

# Wings Care (North West) LLP

## Laburnum Cottage

### Inspection report

19 New Hall Cottages  
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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



### Overall summary

This unannounced inspection took place on 5 and 7 October 2015. Laburnum Cottage is registered to provide personal care and a transitional service to young people aged 16 – 24 who are moving on from children's services, foster care, hostels and youth offenders institutions. They may also have a diagnosis of learning disability, mental health illness, challenging behaviour or a combination of these. The home can accommodate six people however three were living there at the time of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and staff knew what actions to take if they thought that anyone had been harmed in any way. People told us they were happy with the care they were receiving at Laburnum Cottage

People received their medicines as prescribed and safe practices had been followed in the administration and recording of medicines.

# Summary of findings

People and staff we spoke with confirmed that there were enough staff available to meet the needs of the people living at the home.

Staff were knowledgeable, kind and compassionate when working with people. They knew people well and were aware of their history, preferences and dislikes. People's privacy and dignity were upheld. Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed.

Staff were only appointed after a thorough recruitment process. Staff were available to support people to go on trips or visits within the local and wider community.

People who lived at the home were not applicable to be accessed under the Mental Capacity Act 2005 legislation as they were under eighteen years of age, however the manager did demonstrate a good understanding of the Mental Capacity Act 2005. This is legislation to protect and empower people who may not be able to make their own decisions. We could see that the provider had obtained consent from people who had the capacity to do this, other consent had been obtained from people's family's, or other professionals involved in their care. The people living at Laburnum Cottage were able to make informed choices about day to day decisions, such as what to eat, what to wear and who visits their home. One person was

unable to make these decisions and we could see there was no documented decision maker in that person's records. We highlighted this to the manager at the time of our inspection.

Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. At the time of this inspection, there was no one living in Laburnum Cottage who was over eighteen years of age, so this safeguard did not apply.

People's bedrooms were individually decorated to their own tastes. People were encouraged to express their views and these were communicated to staff verbally.

People were supported to purchase and prepare the food and drink that they chose. People who lived at the home, their relatives and other professionals had been involved in the assessment and planning of their care. Care records were in place, however these did not fully explain the complexity of some people who lived at the home or how they should be supported.

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff, the deputy manager or the registered manager.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Although risks had been identified, and were managed safely, risk

assessments did not always reflect current staff practice to protect people from harm. We have made a recommendation to the provider about this.

The missing person's policy was not accurate in the procedure the provider would adhere to keep people safe.

Staff were of suitable character to support people safely.

People were protected from the risk of abuse, because staff understood and followed the correct procedures to identify, report and address safeguarding concerns.

People were protected against the risks associated with medicines, because appropriate checks and records ensured they received their prescribed medicines safely.

Requires improvement



### Is the service effective?

The service was effective.

People were supported effectively by staff who were trained and skilled to meet their health and support needs. Staff were supported to develop skills through regular review of their training needs and aspirations.

Staff understood the principles of the Mental Capacity Act 2005 but this was not applicable in the home.

People received the support they required with purchasing and preparing food.

People had access to a range of health services to support them with maintaining their health and wellbeing.

Good



### Is the service caring?

The service was caring.

Staff supported people with kindness and compassion.

People's views were listened to, and informed the care they experienced.

Staff understood and respected people's wishes and preferences, and promoted their dignity.

Good



### Is the service responsive?

The service was not consistently responsive

Requires improvement



# Summary of findings

People were involved in the assessment and reviewing of their care plans, however some of the plans lacked personal centred information. We have made a recommendation to the provider about this.

People were able to raise concerns if they were not happy, and these were investigated.

## Is the service well-led?

The service was well-led.

People, a relative and staff spoke positively about the service and said it was managed well.

Systems were in place to manage, monitor and improve the quality of the service provided.

Staff were aware of their responsibilities in ensuring the quality of the service was maintained.

**Good**



# Laburnum Cottage

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 5 and 7 October 2015 and was unannounced. The inspection team consisted of two adult social care inspectors. Before the inspection we looked at previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. A Provider Information Review (PIR) had not been requested for this inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We discussed the information that would have been included in this form during our inspection.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

During our inspection some people were unable to tell us in detail about their experience of the care they received. We observed the care and support people received throughout our inspection to inform us about people's experiences of the home. We spoke with one person living at Laburnum Cottage, and three staff members. We also emailed two of the commissioners of the service to ask if they had any feedback they would like to share with us.

