Wings Care (North West) LLP

Cherry Cottage

Inspection report

17 New Hall Cottages
Longmoor Lane, Fazakerley
Liverpool
Merseyside
L10 1LD

Tel: 07434600988
Website: www.wingscare.co.uk

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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

This inspection took place on 22 August 2016 and was unannounced.

Cherry Cottage is a residential service which provides accommodation and personal care for a maximum of six people with complex health and care needs. At the time of the inspection six people were living at the home. The main accommodation consists of six self-contained flats and a shared kitchen and lounge. Cherry Cottage also has a small supported living service adjacent to the main building for people who are more independent. At the time of the inspection three people were living there.

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 told us that they felt safe living at Cherry Cottage and receiving support from the supported living service.

At the previous inspection we identified concerns relating to the currency and accuracy of risk assessment documentation. At this inspection we looked at risk assessments for two different people and found that improvements had been made immediately following the previous inspection.

At the previous inspection we identified that the home's policy and procedure relating to missing person's did not accurately reflect current practice. We looked specifically at the procedure and saw that it had been revised appropriately.

Staff had been trained in safeguarding procedures. They clearly understood different types of abuse and neglect and what signs to look out for. Staff were able to explain what action to take if they suspected that abuse was taking place.

Staff were recruited safely subject the completion of appropriate checks. This included a requirement for two references and a Disclosure and Barring Service (DBS) check. DBS checks are used to determine that people are suited to working with vulnerable adults. Each of the staff records that we checked contained an application form, references, DBS check and photographic identification.

People's medicines were stored and administered in accordance with good practice. We spot-checked Medicine Administration Record (MAR) sheets and stock levels. Each of the MAR sheets had been completed correctly. Stock levels tallied with the figures recorded on the MAR sheets.

We saw evidence that staff had been trained in a range of topics relevant to the needs of people living at the home.

Applications to deprive people of their liberty had been submitted appropriately and in accordance with the Mental Capacity Act 2005 and had been made in people's best interests. Each application had been reviewed and renewed as required.

People were supported to maintain good health by accessing a range of community services. We saw evidence in care records that people had a GP, optician and dentist and had regular check-ups.

Throughout the inspection we observed staff interacting with people living at the home in a manner which was kind, compassionate and caring. Staff adapted their communication style to meet the needs of each person.

We saw that people had choice and control over their life and that staff responded to them expressing choice in a positive and supportive manner.

At the previous inspection we identified a concern relating to the completeness and accuracy of person-centred plans. At this inspection we saw that people's plans were sufficiently detailed to inform staff of people's needs and preferences and had been regularly reviewed. The plans had a focus on developing people's skills and independence which was in-line with the purpose of the home.

People talked positively about the progress that they had made since moving to Cherry Cottage and their plans for the future.

Staff were deployed flexibly so that people had a degree of choice in who provided care and support. Where practical, keyworkers and other staff were matched to people so that they had shared interests.

The registered manager's interactions with people living at the home and staff were relaxed and informal, but they also led the team in a direct manner when required.

The registered manager and other members of staff that we spoke with described the home's values in similar terms. Each said that the home promoted people's independence and helped people to move-on to more independent living. We saw that these values were applied in communication with the people living at the home and in the delivery of care and support.

Staff were clearly motivated to do their jobs and enjoyed working at the home. Staff understood their roles and demonstrated that they knew what was expected of them as they provided care and support.

The home had a robust approach to the monitoring of safety and quality. Audits were completed regularly by the registered manager and a specialist auditor.

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

We asked people if they felt safe receiving care at Cherry Cottage. One person said, "[I feel safe because] I know everyone. They're all alright." We also spoke with one of the people using the supported living service. They said, "I wasn't too confident, but my confidence is better in four weeks. It [the service] gives me freedom, but reassurance that someone is there." A member of staff said, "We have a risk assessment in place for everything."

At the previous inspection in October 2015 we identified concerns relating to the currency and accuracy of risk assessment documentation. At this inspection we looked at risk assessments for two different people and found that improvements had been made immediately following the previous inspection. Risk to people living at the home was appropriately assessed and recorded in care records. We saw risk assessments relating to a range of situations, for example, holidays, medicines and accessing the community. Each risk assessment focused on maximising the person's independence while safely managing any risks and had been recently reviewed. Staff told us that the risk assessment for accessing the community had been reviewed following a recent incident. We saw evidence of this in care records. People told us they were involved in decisions about care and taking risks.

At the previous inspection we identified that the home's policy and procedure relating to missing person's did not accurately reflect current practice. We looked specifically at the procedure and saw that it had been revised appropriately.

