Wings Care (North West) LLP

Lilac Cottage

Inspection report

21 New Hall
Liverpool
Merseyside
L10 1LD

Tel: 01515242197
Website: www.wingscare.co.uk

Date of inspection visit:
14 March 2019
15 March 2019

Date of publication:
29 March 2019

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:
Lilac Cottage is a residential care home that was 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 learning disabilities and/or autism, as well as people with mental health conditions or multiple and complex needs. Lilac 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:
• People felt safe living at the service and were actively involved in the design and delivery of care.
• Although Lilac Cottage is part of a campus-style setup, staff supported people living at the service to get involved in the community.
• Care was person-centred to promote independence. People had individual "Our journey to independence" pathways and good outcomes were achieved with a view to people moving into their own tenancies.
• We observed a warm, caring atmosphere and people told us in their own words or ways that they were happy with their care and support.
• The culture of the service embraced and actively promoted the diversity and equality of people.
• This was led by a passionate registered manager, who was well respected by people living at the service and their staff team.
• There were enough staff to meet people's needs and their support was flexible around people's wishes.
• Staff felt well supported and were involved in the development of the service.
• The service continued to meet the characteristics of Good in most of the areas we looked at.
• We found some particularly good and creative elements of care in which people were involved, for example in promoting health and wellbeing.
• However, some governance aspects and record-keeping needed to be more robust to underpin safe and consistent service delivery.
• We made a recommendation regarding the service's governance and record-keeping.
• We therefore rated Well-Led as Requires Improvement on this inspection, however the overall rating for the service did not change.

Rating at last inspection:
At the last inspection the service was rated overall as Good.

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? The service remained Good. Details are in our Safe findings below.	**Good**
Is the service effective? The service remained Good. Details are in our Effective findings below.	**Good**
Is the service caring? The service remained Good. Details are in our Caring findings below.	**Good**
Is the service responsive? The service remained Good. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service deteriorated to Requires Improvement. Details are in our Well-Led findings below.	**Requires Improvement**

Lilac 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:
Lilac Cottage is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both of which we 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 14 and 15 March 2019 and 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 different 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 five people who used the service and observed interactions between people living at the service and staff, as well as meal times.
• We spoke with seven staff members, including a support worker, two senior care staff, an acting manager, the workforce development trainer and Non-Abusive Psychological and Physical Intervention (NAPPI) lead, a registered manager from a nearby service who was helping out, as well as the service's own registered manager.

Good

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 of the people living at Lilac Cottage told us, "Staff help me to keep safe. Sometimes I get a bit low, staff leave me to it, but check on me." The person explained this is what worked best for them to keep them safe.
• Staff were aware of safeguarding responsibilities and procedures.
• Staff had confidence in managers to address any concerns. Staff also told us they would feel confident to 'whistle-blow' to other organisations, such as the local authority or CQC. We saw an information board that provided safeguarding information and supported whistle-blowing.

Assessing risk, safety monitoring and management
• • We discussed with the registered manager some improvement needed to the consistency of safety related care plans and monitoring related to the use of physical intervention. We considered this as part of the service's record keeping and governance under Well-Led.
• People have a variety of risk assessments in place that were reviewed regularly. These were based on people's individual needs.
• We saw professionals had praised risk assessments and care plans for providing helpful information and history regarding previous incidents relating to individuals.
• Staff were able to tell us about ways to keep people safe.
• Health and safety checks were completed regularly by staff together with one of the people living at the service.
• Due to a fault, there was no heating or hot water at the time of our visit. While engineers were working to repair this, the service had made arrangements and agreed these with people living at the service.

Staffing and recruitment
• People who lived at the service felt there were enough staff to meet their needs and staff were flexible in their support.
• Staff confirmed this and told us if shifts needed cover at short notice, this was usually provided by the service's own staff or colleagues from the adjacent services.
• Robust recruitment checks were in place. 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 received their medicines on time and staff completed general medication administration records appropriately.
• We saw that people had a protocol in place for their 'as required' medicines, to ensure they received them when needed.

• Aspects of record keeping regarding controlled drugs needed to improve. We found that mistakes had been made when recording stock amounts of controlled drugs and care plan information needed to be updated. Controlled drugs require particular storage and management, as they have the potential to be abused.
• As the person had received their medicine in the right way and the stock levels were correct, we considered this as a record-keeping issue under Well-Led.

Preventing and controlling infection
• The service was generally 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, the registered manager completed a debrief with staff. This helped to reflect on events and ensured lessons were learned, to develop the delivery of safe, person-centred care.
• Staff completed a debrief together with people who lived at the service if they had been involved in an incident. This helped people and staff to reflect together on what could be done differently to prevent reoccurrence.
• The workforce development trainer and NAPPI lead reviewed incidents on a quarterly basis and provided analysis.
• Managers used formal discussions to address errors with staff, to find out how reoccurrence could be prevented together.