We spoke with the registered manager and the senior during our inspection. We reviewed three people's care plans, including daily care records and medicines administration records (MARs). We looked at six staff recruitment files, and records of workers' files of supervision and training. We looked at the working staff roster for six weeks.

We reviewed policies, procedures and records relating to the management of the service. We considered how relatives' and staff's comments and quality assurance audits were used to drive improvements in the service.

This was the provider's first CQC inspection.

# Is the service safe?

## Our findings

We asked people if they felt safe living at Laburnum Cottage. One Person told us, “Yes, I feel safe. It’s good here.”

Although risk assessment records did not always provide sufficient guidance for staff, risks to people’s safety were managed safely. This was because communication between staff was effective, and the work force was stable as the person was supported by staff that they knew well. This ensured all staff understood risks that affected people’s safety, and the actions required in the event of an accident or incident.

We looked at the incident reporting system and could see that the registered manager reviewed each incident and recorded actions for staff if required. We could see that the incidents were well documented but could see they had not been analysed for trends and patterns. We highlighted this to the registered manager at the time of our inspection.

Staff were able to describe risks specific to each individual, and the actions they followed to protect them from harm. For example, there was a person who had epilepsy living in Laburnum Cottage. Staff explained how they would support this person in a risk situation and how the person responded afterwards. However, when we checked the risk assessments for this person we could see that they lacked this specific detail on how the staff should support them. Therefore new members of staff would not know what to do in this situation. We highlighted this to the manager at the time.

**We recommend that the provider considers current guidance in relation to risk assessments and takes action to update its practice accordingly**

The staff we spoke with could clearly describe how they would recognise abuse and the action they would take to ensure people were protected against the risk of harm.. Staff confirmed they had received adult safeguarding training. An adult safeguarding policy was in place for the home and the local area safeguarding procedure was also available for staff to access, also, because the people living at the home were under 18, they staff had received child safeguarding training.

We looked at the missing persons policy for the home, the policy lacked the correct information with regards to what action the staff should take if someone in the home went

missing. When we spoke to the manager they confirmed the correct action. The staff we spoke to also confirmed this, however the policy contained different information. This could pose a risk to the person if they did go missing and new staff were on shift as they might follow the procedure outlined in the policy which is incorrect.

We looked at the personnel records for four members of staff recruited in the last year. We could see that all required recruitment checks had been carried out to confirm the staff were suitable to work with vulnerable adults and young people. Two references had been obtained for each member of staff. However, some of the references were missing from staff files. We had to request that the references were made available for our viewing. When we highlighted this to the registered manger they told us a new filing system was being introduced and it was a new filing system. The registered manager requested this information and it was made available for us later on during our inspection. Interview notes were retained on the personnel records.

People who lived at the home told us there were sufficient staff available to meet their needs. Support workers told us staffing levels were sufficient to support people safely. They were willing to work overtime when needed to support people with activities and support in the home. Agency staff were not required to cover shifts. The registered manager explained that due to the complexity of the people living in Laburnum Cottage it would not be appropriate for agency staff to cover shifts due to the complexity of the people living there and that it takes time to get to know them.

Staff ensured people took their prescribed medicines safely. We observed staff booking medication into the home and could see this was being done safely. For example, two people signed the medication in and checked the pharmacy labels for inaccuracies. The provider ensured staff were trained and competent to administer medicines, and the registered manager or deputy manager reviewed staff competency to ensure they maintained the skills required. We did not see any gaps in Medication Administration Records (MARs), indicating that people received their medicines as prescribed. Medicines were clearly labelled and kept securely in a locked cabinet.

## Is the service safe?

Documentation evidenced that medicines were checked on delivery against people's MARs, and that stock levels were checked and monitored monthly. Medicines were disposed of safely.

Regular checks and servicing ensured people and others in the home were protected from risks associated with the environment and faulty equipment. For example, gas safety measures were checked annually by a qualified external contractor, and water safety was monitored through

temperature checks and an annual Legionella test to ensure the water quality was safe. Legionella disease is a bacterial virus that can cause people harm. A Personal Emergency Evacuation Plan (PEEP) had been developed for each person living at the home. A fire and emergency procedure was displayed on the notice board in the office and we could see all equipment was regularly tested. Due to the service being under 12 months old, annual checks were not required at this stage.

