

Wings Care (North West) LLP

Cherry Cottage

Inspection report

17 New Hall Cottages
Longmoor Lane, Fazakerley
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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Cherry Cottage is a residential care home, providing accommodation and personal care to seven people at the time of the inspection. Overseen by the registered manager and therefore effectively attached to the Cherry Cottage care home service are a variety of 'supported living' services, where people lived in their own tenancies. These are part of the provider's overall setup at New Hall in Fazakerley, but offer people a first step into more independent living. There were 12 people living in the supported living bungalows and flats next to Cherry Cottage when we visited. Both the care home and attached supported living services specialise in the care for people with different health and care needs, autism and/or learning disabilities, as well as people with mental health conditions. Cherry Cottage and the attached supported living services are a short walk away from local shops and public transport.

People's experience of using this service:

We found some very positive examples of the difference staff had made to people's lives. However, learning and planning to underpin at times complex support needed to be more robust to provide a consistently safe, quality service. We made a recommendation regarding the effectiveness of review systems. This meant we rated Well-Led as Requires Improvement on this inspection. The service continued to meet the characteristics of good in most of the areas we looked at.

People felt safe living at the service. People were proud of the things they had achieved with staff support. One person told us, "[When I need it] Staff will just sit and listen to me. They have helped me to gain confidence and meet new people." We heard very good examples of how the service embraced and promoted people's equality and diversity. The trusting relationship between people and staff was evident in what people were happy for staff to know about.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Although Cherry Cottage and the attached services are part of a larger provider setup at New Hall cottages, staff supported people to get involved in the nearby and wider community. Care was person-centred and people were supported to do things they enjoyed, as well as encouraged to learn and try new things.

Managers led the inclusive, caring and compassionate culture of the service with clear dedication and were well respected by people living at the service and the staff. People and staff were involved in the design and delivery of care. There were enough staff to meet people's needs and staffing was flexible around people's wishes. Staff felt well supported and told us everyone worked well together to provide a good service for people.

Rating at last inspection:

At the last inspection we rated the service as Good (1 October 2016).

Why we inspected:

This was a planned inspection that was scheduled based on the previous rating. We inspected to check whether the service had sustained its Good rating.

Follow up:

We will follow up on this inspection through ongoing monitoring of the service, through conversations and notifications.

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

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 remained Good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained Good.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained Good.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained Good.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service dropped to Requires Improvement.

Details are in our Well-Led findings below.

Requires Improvement ●

Cherry Cottage

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Cherry Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service also provides care and support to people living in three 'supported living' settings, 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:

The inspection took place on 1, 2 and 3 April 2019. The first day of inspection was unannounced.

What we did:

Before the inspection

We reviewed notifications received from the service in line with their legal obligations. We looked at information the provider had sent us about the service in the Provider Information Return (PIR). Providers

are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We asked the local authority to give us feedback about the service.

During the inspection

We looked at six people's care records and checked records relating to people's medicines. We checked audits and quality assurance reports, incident and accident records, as well as recruitment, supervision and training information. We walked around the services and observed care people received at various times. We spoke with six people who used the service and observed interactions between people living at the service and staff.

We spoke to different staff around the service and had more in-depth conversations with four staff members. These included a support worker, a senior care staff member, the acting manager and the registered manager.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service.
- One person told us, "If I was worried about anything, I could speak to any member of staff."
- Staff were aware of safeguarding responsibilities and procedures. We saw examples of the service working together with social services to ensure people were protected.
- Staff had confidence in managers to address any concerns. Staff told us they would feel confident to 'whistle-blow' to other organisations, such as the local authority or CQC. This was supported by the provider.

Assessing risk, safety monitoring and management

- Care plans and risk assessments related to people's behaviours that challenge had not always been reviewed following significant incidents. Monitoring of people's wellbeing following the use of physical intervention was being developed. We considered this under the question whether the service was well-led.
- Risk management plans were developed based on people's individual needs and promoted positive risk-taking.
- Regular safety and maintenance checks took place on the environment and equipment people used.

Staffing and recruitment

- Staff turnover was low, which helped with the consistency of support. People felt there were enough staff to meet their needs and they told us staff were flexible in their support.
- Staff confirmed this and told us if shifts needed covering at short notice, this was usually provided by the service's regular staff or colleagues from other, nearby services.
- Robust recruitment checks were followed. These helped to ensure new staff were suitable to work with people who may be vulnerable as a result of their circumstances.

Using medicines safely

- People were supported to be as independent with taking their medicines as possible. The service arranged training for people to help with this.
- People told us they received their medicines on time and were happy with the way staff supported them with this.
- The management of people's medicines was safe and effective. We checked the stock levels of different people's medicines and found they matched records.

Preventing and controlling infection

- The service was well presented, clean and hygienic.
- Staff had an infection control champion, who promoted good hygiene keeping within the service.

