

Wings Care (North West) LLP

Laburnum Cottage

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support

Some people's individual risk assessments were not always reflective of the support they were receiving and did not always take additional measures to keep people safe putting people at risk of harm. Some audits and checks did were not always robust enough to identify when some improvements were needed to records. People received safe care and they were supported by staff who knew how to protect them from harm. Staff supported people to take their prescribed medicines and to access healthcare services when needed. Recruitment of staff was safe and robust. People could choose how they wanted to spend their time, whether they wanted to be in their own flats or in communal areas with other people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

People had dedicated 1-1 time to ensure opportunities for social engagement took place. There was a relaxed atmosphere in the home. Staff spoke and engaged with people respectfully. Personal care was delivered in people's own flats, to ensure privacy and dignity. People were involved in choices around their care and support.

Right Culture

Staff advocated for people to ensure they had equal access to services, such as employment or education. Staff told us they liked working at the home, and enjoyed supporting people.

Rating at last inspection

The last rating for this service was good (published 30 October 2018).

Why we inspected

The inspection was prompted in part due to concerns received about incidents at the service and staffing levels. A decision was made for us to inspect and examine those risks.

This inspection was a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement, that is based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Laburnum Cottage on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 1 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.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

The inspection took place on 28 June 2023 and 4 and 5 July 2023. The first day of inspection was unannounced. On 4 July we contacted relatives of people who live at the service and professionals.

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 3 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 3 recruitment records for staff. We walked around the service and observed care people received at various times. We spoke with 4 relatives by telephone, 2 people who used the service and 3 professionals. One person invited us to visit them in their flat.

We spoke to 4 staff, including the registered manager, nominated individual, and 2 care staff.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People had risk assessments in place, however we found some areas where risks assessments were lacking detail which could affect people's safety.
- For example, one person required a wheelchair to access the community, and required lap and leg belts to be in place. This had been assessed under best interests as the safest option for the person. However, there was no accompanying risk assessment in place to guide the staff on how to do this and why it was important.
- We also saw one person had a risk assessment in place around eating certain foods and how staff should encourage a particular diet. When we viewed this person's food charts, it was evident staff were not following the risk assessment, potentially putting the person at risk of harm.
- On day 1 of our inspection the front door to the home was open. We observed 1 person sitting in the lounge unsupervised for a period of time. This person had a Deprivation of Liberty Safeguard in place (DoLS) which prevented them from leaving the home unaccompanied, however, they could have easily left the premises unnoticed.
- Another person had a risk assessment in place to help support them when they experienced episodes of distress. A part of the mitigation process was the person being able to freely leave the home, therefore, the outer door fob was left accessible. However, this did not take into account other people living at the home on DoLS who could easily access the fob and exit the property. A safer alternative had not been considered.

We found no evidence anyone had been harmed, however these examples highlight a breach of regulation 12 of the health and social care act 2008 (regulated activities) regulations 2014.

The provider responded following our inspection and ensured actions were taken to ensure people were kept safe.

- All people we spoke with told us they felt safe living at the home.
- Systems were in place for checking the safety of the environment and equipment.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place at the home to ensure people were protected from harm and abuse.
- Staff had completed training in safeguarding and could describe the course of action they would take if they felt someone was being harmed or abused.

Staffing and recruitment

- We observed there were enough staff on duty to make sure people's needs were met. Most relatives told us there was enough staff, however, one relative said "There does seem enough staff who know them well."
- Recruitment procedures were safe. New staff were only offered positions in the home after checks were undertaken on their character and suitability to work, including references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Processes around medicines management were safe.
- Medicines were stored correctly in a temperature-controlled environment. Each person had protocols in place for medication which was 'as and when' required, often referred to as PRN medication.
- People were only administered their medicines from staff who were trained to do so and who had completed yearly competency checks.
- Topical medicines, such as creams, were administered using body charts to show where the cream needed to be applied.

Preventing and controlling infection

- The home was clean and tidy and there was enough cleaning equipment and products available to ensure a high standard of infection control was maintained.
- Areas such as people's bedrooms and bathrooms were clean and tidy.

Visiting in care homes

- The provider was facilitating visits for people living in the home.

Learning lessons when things go wrong

- Incidents and accidents were reviewed by the registered manager to identify any themes and trends. Mitigation was put in place in response to incidents to ensure they did not happen again. These were discussed at team meetings to ensure staff had knowledge of these changes.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant 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

- People's needs, and choices were assessed, and they received care and support in line with standards, guidance and the law.
- Care records evidenced people were involved in the completion of their care plans. Some relatives we spoke with told us they had been involved in care plan reviews.

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

- Staff were appropriately supported and supervised within their roles.
- All staff had completed an induction and had undergone a programme of training aligned to supporting people with learning disabilities and autism to ensure they had the correct skills to support people safely.
- Records evidenced, and feedback from professionals showed that staff took advice and direction from other medical professionals where needed when supporting people at the home.
- One medical professional told us "Staff are well trained in improving the independent living skills of the young people they support." Another professional said staff were "Compassionate and professional. Communication has always been excellent."
- People were supported to make and attend their medical appointments.

Supporting people to eat and drink enough to maintain a balanced diet

- People chose what meals they ate day to day.
- There were occasions people would choose to eat together in the communal area of the home, or people could cook meals and snacks in their flats.
- Where people could not make informed choices around meals and snacks this was done in their best interests.

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

- Communal areas were designed and decorated in consultation with people. The care home consisted of individual, self-contained flats in which people lived.
- Information was displayed in the communal areas of the home in formats people could easily access and understand.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had made appropriate referrals and assessments when DoLS were needed.
- The registered manager was honest with us and told us that one person's DoLS had expired. However they had already re-submitted this application to the Local Authority, and they were still waiting for this to be authorised.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a governance structure across the home, and the provider attended the home regularly and completed some audits.
- We identified, however, there was some improvement needed, due to the audits not always identifying some of the concerns we found during our inspection. The provider has already sent us some assurances of how governance systems will be reviewed based on the feedback of this inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager was transparent in their role. This was evidenced in their ability to rigorously challenge themselves and be open to improvement and change.
- The registered manager attended events and meetings to ensure they were up to date with any regulatory changes which could impact their service.
- The registered manager had informed CQC of notifiable events and understood their role with regards to this. They were also aware of their roles and responsibilities in line with duty of candour.
- Staff we spoke with told us they loved the home, and the registered manager, and felt they had all worked hard as a team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular meetings were held with people and family members to enable them to share their views about the service. We saw evidence during our inspection that feedback was listened to and acted upon by the registered manager.
- Staff were kept regularly informed and updated about any important changes to the service and people's needs through handovers.

Working in partnership with others

- We saw evidence of good partnership working with stakeholders, such as social workers and commissioners.

- There was a large amount of compliments, thanks you's and general positive feedback recorded from stakeholders commending the staff for their work and dedication.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Some risk assessments were not always robust enough to help keep people safe.