Wings Care (North West) LLP

Oak Cottage

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 29 August 2017 and was unannounced.

Oak Cottage was first registered in September 2016. It is a residential service which provides accommodation and personal care for a maximum of seven people with complex health and care needs. At the time of the inspection six people were living at the service. The accommodation consists of six self-contained flats with a shared kitchen and lounge and a separate self-contained apartment to the rear of the main building.

A registered manager was in post, but not available at the time of the inspection. 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 living at the service and their relatives told us that they felt safe because of the manner in which care was delivered.

Risk to people living at the service was appropriately assessed and recorded in care records. Each of the records that we saw contained a risk matrix to provide staff with an overview of the risk associated with each person.

Staff had been recently trained in adult safeguarding procedures and understood different types of abuse and neglect and what signs to look out for. Staff also knew what action to take if they suspected that abuse was taking place.

Accidents and incidents were recorded in appropriate detail and assessed by the registered manager. The registered manager was required to submit a copy of the information to the provider. However, there was no clear evidence of analysis to establish patterns or trends which might have reduced risk going forward.

The service had sufficient staff to meet the needs of the people living there. Five care staff were deployed between 8:00am and 10:00pm. 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.

The service had a robust approach to safety monitoring and employed contractors to service and check; gas safety, electrical safety and fire equipment. We saw that checks had been completed in each area as required.

People's medicines were stored and administered in accordance with good practice. Staff received regular training and had their competency assessed by the registered manager. Controlled drugs were stored safely

and with one exception, records were completed correctly.

Staff had the skills and knowledge to meet the needs of the people living at the service. Staff told us that they were well-supported by the provider. They were given regular formal supervision which was recorded on their staff file.

Applications to deprive people of their liberty had been submitted appropriately and the service operated in accordance with the Mental Capacity Act 2005. We saw evidence that some decisions had been reviewed and changes made to prevent restrictive practice from continuing unnecessarily.

People living at the service 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.

People were supported to maintain good health by accessing a range of community healthcare 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 service in a manner which was knowledgeable, compassionate and caring. People spoke positively about the caring nature of the staff and the positive impact that they had.

The provision of care and support was not task-led. Staff promoted a relaxed and flexible approach to the provision of care and support. We saw examples where plans changed quickly and staff adapted to people changing their minds about activities.

Relatives were free to visit at any time and people were encouraged to maintain contact with friends and family members. The decoration, fixtures and furniture in the shared kitchen and lounge made the building feel homely, modern and welcoming.

The records that we saw showed clear evidence that people were consulted and involved in the development and review of care plans.

Assessments and care records were sufficiently detailed to instruct staff on how best to support people. The language used was person-centred and gave the staff a good understanding of people's goals, aspirations and needs.

The people living at the service were supported to follow their interests. Events had also been organised to bring people together, for example birthday parties, seasonal activities and trips out.

The service had a complaints procedure and a complaints book available to people living at the service 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 since the service opened.

People spoke positively about the manner in which the service was managed and the quality of communication.

The deputy manager supported the inspection process in conjunction with colleagues from other services. We spoke with the managers about responsibilities in relation to reporting to the Care Quality Commission (CQC) and the regulatory standards that applied to the service. Each manager was 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 service's registration was clearly displayed.

The service had been developed with input from the people living there, their relatives and the staff team. Communication between people living at Oak Cottage, staff, relatives and the management team was open and regular.

The management team and other members of staff that we spoke with described the service's values in similar terms. Each person spoke about providing a homely environment and promoting people's independence. We saw that these values were applied in communication with the people living at the service and in the delivery of care and support.

Staff understood their roles and demonstrated that they knew what was expected of them. The service 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 provider promoted a robust approach to the auditing of safety and quality. The management team had a clear understanding of the need to monitor safety and quality through regular audits.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were safely stored and administered and records were maintained.

Staff were recruited safely subject to the completion of appropriate checks and references. Staff were deployed flexibly and in sufficient numbers to meet people's needs

Risk was appropriately assessed by experienced staff and reviewed on a regular basis.

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 service.

There was a good choice of food available. The people living at the service were encouraged to shop for provisions and assist in the preparation of meals.

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

Is the service caring?

Good

The service was caring.

Staff interacted with people in a manner which was knowledgeable, compassionate and caring. People spoke positively about the caring nature of the managers and the staff team.