Learning lessons when things go wrong

- Following incidents and the use of physical interventions, staff completed a 'debrief' together. They also completed a debrief with people involved in an incident when they reflected together on what could be done differently to prevent reoccurrence.
- We discussed with the registered manager and acting manager some improvement needs to the robustness and effectiveness of debriefs. However, we saw a good example of learning from incidents together.
- The workforce development trainer and Non-Abusive Psychological and Physical Intervention (NAPPI) lead reviewed incidents on a quarterly basis and provided analysis.

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

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

- There was a clear focus on achieving good outcomes for people.
- We heard good examples of staff reducing people's required level of support. For example, the service had successfully supported people to gain or maintain skills to live more independently.
- Further development was needed to underpin the reduction of restraint use. This included the development of practice in line with Positive Behaviour Support (PBS) principles. The provider was addressing this and had appointed new PBS practitioners. PBS is a recognised best practice model to promote people's quality of life.
- People saw a doctor or other health professional when they needed to.
- The service worked effectively in partnership with other professionals to support people's health and wellbeing. This included working with a variety of health professionals to support people while they were in hospital, or to help people move out of hospital and into the community.
- People were encouraged to be active and live a healthier life. This included the service helping people to learn about healthier ways to do the things they enjoyed.

Staff support: induction, training, skills and experience

- Staff felt well supported and received regular supervision. Staff induction was in line with the Care Certificate, a recognised set of standards for staff working in health and social care.
- People were actively involved in staff inductions.
- Staff completed mandatory training as set out by the provider.
- The provider had supplementary training in place for staff to learn about conditions people they supported lived with. Completion of this needed to be improved and the registered manager confirmed this was an area for development.

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

- Staff supported people each week to write their own meal plan based on their preferences and needs.
- The service supported people's specific dietary needs. We discussed with the registered manager that some information around this could be clearer in people's plans.
- Weekly 'house meals' which everyone cooked together provided an opportunity for staff to further support people's healthy eating. A different person chose this every week.
- People told us staff had supported them to be more independent in their cooking skills.

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

- Information was made available to people in formats they could easily access and understand.
- The care home accommodation consisted of self-contained flats. The registered manager gave us an example of how one person's flat had been adapted to meet individual needs.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff sought people's consent and supported their decision-making.
- Appropriate assessments and applications to deprive people of their liberty had been completed. The registered manager had followed conditions of authorisations by the local authority and requested reviews where appropriate.
- Where appropriate, the service had made decisions together with families or social workers, in people's best interest, while involving the person as much as possible.

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

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; Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with kindness and respect.
- People's comments included, "Staff listen to me and help me" and "The staff are sound".
- One person said, "The staff are nice to us. They know us well and know what we need. Staff are there to talk to if we need anything."
- People who lived at the service told us staff maintained their confidentiality. People showed their trust in the team at Cherry Cottage by sharing information with staff that was very personal to them, but that they wanted staff to know about.
- One person praised staff particularly for being there for them when things had been difficult. They told us about these times and said, "Staff stayed with me. They just sat with me and listened."
- All of the staff we met during the inspection were kind, warm and welcoming.
- We observed the registered manager leading this culture, in the way they sensitively and compassionately offered support to people when they needed it.
- We observed some kind and caring interactions between people using the service.
- We observed how people who lived at the service and staff interacted with each other. It was clear that they knew each other well and had developed positive, caring relationships.
- When people felt upset and needed support, staff provided this with patience and understanding.
- The service was seeking advice from specialists to further develop their understanding of people's individual communication.
- Staff had sensitively supported people in their development of relationships, as well as the understanding of sometimes difficult situations.
- There was a focus on developing people's independence through the use of individual "Our journey to independence" pathways. Not everyone within Cherry Cottage had such a plan. However, these were being developed to be more flexible and meaningful to people's individual levels of independence.
- Personal records about people were stored securely in a locked office to protect their confidentiality.

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

- People were involved in the planning of and decisions over their care.
- Staff discussed people's care plans with them and people had signed their consent and agreement to them. We considered some improvement needs to record-keeping regarding this under the question whether the service was well-led.
- When people needed someone to speak up on their behalf, the service signposted them to independent advocates.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care and support were responsive to their individual needs. People had a variety of individual care plans in place to underpin this. These included plans around people's future goals.
 - We saw that care plan designs and layouts had been personalised by people.
 - People were supported to follow their interests and encouraged to try something new, to promote their quality of life.
 - People were supported to maintain important relationships with others within and outside of the service.
- Wi-Fi was available at the service for people to use.
- People had been on trips to destinations they wanted to visit.
 - One person told us, "Staff are very supportive, they know how to support me. You are encouraged to do things on your own." The person gave us examples of activities they did, which they enjoyed, as well as their achievements and how they socialised with others.
 - The person explained to us how they worked in partnership with staff, to have flexible support around their individual needs.
 - The care plans for people using the supported living service had been developed to show how individual, person-centred outcomes would be achieved.
 - Where appropriate, people had care plans in place regarding behaviours that challenge. We considered some review and improvement needs to these under the question whether the service was well-led.
 - We understood that the provider had appointed Positive Behaviour Support (PBS) practitioners, to strengthen the service's proactive working, to prevent incidents and avoid the use of physical intervention.
 - We heard good examples of how people had developed their own strategies to ask for help when they needed it. On occasion, staff had reflected that they needed to respond to these requests more quickly to prevent incidents.

