

Blue Ribbon Healthcare Limited

Willow Lodge

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

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

About the service

Willow Lodge provides personal care and accommodation for people with a learning disability and/or autism in six separate living units within one large adapted property. Each unit has a bedroom, bathroom, living room and storeroom and/or kitchenette. There are gardens and an external building which could be developed for a variety of uses.

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

Right Support

People were supported to have meaningful lives because staff ensured people had access to a broad range of activities within their local community. People were encouraged to maintain and develop their independence because staff supported them to achieve carefully considered goals.

The provider ensured staff had the skills and knowledge required to support people to be safe when engaging in activities and tasks.

The service supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives.

Right Care

People received compassionate and kind care from staff committed to supporting them in ways which promoted their dignity and respect. Care records included high-quality details which provided useful insight into how each person preferred to live. Care records respected people's individuality, personal experiences and cultural needs.

Staff understood how to protect people from abuse and avoidable harm because they were able to identify concerns and raise them appropriately. Records showed all concerns had been fully investigated and resolved.

Right Culture

People's quality of life and preferences were at the heart of the care and support provided. Staff were proactive and creative in seeking the best way to improve people's experiences.

The provider and registered manager promoted openness and candour within the service. Staff were encouraged to share their views and raise any concerns they had. This helped engender an open culture.

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 12 August 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Willow Lodge

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

The inspection was carried out by one inspector.

Service and service type

Willow Lodge 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 is because the service is small and we needed to ensure managers were available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to

make. We used all this information to plan our inspection.

During the inspection

We met with three people living in the home. We spoke with the registered manager, deputy manager and five members of staff. We spoke with the relatives of four people. We reviewed a range of records. This included care records for two people, medicine records for three people, the training matrix, three staff recruitment files and staff meeting notes. We also looked at a range of records related to the management of the service; this included people's feedback and quality monitoring.

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; Assessing risk, safety monitoring and management

- People were kept safe from the risk of abuse and avoidable harm because the provider's safeguarding and risk management policies and procedures were understood and followed by management and staff.
- Relatives felt confident their relations were safe living in the service. Comments included; "I feel confident [name] is safe because staff are able to monitor [name] at all times without appearing intimidating." And "I think [name] is safe because of how they have bonded with some staff."
- Staff felt confident they had been supported to understand and respond to people in ways that promoted everyone's safety.

Staffing and recruitment

- People were supported by suitable staff because the provider's robust recruitment policies had been followed by managers. A probationary period for all employees helped ensure new staff had time to learn about the service before they and the provider committed to the appointment.
- People were supported by enough staff because managers ensured they had the right number of staff on duty based on people's assessed needs.
- Recruitment records contained all necessary documentation including pre-employment checks which helped ensure staff were suitable to work with people.

Using medicines safely

- People received their medicines as prescribed because staff had received training in the safe management of medicines and had their competencies checked at regular intervals.
- People received their 'as and when required' medicines appropriately, because the provider ensured there was enough information to guide staff when to offer these medicines and what dose.
- Controlled drugs were managed in line with good practice guidance. Medicine records had been completed properly. Where staff occasionally missed signing for a medicine this had been identified and addressed in a timely way which helped avoid reoccurrence.

Preventing and controlling infection

- People had been protected from the risks related to the COVID-19 pandemic because the provider followed robust policies based on current government guidance.
- Cleaning schedules were in place but some feedback we received from relatives indicated washing-up was regularly piled up in sinks and they had concerns about hygiene in the kitchen. We discussed this with the registered manager and were assured this addressed with staff.

- People had been supported to have visitors and keep in touch with people who were important to them. Staff had ensured people had access to social media and video calls during the pandemic.

Learning lessons when things go wrong

- People were protected from the likelihood of reoccurring incidents because the management team and staff analysed incidents thoroughly and applied any lessons learned to their practice.
- A relative told us; "They have learned how to support [name] and there has been a reduction in incidents."

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

- People received the care and support they needed because the provider's robust assessment policies and procedures were understood and followed by managers and staff.
- People benefitted from the input of other professionals because their advice and guidance had been included in care records. Staff said they found care records informative and accessible.
- Relatives felt they had been involved and included in developing care and support plans. Comments included; "We have been fully involved." and "We have good involvement with staff, they are very proactive and communicate with us regularly."

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge needed to meet their needs. This is because the registered manager had ensured all training was up to date.
- New staff received a comprehensive induction which included shadowing colleagues. One staff member said; "It has been great, the information helped me to understand my job."
- Staff were supported by managers through regular one to one and team meetings. Staff told us they found managers approachable and supportive.

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

- People were supported to eat and drink enough by staff. People were supported to choose what meals they ate and created menus. Some people used pictures to help them make decisions.
- Staff kept records of all food and drink taken in daily records.
- One relative felt concerned about the quality of their relations diet and had raised this directly with the registered manager who was responding to the concerns.