# Is the service effective?

## Our findings

People and their relatives told us staff effectively supported them. One person said “I enjoy my support”

People received care from staff that were knowledgeable and had the necessary skills to meet their care and support needs. This was because the service gave staff effective induction, training, supervision and appraisal. Staff spoke positively about their training experience. A staff member told us they were supported by the service to further their career and become a senior in the home. The staff had recently completed self-harm training. One staff commented, “We have people living here who self-harm and the training received has helped me to support them.” This was supported by the staff training matrix which showed that as well as undertaking essential training, all staff had undertaken specialist training in areas such as autism; dealing with behaviour that challenges and epilepsy. We could see all of the staff certificates were stored in their files showing they had attended these training courses.

Staff told us they received regular supervision and we could see evidence of this when the manager showed us the supervision matrix.

Staff were aware of the implication for their care practice in relation to the Mental Capacity Act 2005 (MCA). This is important legislation which establishes people’s right to take decisions over their own lives whenever possible and to be included in such decisions at all times. This piece of legislation was not applicable to the people living at Laburnum Cottage as they were under 18 years of age. The provider had appropriate policies in place to ensure people were involved in consenting to their care. We observed staff consistently seeking people’s consent before providing care. Throughout the day we observed and heard staff encouraging and prompting people with decision making

regarding their care needs in a positive way. Before providing support, we heard staff asking for permission for tasks they wanted to do with the person in a way which empowered the person.

People were encouraged to partake in cooking meals in the communal kitchen area with the support of staff. Menus were developed which had taken into account people’s individual preferences. We saw evidence of one person cooking their own meal, and could see that they staff had supported this person to do their shopping from a list they had completed together. We asked the manager and the staff how they ensure the people have enough to eat and drink. The staff and the manager told us most of the people who live in Laburnum Cottage understand the importance of eating regularly to ensure good health. The staff we spoke with told us they promote this by encouraging people to eat at regular times throughout the day instead of just having quick snacks, and by offering to support people to cook meals from scratch in the communal kitchen. We could see evidence in people’s daily notes this was taking place.

We saw evidence in people’s care plans of involvement with a wide range of healthcare professionals. For example, a behaviourist was working closely with the parents of one of the people who lived in the home to help them establish boundaries for when that person goes home.

The décor inside Laburnum Cottage was very modern and appealing to the age group it catered for. All equipment was new and good quality, and was clean and tidy. Floors were non slip and walls and ceiling were bright and tastefully painted. All furniture was new and in good repair, and the home was spacious, yet had a very homely feel. There were no unpleasant odours in the home, and everyone seemed relaxed and the staff did not appear to be rushed or pressured.



# Is the service caring?

## Our findings

People told us they felt that the staff were kind and treated them with respect. One person said “Yes they are very good” When we spoke to staff we asked them about the people who lived at the home and what they liked and disliked. All of the staff were able to demonstrate a good knowledge of people’s individual choices.

People were encouraged to maintain their independence and get involved in household tasks. We saw evidence of people actively being involved in decision making, for example staff asking people what they wanted to do that day and if they needed a hand with anything in their flats. The delivery of care was personalised, and we saw staff respecting people’s privacy by knocking on their doors and waiting to be invited in before entering.

We saw staff supporting someone who lives at the home who was not feeling very well. The staff member was very reassuring; they offered them PRN medication (given when required) as in accordance with the person’s plan and then rang the GP to make that person an appointment.

We heard a lot of positive conversations between staff and the people who live at Laburnum Cottage; it was clear the staff team knew the people they were supporting very well. We saw people were laughing and looked happy.

Staff were polite and respectful when they talked with people. People we spoke with said staff treated them with respect. People also told us they were able to do most things for themselves and staff helped them only when they needed it. For example, some people needed help or prompting with personal care. Staff understood and gave us examples that showed how they protected people’s privacy and dignity. Staff told us they cared for people in a way they preferred, which included them and protected their dignity. For example staff told us they would knock on people’s doors and wait for them to be invited in before they entered. They also explained how important it is not to discuss people’s personal support needs in communal areas in case anyone hears or if there are any visitors.

People were allocated their own keyworker who co-ordinated all aspects of their care. Keyworkers met regularly with people to review their care on a monthly basis.

There was information clearly made available for people to access independent advocacy during the time of our inspection. We could see how the literature and the process had been discussed with the people who lived at the home so they could make an informed choice.

# Is the service responsive?

## Our findings

We saw that had staff responded to people's needs in a timely and empowering way. For example, one of the people who lived at the home had requested to go to the gym. The registered manager had responded to this by ensuring there were staff on who would engage in the activity to take this person. We spoke to this person about this activity and they told us they enjoyed going.