Good

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
• Support was clearly focussed on good outcomes for people and promoting independence.
• We discussed successful examples with the registered manager, of how people who had lived at Lilac Cottage had, through effective support, moved into supported living.
• The provider was developing their Positive Behaviour Support (PBS) practice. This is a recognised best practice model to promote people's quality of life.
• People's learning of skills, to promote proactive support in line with PBS, was being developed through the new appointment of PBS practitioners. However, we saw there was clear reflection on what might make situations difficult for people and how people and staff could prevent this together.

Staff support: induction, training, skills and experience
• People who lived at the service told us they felt staff were competent in their roles.
• Staff felt well supported and had access to an induction aligned to the Care Certificate, as well as regular supervision. The Care Certificate is a recognised set of standards for staff working in health and social care. Staff praised the quality of this induction.
• A person who lived at the service had developed their own induction for staff. The person used this to introduce new staff to the service.
• A variety of training was on offer. A staff member told us, "There are 'drop-in' sessions available with trainers at [Head Office] any time. They also have daily [refresher sessions] for physical interventions."
• The completion of training classed as 'mandatory' by the provider was overall good.
• There were additional training sessions available in matters relating to mental health and other areas that were important to help with the understanding of people using the service.
• Few staff had completed the additional learning sessions and this needed to be improved. However, one of the people living at the service had developed a folder to help staff understanding of specific conditions and needs.

Supporting people to eat and drink enough to maintain a balanced diet
• People who lived at the service had enough to eat and drink. People were weighed regularly and had input from health professional when required.
• One person told us, "[Staff name] is the best cook, they make the best food. I can have a snack or drink any time I want."
• An individual meal plan was in place for each person living at the service. This was based on individual food preferences.
• The service had a creative approach to trying different cuisines, called "Lilac Goes Global". For this, people took it in turns to spin a globe and identify a country whose cuisine would be tried that week. The service

linked other learning and creative opportunities to this.
• Staff supported people to think about healthy eating options and the weekly "Home Meal" that was shared by everyone created opportunities to promote this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People had access to different health professionals when they needed them and were supported to be independent around this.
• The service worked in partnership with community health professionals and other multi-disciplinary team members, to achieve good health and wellbeing outcomes for people.
• People told us staff supported them to be active and eat well.
• One of the people living at the service had developed a "How to Look After Yourself" folder for everyone at Lilac Cottage. They had identified the information they wanted to find and staff had supported them to do so

Adapting service, design, decoration to meet people's needs
• Adaptations of the service were in place where required, such as support rails.
• Each person's self-contained flat was decorated in their own style, to meet their 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. We found that they had.

• The service was working together with people and stakeholders around best interest decisions in line with the MCA.
• Appropriate mental capacity assessments and relevant applications had been completed.
• Staff checked with people for their consent before providing care.

Good

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
• We observed warm and caring interactions between people who lived at the service and staff. People and the staff team knew each other well.
• Staff greeted people who lived at the service in kind and personal ways. We saw a positive, supportive rapport between the team and the people living at Lilac Cottage.
• People who lived at the service at times greeted staff with gentle hugs that showed they were pleased to see them, or in other personal ways that demonstrated good, professional and caring relationships.
• People told us they felt at ease with the staff.
• A person who lived at the service told us, "Staff are always there to speak to and they know me, they know how to help me when I am not feeling too good."
• We heard in conversations with the registered manager their passion for people living at the service and they clearly led a caring culture at Lilac Cottage.
• We saw from information boards and heard in examples how the service embraced and promoted people's diverse needs.

Supporting people to express their views and be involved in making decisions about their care
• People were supported to make decisions and were involved in the planning and review of their care.
• Staff were skilled at promoting people's choice-making. Staff explained to us how they supported this through knowledge of people's unique ways of communicating, through certain phrases, signs or facial expressions.
• People's self-contained flats reflected their own personality.
• The service had a dedicated "service user representative", a person who lived at the service who spoke up on behalf of others in addition to regular "resident meetings".

Respecting and promoting people's privacy, dignity and independence
• The service had a clear focus on developing people's independence.
• Staff's approach was one of 'strength-based' working, that focused on what people could already do and how this could be developed.
• Records were kept safely within a lockable office.
• A staff member discussed with one of the people living at the service that at times they needed to share information about the person to keep them safe. The person understood this.