Staff had been trained in safeguarding procedures. They clearly understood different types of abuse and neglect and what signs to look out for. Staff were able to explain what action to take if they suspected that abuse was taking place.

Accidents and incidents were recorded in appropriate detail and assessed by the manager. The manager was required to submit a copy of the information to the provider. The information was then analysed to identify patterns and triggers.

The home had sufficient staff to meet the needs of the people living there. People received different levels of support based on

their needs and the activities that they were involved in. None of the people that we spoke with reported that staffing levels had been an issue. A member of staff said, "Staffing numbers are safe. We have plenty of staff."

Staff were recruited safely subject the completion of appropriate checks. This included a requirement for two references and a Disclosure and Barring Service (DBS) check. DBS checks are used to determine that people are suited to working with vulnerable adults. Each of the staff records that we checked contained an application form, references, DBS check and photographic identification.

The home had a robust approach to safety monitoring and employed external contractors to service and check; gas safety, electrical safety and fire equipment. We saw that checks had been completed in each area within the previous 12 months. The home had a general evacuation plan in place and tests on emergency equipment were conducted and recorded regularly. Each person also had a personal emergency evacuation plan (PEEP) in their care records. This provided staff with the specific requirements of each person in the event that the building needed to be evacuated.

People's medicines were stored and administered in accordance with good practice. We spot-checked Medicine Administration Record (MAR) sheets and stock levels. Each of the MAR sheets had been completed correctly. Stock levels tallied with the figures recorded on the MAR sheets.

We were told that nobody currently living at the home required covert medicines. These are medicines which are hidden in food or drink and are administered in the person's best interest with the agreement of the prescriber. Controlled drugs were stored safely and associated records were completed correctly. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation. We saw evidence of PRN (as required) protocols and records. PRN medications are those which are only administered when needed for example for pain relief. A full audit of medicines and records was completed regularly.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and supported to ensure that they could meet the needs of the people living at the home.

There was a good choice of food available. The people living at the home were encouraged to assist in the preparation of meals and develop their shopping and cooking skills.

People's health needs were met in conjunction with a range of specialist and community services.

Is the service caring?

Good

The service was caring.

Staff interacted with people in a manner which was kind, compassionate and caring.

The people living at the home contributed to making decisions about their care and support based on information provided by staff.

Staff adapted their communication style to meet the needs of the individual.

Is the service responsive?

Good

The service was responsive.

The people's individual preferences and personalities were reflected in the decoration of their bedrooms and lounges.

People were encouraged to be as independent as possible and had been supported to move-on to more independent living.

Staff knew the needs and preferences of the people living at the home and responded with confidence when care or communication was required.

Is the service well-led?

Good

The service was well-led.

The registered manager had a clear vision for the home which staff were able to articulate.

The home operated an extensive quality audit process which had identified issues and generated improvement.

Staff were clearly motivated to do their jobs and enjoyed working at the home.

Cherry 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. This inspection was planned to check 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.

This inspection took place on 22 August 2016 and was unannounced.

The inspection was conducted by an adult social care inspector.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We used all of this information to plan how the inspection should be conducted.

We spoke with two people living at the home, two staff and the registered manager. We also spent time looking at records, including two care records, four staff files, staff training plans, complaints and other records relating to the management of the service. We also observed the delivery of care at various points during the inspection.

Good

Is the service safe?

Our findings

We asked people if they felt safe receiving care at Cherry Cottage. One person said, "[I feel safe because] I know everyone. They're all alright." We also spoke with one of the people using the supported living service. They said, "I wasn't too confident, but my confidence is better in four weeks. It [the service] gives me freedom, but reassurance that someone is there." A member of staff said, "We have a risk assessment in place for everything."

At the previous inspection in October 2015 we identified concerns relating to the currency and accuracy of risk assessment documentation. At this inspection we looked at risk assessments for two different people and found that improvements had been made immediately following the previous inspection. Risk to people living at the home was appropriately assessed and recorded in care records. We saw risk assessments relating to a range of situations, for example, holidays, medicines and accessing the community. Each risk assessment focused on maximising the person's independence while safely managing any risks and had been recently reviewed. Staff told us that the risk assessment for accessing the community had been reviewed following a recent incident. We saw evidence of this in care records. People told us they were involved in decisions about care and taking risks.

At the previous inspection we identified that the home's policy and procedure relating to missing person's did not accurately reflect current practice. We looked specifically at the procedure and saw that it had been revised appropriately.

Staff had been trained in safeguarding procedures. They clearly understood different types of abuse and neglect and what signs to look out for. Staff were able to explain what action to take if they suspected that abuse was taking place.

Accidents and incidents were recorded in appropriate detail and assessed by the manager. The manager was required to submit a copy of the information to the provider. The information was then analysed to identify patterns and triggers.