There were no complaints recorded at the time of our inspection. There was a complaints procedure in place; however this was not displayed in the reception area as stated in the policy, therefore visitors or family members might not understand the complaints procedure without asking for the policy. We highlighted this to the manager at the time of our inspection. None of the people, relatives or friends we spoke with had needed to raise formal complaints, as any issues were discussed informally and promptly resolved.

We could see the registered manager was working alongside CAMHS (child and adolescent mental health service) and a behaviourist to support people manager behaviour issues. We could see evidence of these meetings taking place, and the person confirmed they were having a positive effect.

There was a compliments book and a suggestion box in the main hallway of the home. People who live a home and their families are encouraged to share any experiences or suggestions with the provider. The suggestion box was collected every month by the managing director, who will respond to people individually.

We looked at examples of how people are supported to receive care which is personalised to meet their individual needs. We looked at the one person's flat. This person had diagnosis autism and the manager told us how important it was that all of the person's belongings were stored on a certain side of the room. We could see that the staff supported this person to keep their home personalised in accordance with their needs. However when we looked in the persons care plan we did not see evidence of this

persons preferences documented. Therefore new starters would not get an understanding of this persons need from reading the care plan. We highlighted this to the manager at the time of our inspection.

**We recommend that the provider considers current guidance in relation to person centred planning and takes action to update its practice accordingly.**

We could see that all people were assessed before they came to the home, and there were care plans and risks assessments in place to support people; however we found they were lacking in detail and did not give us a good indication of how the person wanted to be supported and what the support means for them. For example, one of the care files we looked at made reference to the persons epilepsy, however there was no background information about the epilepsy, what it means for the person and how they like to be supported. There was also no likes or dislikes or personal interests documented for that person. The other care files we looked at were also lacking in detail. We felt this lack of personal information could pose risks to the person such as staff not having a good understanding of their care needs before they support this person. We fed this back to the registered manager who explained reviews were going to be taking place and they will capture more of this information.

We could see from looking at people's care plan's they requires different levels of care and were at different stages with regards to their support needs. The manager told us that they review everyone's care needs and always ensure there are enough staff on shift to be able to support people to engage in their preferred activity. When we looked at rotas we could see that this was supported. for example, we could people had different one to one time with staff at various times during the week to support them to attend gym sessions, go shopping, or cook. One person had a on-going two to one staff support. The manager informed us this was because of the persons complex needs. We could see there were enough staff and when we spoke to people they told us they never missed their activity due to staff shortages.

# Is the service well-led?

## Our findings

A registered manager was in post that had been there since the service had opened.

The service promoted a positive culture and people were involved in developing the service as much as possible. 'Resident's meetings' were not held as these had been assessed as not being an appropriate method of obtaining people's views. However, we did see this had been attempted, the manager showed us minutes from meetings which were held but people did not wish to attend, their decisions were documented. Instead people met with their keyworker on an individual basis.

The registered manager was clearly visible throughout our inspection and answered all of our questions about the service. Staff we spoke to said they enjoyed working in the home, and had a good relationship with the registered manager. One staff member told us, "[registered manager's name] is amazing, I can't believe how welcoming they are." Another staff member said, "They are the best company I have ever worked for, the difference in how they support you is unbelievable." One of the people who lived in the home told us, "She [registered manager] is dead nice."

The culture of the home was one of 'homeliness' and we observed this throughout the day.. One member of staff explained, "They will listen and sort out any problems." The service demonstrated good management and leadership. Staff were asked for their views through regular supervision and team meetings.

The registered manager felt well supported by her manager and from head office and had supervisions every two months and an annual appraisal. The registered manager

demonstrated an ability to deliver high quality care and regular audits took place to assess the quality of the care delivered. The director also visited regularly and checked on any audits undertaken, we saw evidence of this.

Records confirmed that audits had been conducted in areas such as health and safety, including accident reporting, manual handling, premises, food safety, laundry and risk assessments. Health and wellbeing audits were undertaken which measured how people were supported, both physically and emotionally. Audits were undertaken on a monthly basis. Where action was required to be taken, the evidence underpinning this was recorded and plans were put in place to achieve any improvements required.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.

Staff we spoke to confirmed they understood whistleblowing and would not hesitate to whistleblowing if they needed to. However, when we looked at the whistleblowing policy we found that it was generic and did not incorporate enough information with regards to whistleblowing and how to whistle blow.

Throughout our inspection the registered manager responded positively to requests from us regarding clarification of material and was open and honest regarding potential deficits.

The manager was knowledgeable with regard to what should be reported to CQC and we had received all notifications which were relevant.