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

- People were supported to achieve optimum health because their health needs and information from health professionals had been recorded in health action plans.
- People were supported by staff to attend health appointments, including routine dental and eye health check-ups.
- People were supported when transitioning between services, for example, if they needed to go to hospital, because staff and other professionals had completed hospital passports. These provide detailed information, for health professionals, about how best to understand and communicate with people to

ensure they are able to accept treatment.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were empowered by staff to be involved in making decisions about all aspects of their care and support. Where people did not have the capacity to make particular decisions, the registered manager ensured decisions were made in their best interests and were the least restrictive.
- The registered manager had applied for appropriate authority to deprive people of their liberty as required and ensured any conditions identified were understood and followed.
- Staff were skilled in supporting people to communicate their views.

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

- People were treated respectfully by staff because they understood people's equality and diversity needs. Care records included information about people's life experiences and cultural needs.
- People were able to communicate with staff in their preferred language because the provider had ensured staff with the right knowledge and skills had been employed.

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

- People were at the heart of decision making about their care because the provider ensured staff understood how to optimise people's communication. A relative told us; "I believe [name] is thriving. The staff are absolutely caring and kind, all have taken time to get to know him even if they do not work with him."
- People's views and decisions were respected because staff ensured they took time to provide information in the best way possible for the person.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were upheld because staff followed the provider's policies and procedures in relation to providing personal care. Staff understood what was important to each person and ensured they respected this. For example, recognising when a person needed to leave what they were doing straight away and supporting the person to achieve this discreetly.
- People's independence was promoted because staff worked alongside them to identify and use their skills.
- People's private information was protected because the provider and registered manager ensured care records and personal information was stored securely. Surveillance was used positively to promote the independence of people using the service.

Is the service responsive?

Our findings

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

This is the first full 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

- People received person-centred care which reflected their needs and preferences because staff ensured support plans included detailed information about what was important to the person.
- Staff were innovative in how they developed an understanding of the persons' preferences. Relatives told us; "When we are there staff will discuss with us anything about how [name] acts and what it means." and "They have learned [name] and how to respond, they are good at supporting [name] intuitively.
- People received consistent care and support because the registered manager ensured people's needs and preferences were reviewed and updated regularly. Relatives told us they had been fully involved.

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 had opportunities to engage in a broad range activities and follow their interests. Staff were skilled in recognising how people responded to different activities and environments and made efforts to overcome any obstacles people experienced. One relative told us; "[name] went to a music event, staff knew to make sure [name] was not in a busy area and they were able to enjoy attending."
- People kept in contact with those who were important to them, including family and friends because relatives visited regularly, and staff supported people to keep in touch using video calls.

Meeting people's communication needs

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

- The service had met this standard. Information was available in a variety of formats to support people to understand.
- People were able to communicate their needs and preferences because staff had gone to exceptional lengths to really learn about how people communicated and how to optimise their communication.
- Some people talked with staff or used pictures and social stories. Some people used signs to support their communication and staff ensured they understood each persons' individual ways.

Improving care quality in response to complaints or concerns

- People's complaints and concerns were responded to because the registered manager ensured the provider's complaints policy was followed.
- Relatives told us they were able to raise anything with anyone at any time and found managers and staff approachable.

End of life care and support

- No one was in receipt of end of life care. People would be supported to consider their wishes should this be appropriate.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People experienced consistent high-quality, person-centred care because the provider's values and procedures were understood and promoted by the registered manager and staff team.
- Managers oversight of care records, maintenance, fire safety and quality governance helped ensure quality was maintained.
- Staff told us the registered manager was clear about the quality of care and professional standards they expected from staff. The registered manager oversaw the quality and accuracy of care records and care provision and fed back any lessons to be learned to the staff.
- Staff were committed to supporting people to develop their skills and life experiences.

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 obligations in relation to the duty of candour. Relatives told us they were always kept up to date and informed of any significant event.
- Notifications to other agencies had been made including the local authority safeguarding team and CQC. The registered manager and provider had improved communication with commissioners and other professionals to ensure they were kept up to date.

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

- People and those important to them were encouraged to engage with the service and share their views. People were supported to represent their views by staff who made a lot of effort to understand people's non-verbal communication.
- People's human rights and diversity needs had been respected. Staff were able to communicate with people in their preferred first language. People were able to celebrate their religious beliefs.
- Staff were able to engage with the service through regular meetings and described the management team as approachable and supportive. Other staff from within the provider organisation were invited to share their views on the service using outstanding practice feedback forms.

Continuous learning and improving care; Working in partnership with others

- The registered manager remained committed to developing the skills and knowledge within the staff team to enable improved care practice. This included additional training and shadowing opportunities.

- Other professionals we contacted provided positive feedback about how the service was working in partnership with them.
- Multi-disciplinary team meetings were held regularly to address people's care.