The people living at the service contributed to making decisions about their care and support and their wishes were respected by staff.

Is the service responsive?

Good

The service was responsive.

People's individual preferences were supported through the provision of individualised activities and care.

People were encouraged to be as independent as possible and received staff interventions on request or when staff assessed that support was required.

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

Is the service well-led?

Good

The service was well-led.

The management team provided good leadership and were well-supported by the provider.

The service 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 service.

Oak 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 was the first inspection of Oak Cottage and took place on 29 August 2017. The inspection 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 three people who lived at the service, two members of staff, the deputy manager and two managers from other services provided by Wings Care. We also spent time looking at records, including three 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 and shared a meal with people living at the service and staff.

Good

Is the service safe?

Our findings

We asked people if they felt safe receiving care at Oak Cottage. One person said, "I feel safe. The staff and the fact that we have a code on the door helps." Another person told us, "It's quite a lot better here [than previous service]. It took time to build-up, but I'm feeling safe. I always get my medicines on time." A relative commented, "[Safe] Yes. I can answer that 100%. It is an improvement over the last place. They even provided an overnight staff when [relative] was in hospital."

Risk to people living at the service was appropriately assessed and recorded in care records. Each of the records that we saw contained a risk matrix to provide staff with an overview of the risk associated with each person. Risk assessments were detailed and subject to monthly review. People told us they were involved in decisions about care and taking risks. It was clear that people were supported to develop their skills and independence through positive risk taking. For example, one a person using the service told us how they had been supported to build their confidence and skills to go to the local shops without support. The process was recorded in the care records. Staff understood the need to constantly monitor risk and to update risk assessments and care plans.

Staff had been recently trained in adult safeguarding procedures and understood different types of abuse and neglect and what signs to look out for. Staff also knew what action to take if they suspected that abuse was taking place. We saw evidence that the service had acted appropriately to reduce risk. For example, one person using the service was moved to another location because their behaviour placed a vulnerable person at risk. The move was completed with the involvement of the person and the local authority. Reports to the local authority's safeguarding team had been made as required.

Accidents and incidents were recorded in appropriate detail and assessed by the registered manager. The registered manager was required to submit a copy of the information to the provider. However, there was no clear evidence of analysis to establish patterns or trends which might have reduced risk going forward.

The service had sufficient staff to meet the needs of the people living there. Five care staff were deployed between 8:00am and 10:00pm. This figure reduced to two staff overnight. The registered manager and deputy were available to provide additional support as required. Staff at Oak Cottage could access an on-call system and the support of other staff from services nearby if necessary. 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.

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, a complete employment history, references, a DBS check and photographic identification.

The service had a robust approach to safety monitoring, and employed contractors to service and check; gas safety, electrical safety and fire equipment. We saw that checks had been completed in each area as

required. Because the service had been opened less than 12 months ago some essential safety checks, for example gas safety were not due for renewal at the time of the inspection. The service 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. Staff received regular training and had their competency assessed by the registered manager. The temperature of the room and the refrigerator where medicines were stored was checked daily and was found to be consistently within safe ranges. Some medicines can be damaged by storage at excessive temperatures and may not be effective. We spot-checked Medicine Administration Record (MAR) sheets and stock levels. Each of the MAR sheets had been completed correctly. The stock levels that we checked were accurately recorded on the MAR sheets. The administration of medicines was subject to weekly audit. We saw evidence that practice had been scrutinised and a small number of minor errors identified and corrected during audits. For example, a stock count error resulted in the manager introducing daily stock checks as an interim measure to ensure safe administration.

We were told that nobody currently living at the service 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 with one exception, records were completed correctly. One entry in the controlled drugs book was not completed as required. The administration record was checked and evidence identified on the MAR sheet that the medicine had been administered. The staff members responsible were identified and appropriate action taken during the inspection to improve practice. 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 which were sufficiently detailed to inform safe administration. PRN medications are those which are only administered when needed for example, for pain relief.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to meet the needs of the people living at the service. With reference to the specific behavioural needs of their family member, a relative said, "Staff have all the right training. I've never had staff conflict between [family member] and staff." Another relative told us, "They [staff] know how to spot the signs [when the person is becoming anxious] and react." While a member of staff told us, "My induction was fantastic and the training was top-notch. The shadow shifts [working with a more experienced colleague] and support I got really helped."

