to share ideas
- We noted a positive and open culture at inspection and this should lead to enhanced learning from any issues and improved care for people.

Working in partnership with others

- The service worked in partnership with key organisations and partners to support the delivery of quality care. For example, in liaising with healthcare professionals, we noted management and staff used their in-depth knowledge of a person and the signs and symptoms the person displayed. This had led to a number of meaningful medicines reviews to ensure the person was receiving the right dose of the right medicine.