Improving care quality in response to complaints or concerns

- Generally, people felt that they were listened to by staff. We heard examples of how the service had responded supportively when things were not going well for people.
- People knew how to make a complaint but told us they had had no reason to. There were no recent recorded complaints.
- The complaints procedure was made available to people in their "service user handbooks". Information in this and people's care plans was presented in different formats, including pictures and 'easy-read' text.

End of life care and support

- At the time of our inspection, none of the people living at the service were receiving care at the end of their life. However, people had an 'end of life' care plan in place that detailed their wishes and spiritual needs.

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

Leaders and the culture they created supported the delivery of good quality, person-centred care. However, planning and learning aspects underpinning safe and consistent care needed to be improved.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We checked incident reports for Cherry Cottage and found that for several months there had been no occasions recorded on which staff had used physical restraint. However, during the month of March 2019, there had been an increase and on two occasions staff had resorted to an unplanned, high-level restraint of a person.
- A debrief had been completed following both incidents, however care plans and risk assessments had not been reviewed to reflect events. This meant there was no clear plan to guide all readers on how to prevent reoccurrence or how to appropriately and proportionately respond to incidents.

We recommend that the service review the effectiveness of their systems following significant incidents, particularly those involving the use of restraint, in line with best practice guidance.

- Plans needed to be based more clearly on an understanding of what motivated the person to present certain behaviours that challenge, to help staff support the person effectively.
- We understood the provider was taking measures to improve their best practice in line with Positive Behaviour Support (PBS) principles, to reduce the use of restraint and improve quality of life. As there were no clear 'restrictive practice reduction plans' in place when we visited, the workforce development trainer and NAPPI lead informed us these would be introduced.
- We considered there needed to be a clearer focus in debrief sessions on whether events, including the use of physical restraint, could have been prevented. In line with guidance, debrief sessions are essential for staff to think together whether their response to events had been proportionate to the situation and risk to people.
- We understood this was an area of development the provider's workforce development trainer and NAPPI lead was looking to improve.
- We discussed with managers that some aspects of record-keeping needed to be improved. This was to ensure people's records and their involvement in care planning were kept up-to-date, as not all records stated when they had been completed.
- Monitoring of people's safety following incidents was being improved. The provider had already liaised with NAPPI following our input, to develop a new monitoring form. This was specifically to check on people's wellbeing following the use of restraint.
- A quarterly, more detailed overview of incidents and additional analysis was in development.
- There was a variety of other audits to improve the quality of the service. These had been completed and acted upon effectively.

- The registered manager had notified CQC of specific events in line with their legal obligations.
- Ratings from our last inspection were prominently displayed within the service and on the provider's website.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service embraced and promoted people's equality and diversity. We heard a variety of very good examples to evidence this and saw personalisation of care plans based on people's diverse needs.
- A long-standing registered manager was in post who led the service's clearly person-centred, warm and caring culture.
- People and the staff team praised and respected the management team.
- Staff described to us how supportive the team was of people using the service and colleagues.
- One staff member said, "[Registered manager] is amazing, I have loved every minute I have worked here. I feel so settled and really part of a team here. [Registered manager] is so understanding, she listens to you and takes on board what you are saying."
- People told us there was nobody amongst the staff team they did not like or could not talk to.
- A person who had used the service wrote a card to staff that said, "Thank you for all your help and support when I was with you, you have done so much for me."
- People and staff were involved in the design and delivery of the service through regular meetings.
- The registered provider used annual surveys to check if people were happy with their care. Staff also completed regular "What is working for me and what is not" conversations with people. A "You said We did board" showed how staff had listened to people to develop the service.
- Staff were supported through recognition and celebration of achievements. This included a reward and "employee of the month" scheme.

Working in partnership with others

- The registered manager attended network meetings with other registered managers and the local authority. This helped them to learn about and share best practice.
- The registered manager sourced information about best practice from organisations such as the British Institute for Learning Disabilities (BILD) and the National Institute for Health and Care Excellence (NICE).
- We saw evidence of good partnership working with stakeholders, such as social workers and commissioners.
- We read a stakeholder compliment to staff that read, "Please say thanks to all the staff ... for helping [person's name] gain [their] confidence back."