Staff 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, "When I just came I was cautious because of my previous experience, but [registered manager] was very supportive." Another member of staff told us, "I feel well-supported."

We saw evidence that staff had been trained in a range of topics relevant to the needs of people living at the service. For example, the administration of medicines, psychological and physical intervention 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. We saw evidence that some decisions had been reviewed and changes made to prevent restrictive practice from continuing unnecessarily. For example, to access the local community independently.

People living at the service 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. Staff also promoted a weekly shared meal to encourage people to socialise. We shared a meal with people during the inspection. The meal was prepared from fresh ingredients by one person living at Oak Cottage with support

from staff. At one point we were joined in the meal by a person who experienced anxiety in relation to shared mealtimes. Staff explained how the person had gradually increased in confidence and no longer ate all of their meals in their own flat. In another example, we spoke with a relative who explained how their family member was being supported to eat less unhealthy food after a programme was agreed which limited their daily spending. We saw evidence that this programme had been discussed and agreed with the person and that it had a positive effect.

People were supported to maintain good health by accessing a range of community healthcare services. We saw evidence in care records that people had a GP, optician and dentist and had regular check-ups. People were also supported to engage with specialist services and were accompanied on appointments to help with assessment and communication. For example, to attend a specialist clinic relating to the management of seizures. We also saw evidence of health action plans which detailed a range of healthcare needs and other important information.

The environment at Oak Cottage was specifically designed to give people their own space when required, but also offered shared spaces for people to engage in social activity. Each of the spaces was designed and decorated to reflect the preferences of the people living at the service.

Good

Is the service caring?

Our findings

Throughout the inspection we observed staff interacting with people living at the service in a manner which was knowledgeable, compassionate and caring. One person living at the service said, "The staff are lovely and caring. If I'm down I can speak to them and they make me feel better. I have a really good laugh. The house is the best I've ever lived in. The staff are the friendliest I've ever met. It's really fantastic to be here." Another person told us, "Staff speak nicely to me. They treat me very well. Staff listen to me and help me make decisions." A relative commented, "The place is caring. Staff have banter, but speak really nicely about [family member]."

We saw that staff involved people in discussions and decisions about their own care and in general conversation. Conversations were relaxed and natural. Staff spoke to people in a manner which was gentle, positive and respectful. People living at Oak Cottage and staff shared jokes and stories throughout the inspection. One member of staff commented, "[Person living at the service] is naturally funny and makes me smile." While the deputy manager said, "I tell the staff we don't live here, it's the service users' home." This culture was clearly reflected in interactions between people and the manner in which care was delivered.

It was clear that staff knew people well and had positive relationships with them. For example, one person living at the service and two staff described how much progress had been made in relation to greater independence in the community. Each of them described the progress to date with a sense of pride in the achievement and a desire to do more in the future. This demonstrated a significant degree of trust and a commitment to improving independence skills. The majority of people living at the service were planning to move to more independent living in the future. This was reflected in their risk assessments and care plans.

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 aspects of care. For example, to sit and finish a meal in the shared kitchen. 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.

The provision of care and support was not task-led. Staff promoted a relaxed and flexible approach to the provision of care and support. We saw examples where plans changed quickly and staff adapted to people changing their minds about activities. For example, when we were being shown around the service one person told staff how their plans for the day had changed over the course of the morning. The staff member involved acknowledged the change and asked the person to let them know if things changed again. People living at the service told us that they appreciated being given space and the opportunity to change their minds. A member of staff said, "People will ask for help if they need it. If we feel they've made an inappropriate choice we'll talk to them quietly. It's their choice, but we try to encourage them."

Privacy and dignity were protected and promoted by staff. Staff spoke with respect about the people living at the service 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. The people that we spoke with had a high level of

independence. When personal care was required or people were behaving in ways that might present risk or compromise their dignity, they were supported in their own flats. Staff were clear why encouraging people to use their own flats under these circumstances benefitted the person and others that lived at the service.

Relatives were free to visit at any time and people were encouraged to maintain contact with friends and family members. One relative told us how their relationship with their family member had improved with staff support. They commented, "[Family member] rings me every Tuesday. It has really helped." People living at Oak Cottage confirmed that visitors were welcome at any time. Another relative said, "I could turn-up at any time and they [staff] make me feel comfortable." 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

It was clear from records and conversations that staff took time to involve people and their relatives in the planning and review of care. Records contained clear evidence to support this. One record that we saw was signed by the person and stated, 'I am happy with the content of this care plan. I have read it and had it read to me.' When asked about their involvement one person said, "We have meetings." While another person told us, "We have two key workers [staff who take a lead role for the person] each. They sit down and talk to me. We talk about holidays and family parties." A relative commented, "We haven't actually had a formal review yet. It's due in December, but they contact me whenever they need to."