The home had sufficient staff to meet the needs of the people living there. People received different levels of support based on their needs and the activities that they were involved in. None of the people that we spoke with reported that staffing levels had been an issue. A member of staff said, "Staffing numbers are safe. We have plenty of staff."

Staff were recruited safely subject the completion of appropriate checks. This included a requirement for two references and a Disclosure and Barring Service (DBS) check. DBS checks are used to determine that people are suited to working with vulnerable adults. Each of the staff records that we checked contained an application form, references, DBS check and photographic identification.

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within the previous 12 months. The home had a general evacuation plan in place and tests on emergency equipment were conducted and recorded regularly. Each person also had a personal emergency evacuation plan (PEEP) in their care records. This provided staff with the specific requirements of each person in the event that the building needed to be evacuated.

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Good

Is the service effective?

Our findings

Staff had the skills and knowledge to meet the needs of the people living at the home. A member of staff told us, "It's one of the best companies for offering training. It was all face to face and really good." Staff also told us that they were well-supported by the provider. They were given regular formal supervision which was recorded on their staff file. In each of the staff files that we saw supervision had been delivered in accordance with the provider's policy. One member of staff said, "I get supervision every six weeks and an annual appraisal." Staff also told us that they had regular access to senior staff, the registered manager and other managers for day to day support.

We saw evidence that staff had been trained in a range of topics relevant to the needs of people living at the home. For example, the administration of medicines and the Mental Capacity Act 2005 (MCA). New staff had been inducted appropriately in-line with the requirements of the care certificate. The care certificate requires new staff to complete a programme of training then be observed by a senior colleague before being assessed as competent. Other training had been refreshed in accordance with the provider's schedule.

The 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. Consent had been sought and recorded in accordance with the requirements of the MCA.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Applications to deprive people of their liberty had been submitted appropriately and in accordance with the Act and had been made in people's best interests. Each application had been reviewed and renewed as required.

People living at the home were actively involved in choices about food and drink and had free access to the shared kitchen. Each person also had a well-equipped kitchen in their own flat. We saw that people were supported to shop for and prepare their own food in accordance with their support plans. Where people were unable or unwilling to do this, staff provided a higher level of support.

People using the supported living service used a shared kitchen, but still shopped for and prepared meals of their own choosing. One person told us that they were developing their cooking skills so that they could live independently in the future.

People were supported to maintain good health by accessing a range of community services. We saw evidence in care records that people had a GP, optician and dentist and had regular check-ups. One person told us that they were supported to access a counsellor who helped them with a health condition. We also

saw evidence of health action plans which detailed a range of healthcare needs and other important information.

Good

Is the service caring?

Our findings

Throughout the inspection we observed staff interacting with people living at the home in a manner which was kind, compassionate and caring. One person living at the home said, "Staff treat me well. They're caring people." Another person told us, "My keyworker is very good. I get on well with all the staff."

We saw that staff involved people in discussions and decisions about their own care and in general conversation. Staff adapted their communication style to meet the needs of each person. The registered manager and staff spoke to people in a manner which was reassuring and respectful. It was clear that staff knew people well and had positive relationships with them. For example, we spoke with two different members of staff who were able to explain one person's needs and their plans for a more independent life. They spoke with pride about the progress that the person had made and their prospects for the future.

We saw that people had choice and control over their life and that staff responded to them expressing choice in a positive and supportive manner. Throughout the inspection we saw people refusing care. Staff allowed people space when they needed it and explained to them where they would be if they needed support. This helped people to manage their own anxieties and behaviours and supported their independence. People were encouraged to improve their skills and independence as part of their support. The majority of people living at the home were planning to move to more independent living in the future. The supported living service provided a safe, reassuring step towards more independent living. One person said, "[If I need anything] I can always go to Cherry Cottage."

With the exception of the administration of medicines the provision of care and support was not task-led. We saw examples where plans changed quickly and staff adapted to people changing their minds about activities. Staff promoted a relaxed and flexible approach to the provision of care and support. People living at the home told us that they appreciated being given space and the opportunity to change their minds.

Privacy and dignity were protected and promoted by staff. Staff spoke with respect about the people living at the home and promoted their dignity in practical ways. Each person had their own private space in the form of a self-contained flat with a bathroom, or their own bedroom within the supported living service. A member of staff said, "We always knock and wait for an answer before going in to anybody's flat." When personal care was required or people were behaving in ways that might compromise their dignity, they were supported in their own rooms. Staff were clear why encouraging people to use their own rooms under these circumstances benefitted the person and others that lived at the home.

