

Wings Care (North West) LLP

Laburnum Cottage

Inspection report

19 New Hall
Liverpool
Merseyside
L10 1LD

Tel: 01515239402
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?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Laburnum Cottage is a residential care home, providing accommodation and personal care to seven people with different health and care needs at the time of the inspection. The service specialises in the care for people with autism and/or learning disabilities, as well as people with mental health conditions. Laburnum Cottage is one of the provider's several homes on the New Hall campus in Fazakerley, a short walk away from local shops and public transport.

People's experience of using this service:

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.

Under each key question we ask about the service, we found some very positive examples, but also some development needs. We identified issues with regards to notifying the Care Quality Commission (CQC) of certain events. Some planning and learning aspects to promote consistent, safe care required development. This meant we rated Well-Led as Requires Improvement on this inspection. However, the service continued to meet the characteristics of good in most areas we looked at.

People felt safe living at the service. People told us staff were supportive and helped them to be more independent. One person said, "When I moved in I thought they will kick me out after two days, but they did not. They never stopped believing in me." People told us they were happy living at Laburnum Cottage.

People and the staff team were actively involved in the design and delivery of care. Although Laburnum Cottage is part of a campus-style setup, staff supported people to get involved in the community. People told us staff encouraged them to try new things, which made a difference to their quality of life. Care was person-centred and promoted people's independence. Good outcomes were achieved with a view to people moving into their own tenancies.

The registered manager led a warm, caring and compassionate culture by being a good role model to their team. We heard good examples of how the service embraced and promoted people's equality and diversity. People told us they liked the staff team. Managers were well respected by people living at the service and the staff. There were enough staff to meet people's needs and staff were flexible around people's wishes. Staff felt well supported. Staff told us everyone worked well together to provide a good service for people with at times complex needs.

Rating at last inspection:

At the last inspection we rated the service as Good (30 September 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?

Good ●

The service remained Good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained Good.

Details are in our Effective findings below

Is the service caring?

Good ●

The service remained Good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Good.

Details are in our Responsive findings below

Is the service well-led?

Requires Improvement ●

The service deteriorated to Requires Improvement.

Details are in our Well-Led findings below.

Laburnum 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:

Laburnum 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.

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 25 and 26 March 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). We asked the local authority to give us feedback about the service.

During the inspection

We looked at three 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 service and observed care people received at various times. We

spoke with one relative, four 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 deputy 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, "I would not be here if it was not for these [staff]. I feel they have saved my life."
- Staff were aware of safeguarding responsibilities and procedures. When needed, staff had supported people to raise concerns and helped them through investigations.
- 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

- We discussed with the registered manager some improvement needed to care plans and monitoring related to the use of physical interventions, particularly high-level restraints.
- Risks people faced were assessed and reviewed regularly. 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. When we walked around the service, we identified some repair needs. The registered manager informed the maintenance person of these and they rectified them straightaway.

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 the adjacent 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 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, bright 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 that ideally a senior member of staff not involved in the incident always needed to conduct these debriefs, to support objective learning from events. We considered with the registered manager that in light of the use of high-level restraint-based interventions, reflections could be developed.
- 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

- 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 move into more independent settings.
- 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.

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.
- A staff member told us, "I really enjoyed getting to know the different services and people [using them] during my induction." People were actively involved in staff inductions.
- Staff completed mandatory training as set out by the provider.
- Staff told us they would find it beneficial to learn more about the conditions of people they supported. The provider had supplementary training in place regarding this, but staff completion of this needed to be improved.

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. This included needs based on people's faith, as well as additional nutritional support to maintain a healthy weight.
- Weekly 'home meals' everyone cooked together provided an opportunity for staff to further support people's healthy eating.
- One person told us, "The salt and pepper chicken [staff name] makes is just amazing. And the Sunday roasts."
- Every month, people picked a country to explore. People researched typical dishes for that country and prepared them with staff support. People also looked up interesting facts to learn about the country.

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

- People saw a doctor or variety of other health professional when they needed to.
- The service worked in partnership with other professionals to support people's health and wellbeing.

- Where appropriate, relatives were kept up to date about people's wellbeing and any changes.
- People told us the service encouraged them to be active and live a healthier life.