Assessments and care records were sufficiently detailed to instruct staff on how best to support people. The language used was person-centred and gave the staff a good understanding of people's goals, aspirations and needs. For example, under a section titled 'What is important to me?' one record stated, 'being around friends, being able to dance while listening to music.' It continued to outline important information such as, 'I like staff to chat to me before I go to sleep. This makes me feel more relaxed.' The person and staff confirmed that this happened every night.

The people living at the service were supported to follow their interests and to maintain relationships with family members and other people in the local community. Events had been organised to bring people together, for example birthday parties, seasonal activities and trips out. People's hobbies and interests were clearly recorded in their care records and staff had taken action to support people in accordance with their wishes and preferences. For example, one person had built a pigeon loft in the garden to pursue their hobby while another person was applying for volunteer positions to work with animals. The majority of activities were supported with photographs to promote conversation and record important milestones.

The service displayed information about independent advocacy services and we saw from records that some people were making use of these services on a regular basis.

Staff were deployed flexibly so that people had a degree of choice in who provided care and support. Staffing rotas were adjusted to accommodate individual need and group activities. Where practical, keyworkers and other staff were matched to people so that they had shared interests.

The service had a complaints procedure and a complaints book available to people living at the service 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 since the service opened. People living at the service knew who to speak to if they wished to raise a concern or make a complaint. None of the people that we spoke with said that they had needed to make a complaint. Staff were clear what action they would take if anybody raised a concern or made a complaint. The action they described was in accordance with the relevant policy.

The service issued regular questionnaires to people using the service. Analysis of the survey from June 2017 indicated 100% satisfaction with the staff team. 80% said they knew how to complain and 60% said they felt

involved. Actions from the survey were carried over to the service user meetings for discussion.

Good

Is the service well-led?

Our findings

The service had a registered manager in post although they were not available on the day of the inspection. The service was informally supported by three other managers who worked in close proximity.

People spoke positively about the manner in which the service was run and the quality of communication. One relative said, "I think it's run quite efficiently. I got a full explanation and plenty of literature before [family member] moved in. The house manager and [deputy manager] are very approachable. While a staff member told us, "Communication is fantastic. Since day one the managers have been really helpful. We've got a staff meeting on Thursday. They're very productive."

The deputy manager supported the inspection process in conjunction with colleagues from other services. We spoke with the managers about responsibilities in relation to reporting to the Care Quality Commission (CQC) and the regulatory standards that applied to the service. Each manager was 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 service's registration was clearly displayed.

The service had been developed with input from the people living there, their relatives and the staff team. Communication between people living at Oak Cottage, staff, relatives and the management team was open and regular. People living at Oak cottage and their relatives confirmed that they were kept well-informed of any issues or changes by the management team. We saw evidence that staff meetings had taken place throughout 2017. Information relating to people living at the service and developments, had been shared at the meetings. For example, 'welcome to a new resident', a request for a manager to complete de-briefing sessions following incidents and a requirement to improve the level of detail in daily notes. Staff confirmed that they were kept well informed by managers about any issues or developments at team meetings, through written communications and informal mechanisms. For example, hand-overs.

The management team and other members of staff that we spoke with described the service's values in similar terms. Each person spoke about providing a homely environment and promoting people's independence. We saw that these values were applied in communication with the people living at the service and in the delivery of care and support.

Staff were clearly motivated to do their jobs and enjoyed working at the service. One member of staff told us, "I think it's an excellent company to work for. I love the way they give you the opportunity to progress." While another member of staff said, "It's just an amazing company. Probably the best I've worked for."

Staff understood their roles and demonstrated that they knew what was expected of them. The registered manager maintained important information on staff files and electronic records and shared it with staff appropriately. The service 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 provider promoted a robust approach to the auditing of safety and quality. The management team had

a clear understanding of the need to monitor safety and quality 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 monthly quality returns which were analysed by the provider's quality team. The quality team also completed regular checks on the service.