Relatives were free to visit at any time. One person told us, "My family and friends visit." The main property was set-up as a series of self-contained flats. People had the option to use shared areas or access their own flats when they had visitors. The decoration, fixtures and furniture in the shared kitchen and lounge made the building feel homely, modern and welcoming.

Good

Is the service responsive?

Our findings

We saw from our observations that the people living at the home were involved in discussions about care and support on a day to day basis. The majority of people were also actively involved in assessment and review processes. We saw that a number of people had signed their care records and other important documents to indicate their involvement and agreement. Care records for people on respite (short-term) care contained a section headed 'Why am I on respite'. This provided a respectfully worded explanation of the reasons why people were staying at Cherry Cottage to help relieve their anxieties.

People told us about the progress that they had made since moving to Cherry Cottage and their plans for the future. One person had made significant progress and had moved from Cherry Cottage to the supported living service. They said, "It gives me my freedom, but the reassurance that someone is there." We spoke with the registered manager about this. They explained how the transition fitted with the purpose of Cherry Cottage which was about, "Promoting independence and developing drop-down (reduced support) services." They explained that other people were making progress towards more independent living through careful planning and risk assessment.

At the previous inspection we identified a concern relating to the completeness and accuracy of person-centred plans. At this inspection we saw that people's plans were sufficiently detailed to inform staff of people's needs and preferences and had been regularly reviewed. The plans had a focus on developing people's skills and independence which was in-line with the purpose of the home.

We saw that people's individual preferences and personalities were reflected in the decoration of their flats and the supported living accommodation. The people living at the home were supported to follow their interests and to maintain relationships with family members. Events had been organised to bring people together, for example birthday parties. Photographic records of events were maintained to aid conversation. We saw that photographs were also used to help plan new activities. One person living at the home told us, "I go out when I want. I wouldn't change anything." While another person said, "I go on holiday to Spain next week and I've been for an interview to get into work."

Staff were deployed flexibly so that people had a degree of choice in who provided care and support. Where practical, keyworkers and other staff were matched to people so that they had shared interests.

The home had a complaints procedure and a complaints book available to people living at the home and visitors. Each of the care records that we saw also contained a copy of the complaints procedure. The records that we saw indicated that no formal complaints had been received in the previous 12 months. People living at the home knew who to speak to if they wished to raise a concern or make a complaint. One person said, "I'd probably speak to [registered manager] or the staff." Staff were clear about and confident in, the procedure for receiving and processing complaints. One member of staff said, "If I got a complaint I'd pass it to [registered manager], a company director or CQC."

Good

Is the service well-led?

Our findings

The home had a registered manager in post. The home was informally supported by two other managers who worked in close proximity.

The registered manager supported the inspection process in conjunction with colleagues from other services. We saw that the registered manager's interactions with people living at the home and staff were relaxed and informal, but they also led the team in a direct manner when required. We spoke with the registered manager about their responsibilities in relation to reporting to the Care Quality Commission (CQC) and the regulatory standards that applied to the home. They were able to explain their responsibilities in appropriate detail. We saw that reference was made to the relevant regulations in key documents and important information about the home's registration was clearly displayed.

The home had been developed with input from the people living there, their relatives and the staff team. Communication between staff, relatives and the registered manager was open and regular. We saw evidence that staff meetings had taken place throughout 2016. Information relating to people living at the home and developments had been shared at the meetings. One member of staff said, "We get told where the company is going in team meetings. Communication is good." The home operated a number of formal and informal systems for sharing information including handovers between staff.

The registered manager and other members of staff that we spoke with described the home's values in similar terms. Each said that the home promoted people's independence and helped people to move-on to more independent living. We saw that these values were applied in communication with the people living at the home and in the delivery of care and support. Records that we saw indicated that the values had been applied in planning activities and developments. For example, we were told that the success of the supported living services had led more people to talk about moving.

Staff were clearly motivated to do their jobs and enjoyed working at the home. We were told, "I understand what my job role is and I'm very motivated." Staff clearly understood their roles and demonstrated that they knew what was expected of them as they provided care and support. The registered manager maintained important information on staff files and electronic records and shared it with staff appropriately. The home also had an extensive set of policies and procedures for staff to refer to. Staff were required to sign to confirm that they had read and understood important information.

The registered manager had a clear understanding of the need to monitor quality and safety through regular audits. They undertook regular monitoring of; care records, medicines and the physical environment and addressed issues as they arose. They were required to complete quality assurance checks which were analysed by the provider's quality team. The quality team also completed regular checks on the home. The registered manager said, "We have an auditor who comes in every week and spot checks."

The registered manager told us that they were proud of the progress that had been made since the last inspection. They said, "I'm proud of the new care plans, my staff and us as a company."