Good

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 had a variety of care plans in place that reflected their individual needs and were reviewed regularly.
• We saw that for one person there was a detailed plan of care in place regarding possible behaviours that challenge. This plan gave information of the person's background and insight into possible motivations behind certain behaviours.
• For another person, we did not see a similar plan although support was described across different documents. However, we understood from our discussion with the registered manager and physical interventions trainer that the new employment of PBS practitioners would help with this.
• Staff we spoke with were able to explain how they would recognise early signs that a person was becoming distressed and what they would do to help the person.
• We discussed with the registered manager that care plans needed to be clearer to promote consistency regarding use of reactive approaches, such as physical interventions.
• We also pointed out that some information in care plans and risk assessments needed to link up more effectively to provide effective guidance for all readers. We considered both of these points as part of the service's record keeping and governance under Well-Led.
• People had an individual "Our journey to independence" assessment. This detailed areas where staff supported people to gain more independence and we saw regular review of this.
• People accessed the community for a variety of activities that were important to them and to promote their recognition as a valued citizen of their wider community.
• We heard examples of people being involved in charity shop work.
• One person told us together with staff about birthday trips abroad to theme park destinations that were particularly meaningful to them.
• One of the people who lived at the service used a computer tablet to support their communication with staff or within the community. The person chose when they used this device. We saw the person and staff engaging well together through the use of personalised signs and expressions.

Improving care quality in response to complaints or concerns
• People felt that staff listened to them and that their complaints were always resolved, if they had any.
• People knew who to speak to if they had any concerns or complaints.
• A complaints procedure was prominently displayed in the service's reception area.
• People also had a "service user handbook" that detailed the complaints procedure. This was available in different formats, including an 'easy-red' version.
• We saw a "you said, we did" board that showed how the service had listened to people and made improvements.

End of life care and support

• At the time of inspection none of the people living at the service was receiving care at the end of their life.

• However, people had a "My End of Life Wishes" care plan in place that detailed their preferences and spiritual needs.

Requires Improvement

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 support the delivery of inclusive, person-centred care.
However, some aspects of record-keeping and quality assurance needed to be improved to ensure safe and high-quality care through consistent service management.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• We found that record-keeping in relation to controlled drugs and risk related care plans required improvement.
• We considered that knowledge displayed by staff mitigated the risk of these issues. However, robust record keeping underpins safe and consistent service delivery through clear staff guidance and the service required improvement in this area.
• We saw that some controlled drugs recording errors had been identified and corrected through audit checks. However, for one medicine we found a significant error regarding the stock levels recorded in the controlled drugs register. The incorrect amount had been signed for by two staff. Audits had not identified this. We also found that this medicine had not been mentioned in related care plans. Both of these issues had been addressed and rectified on the second day of our visit.
• Information relating to risk management processes in care plans needed to be clearer and more consistent.
• For example, one person's care plans signposted to a protocol regarding their support in the community, but there was no detailed plan in place to guide staff clearly on what to do in the case of an incident.
• As staff at times needed to use higher level and more restrictive interventions, we considered a clearer protocol was required to guide staff on the consistent implementation of these, to promote a least restrictive approach.

• The service had not used the highest level of physical interventions in several months. We discussed with the registered manager however that a clearer description of what to do at each stage of incidents, including specification of appropriate physical interventions, would help to guide all staff.

We recommend that the service review the effectiveness of their systems to ensure people's care records remain accurate, complete and contemporaneous.

• We discussed with the registered manager and workforce development trainer and NAPPI lead how in light of the use of more restrictive interventions the management of risk could be further supported through additional monitoring. The provider was responsive to this feedback and by the second day of our visit had developed an additional monitoring form.
• The registered manager had sent notifications to CQC in line with their legal requirements.
• Ratings from our last inspection were displayed on the provider's website and within the service in line with

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
• We saw many thank you cards and compliments for the service. We read that one person who lived at the service had written, "Thank you for everything that you do for me. … I am really grateful that I get to live [here]. Everyone who works in Lilac are my family."
• A long-standing registered manager was in post. They were well respected by people who lived at the service and staff.
• A person who lived at the service wrote about the registered manager that they were "the best management in the world".
• In conversations with us, the registered manager demonstrated their passion for the service's culture, on which they led. We found the service was open, person-centred and promoted people's equality.
• "Inclusion Matters" boards promoted diversity and we heard good examples of how staff supported people in this respect. This included supporting people to access festivals celebrating diversity.
• People who lived at Lilac Cottage and staff felt involved in the development and design of the service through regular meetings.
• People who lived at the service and staff had 'champion' roles, to promote particular aspects of responsibilities and care.

Continuous learning and improving care
• A variety of service and provider audit checks were completed to help continuously improve the quality of care.
• The provider was developing best practice through the appointment of Positive Behaviour Support practitioners.
• The provider had enrolled managerial staff in level seven vocational qualifications, to maximise their leadership.
• Managers felt well supported by the provider.

Working in partnership with others
• The provider's managers accessed a local registered manager network and shared learning with other managers to develop best practice.
• It was evident from care plans and compliments received that the service worked well with other stakeholders, including families and professionals.
• Compliments from professionals praised staff for always being helpful, supportive and informative. One compliment stated, "Staff … are happy to spend time imparting their knowledge of the service users they support."