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

- Communal areas were designed and decorated in consultation with people.
- Information was made available to people in formats they could easily access and understand.
- The care home consisted of individual, self-contained flats in which people lived. We saw some examples of people's flats having been adapted to their 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 service had followed conditions of authorisations by the local authority.
- Where appropriate, the service had made decisions together with families or social workers, in people's best interest.

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. Their comments included; "All the staff are nice," "I am happy here, very happy. Staff are 'beautiful'. You can get on with them" and "Staff respect me, they know me well and are helpful."
- People who lived at Laburnum Cottage praised the staff for being there for them when they needed them and believing in them.
- 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 caring, compassionate, yet professional relationships.
- We observed people were relaxed and comfortable around staff. When people felt upset and needed support, staff provided this with patience and understanding.
- Staff had sensitively supported people in their understanding and development of intimate relationships.
- There was a clear focus on developing people's independence through the use of individual "Our journey to independence" pathways. These were being developed to be more flexible and meaningful to people's individual levels of independence.
- Staff's approach was one of 'strength-based' working. This respected what people could already do, in their own way, and built upon this.
- One person told us how staff had supported them to be ready for their next step, to move into more independent accommodation. "They never stopped believing in me. [The staff] helped me to be able to move into supported living, within a year. I think that is amazing."
- The language used in records did not always reflect staff's caring and understanding approach to working in partnership with people. We discussed this with the registered manager.
- People who lived at the service told us staff maintained their confidentiality.
- 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.
- 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.
- One person told us how staff had supported them around their behaviours that challenge. They said, "Through talking with me, [staff] have helped me to become a completely different person."
- Where appropriate people had care plans in place regarding behaviours that challenge. We considered that these plans needed to be more detailed to guide consistent and proportionate approaches. In light of the level of physical restraints used there needed to be clearer plans in place to reduce the use of such restraints. We considered both of these aspects under the question whether the service was well-led.
- We saw that incidents of behaviours that challenge had overall reduced. However, there were still regular incidents that required high level of restraint. We discussed with the registered manager how proactive approaches could be strengthened and they agreed to action this. New Positive Behaviour Support (PBS) practitioners were being introduced to support this.
- 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.
- One person said, "When I first moved in, I never wanted to go out. Staff always encourage me to try something new. Now I even go on the bus and the train, to travel and see my partner."
- Staff had recently supported one person on a trip abroad to a favourite destination. Staff said this had been a big achievement for the person.
- Wi-Fi and computers were available at the service for people to use. People used these to look up information they wished to, such as cinema times, community activities and college courses.

Improving care quality in response to complaints or concerns

- 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, the meeting of regulatory requirements needed to be improved, as did some planning and learning aspects underpinning safe and consistent care.

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

- CQC had not been notified of authorised applications for five people to deprive them of their liberty.
- The registered manager sent these notifications to CQC on the day following our inspection.
- We were satisfied that the registered manager had otherwise followed processes correctly. This included ensuring people had not been deprived of their liberty unlawfully. The registered manager had also notified us of other specific events and spoken to us about these.
- The use of 'debrief sessions' to support people and staff after incidents had improved, following an audit.
- We considered however there needed to be a clearer focus in these 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.
- In light of the variety and high-level of physical restraint used within the service, detail in care plans needed to be improved to guide all readers consistently. We discussed that there needed to be clearer, person-specific guidance on appropriate approaches during certain events. This 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.
- 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.
- 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.
- 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.
- Ratings from our last inspection were displayed within the service and on the provider's website, in line with legal requirements.

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

- A long-standing registered manager was in post. Through being an excellent role model, they led the service's clearly person-centred, warm and caring culture.

- The service embraced and promoted people's equality and diversity. We heard a variety of very good examples to evidence this.
- One person said, "This staff team is the best out of all of them."
- People had written compliment cards to staff. One of these read, "Thank you so much for all your help and support since I have been in this house."
- A relative had nothing but praise for the staff team. They told us how good staff were at supporting people and that staff always kept them informed.
- Staff told us how much they enjoyed working at the service. A staff member said, "We are all there for each other, everyone is so supportive."
- People and staff were actively 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. One of the staff at Laburnum Cottage had won the employee of the year award out of all the employees across the services.

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.
- We saw evidence of good partnership working with stakeholders, such as social workers and commissioners.
- A social worker complimented the staff team by writing, "Thank you for all your help and support over the years. You have helped [person who lived at the service] come a long way. Your hard work is appreciated."