Wings Care (North West) LLP

Lilac 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 22 August 2016 and was unannounced.

Lilac 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 accommodation consists of six self-contained flats and a shared kitchen and lounge.

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.

At the previous inspection we were unable to provide a rating. The home had only recently started to provide services and we were unable to gather sufficient evidence.

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, health conditions, medicines and accessing the community.

Staff 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. 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.

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.

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, however, stock levels for one medicine did not tally with the figures recorded on the MAR sheets. We spoke with the registered manager about this. They completed an immediate investigation and identified that the error was in the figure recorded on the MAR sheet and not in the stock levels.

Staff had the skills and knowledge to meet the needs of the people living at the home. 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 in accordance with the Mental Capacity Act 2005 and had been made in people's best-interests.

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. People were also supported to engage with specialist services and were accompanied on appointments to help with assessment and communication. We also saw evidence of health action plans which detailed a range of healthcare needs and other important information.

Throughout the inspection we observed staff interacting with people living at the home in a manner which was kind, compassionate and caring. We saw that staff involved people in discussions and decisions about their own care and in general conversation.

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.

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.

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.

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 peoples goals, aspirations and needs.

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 two formal complaints had been received in the previous 12 months. In each case the complaint had been resolved.

We spoke with the manager about responsibilities in relation to reporting to the Care Quality Commission (CQC) and the regulatory standards that applied to the home. The registered 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 home's registration was clearly displayed.

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 shard at the meetings.

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.

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 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.

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 home.

There was a good choice of food available. The people living at the home were encouraged to assist in the preparation of meals.

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. People spoke positively about the caring nature of the registered manager and the staff team.

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

Is the service responsive?

Good

The service was responsive.

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 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 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 provided good leadership and was well-supported by the provider.

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.

Lilac 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, one member of staff, the deputy manager 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 Lilac Cottage. With reference to a recent incident in the community one person said, "It's scared me off going to the shops, but I still feel safe here." They also said, "My [health condition] is so bad my life is in the hands of the staff." A member of staff said, "[We keep person safe because] risk assessments are updated and protocols are clear."

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, health conditions, 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. People told us they were involved in decisions about care and taking risks. Staff understood the need to constantly monitor risk and to update risk assessments and care plans. One member of staff explained how they adjusted the distance between them and a person living at the home depending on the activity. This meant that they were in a better position to intervene if the person needed support or if the risk was greater.

Staff 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. A member of staff said, "I'd go to my manager or the operational director or inform the local authority."

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. 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. One person living at the home told us how they were supported by the same staff on a regular basis. They told us that this made them feel calmer.

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, however, stock levels for one medicine did not tally with the figures recorded on the MAR sheets. We spoke with the registered manager about this. They completed an immediate investigation and identified that the error was in the figure recorded on the MAR sheet and not in the stock levels.

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.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to meet the needs of the people living at the home. One person living at the home said, "Staff know what to do when I [need support]." While a member of staff told us, "I've done lots of (specialist) training. I go to hospital appointments and describe [symptoms]." Another member of staff commented, "The training programme is immense. If it isn't already provided you can ask your manager."

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, "I feel well-supported by higher management. I get really in-depth supervisions. Any issues are always dealt with." 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 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.

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. One person explained how their health condition made the preparation of hot meals a greater risk. They told us how staff supported them to manage the risk and maintain their independence in the preparation of food and drinks.

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. People

were also supported to engage with specialist services and were accompanied on appointments to help with assessment and communication. 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, "I couldn't wish for better staff. They're like friends. I absolutely love it here." The staff that we spoke with were equally positive about the quality of their relationships with people living at the home.

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 gentle, positive and respectful. We saw occasions when people living at the home and staff shared jokes and talked about activities. 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 complex health needs in great detail. They both demonstrated that they understood the impact this had on the person, but they were able to explain how they still encouraged and supported positive risk taking to maintain the person's independence and dignity.

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.

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. With reference to a complex health need one member of staff said, "[When the situation requires it] we clear people from communal areas, but we watch for early indications and protect [the person's] privacy and dignity." 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. People living at Lilac Cottage confirmed that visitors were welcome at any time. The 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. One person told us, "I get involved in discussions about my care. I can ask for a meeting at any time." 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 Lilac Cottage to help relieve their anxieties.

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 peoples, goals, aspirations and needs. In one example we saw that a note had been made in a person-centred plan to aid communication. It stated in a respectful way that the person had good verbal skills, but did not always understand the words that they were using.

We saw that people's individual preferences and personalities were reflected in the decoration of their flats. The people living at the home 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. Photographic records of events were maintained to aid conversation. In one example a person living at the home had been encouraged to try fishing by a member of staff. This had developed into a regular activity and had been used as an opportunity to enhance a family relationship by inviting the person along. The person told us, "[Staff member] takes me fishing and my [relative] comes with me."

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 two formal complaints had been received in the previous 12 months. In each case the complaint had been resolved. People living at the home knew who to speak to if they wished to raise a concern or make a complaint. Staff were equally 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.

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 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 manager about responsibilities in relation to reporting to the Care Quality Commission (CQC) and the regulatory standards that applied to the home. The registered 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 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 shard at the meetings. One person living at Lilac Cottage said, "They communicate with me well." 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 registered manager and other members of staff that we spoke with described the home's values in similar terms. We were told, "We're here to provide the best care and support in their own homes and improve independence." 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.

Staff were clearly motivated to do their jobs and enjoyed working at the home. We were told, "I couldn't wait to get back to work. If you're in the right place with the right people it doesn't feel like work." While another member of staff said, "It's a really good company to work for. I love coming to work."

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 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 told us that they were well-supported by the provider. They said, "They're always

open to new ideas. They've been very supportive of me."