

Wings Care (North West) LLP

Lilac Cottage

Inspection report

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Ratings

Overall rating for this service	Not sufficient evidence to rate	●
Is the service safe?	Not sufficient evidence to rate	●
Is the service effective?	Not sufficient evidence to rate	●
Is the service caring?	Not sufficient evidence to rate	●
Is the service responsive?	Not sufficient evidence to rate	●
Is the service well-led?	Not sufficient evidence to rate	●

Overall summary

This unannounced inspection took place on 5 and 7 of October 2015. Lilac Cottage is registered to provide personal care and a transitional service to young people aged 16 – 24 who are moving on from children’s services, foster care, hostels and youth offender institutions. They may also have a learning disability, mental health need, behaviour that challenges or a combination of these.

One person was living at Lilac Cottage at the time of the inspection. This person had only been living at the property for a week during the time of our inspection. Due to this we have not been able to rate the service as it

is too early to tell if the provider is providing a service which is safe, effective, caring responsive and well led. However we have produced this report based on our findings at the time of the inspection.

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.

Summary of findings

Staff knew what actions to take if they thought that anyone had been harmed in any way. Records showed the person was happy with the care they were receiving at Lilac Cottage

Staff we spoke with and rotas confirmed that there were enough staff available to meet the needs of the person living at the home.

They knew the person well and were aware of their history, preferences and dislikes. Staff monitored the person's health and welfare needs and acted on issues identified. The Person had been referred to healthcare professionals when needed.

We observed there were enough suitably trained staff to meet their individual care needs. Staff were only appointed after a thorough recruitment process. Staff were available to support the person to go on trips or visits within the local and wider community.

The Person who lived at the home were not applicable to be assessed under the Mental Capacity Act 2005 legislation as they were under eighteen years of age,

however the manager did demonstrate a good understanding of the Mental Capacity Act 2005. This is legislation to protect and empower people who may not be able to make their own decisions.

Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. At the time of this inspection, there was no one living in Lilac Cottage who was over 18 years of age, so this safeguard did not apply.

The Person's bedroom was individually decorated to their own tastes. The person was encouraged to express their views and these were communicated to staff verbally.

The person who lived at the home, their relatives and other professionals had been involved in the assessment and planning of their care. Care records were in place, however these did not fully explain the complexity of the person who lived at the home or how they should be supported.

There was a complaints procedure in place and we could see from the persons file the procedure had been discussed with them.

Summary of findings

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.

Although risks had been identified, and were managed safely, risk assessments did not always reflect current staff practice to protect the person from harm. We have made a recommendation to the provider about this.

Staff were of suitable character to support people safely

The person was protected from the risk of abuse, because staff understood and

followed the correct procedures to identify, report and address safeguarding concerns.

Environmental risks to the person were managed safely through a process of checks and servicing.

Staffing levels were sufficient to meet the person's needs, and support them to attend planned meetings and appointments.

Not sufficient evidence to rate



Is the service effective?

The service was effective.

The person was supported effectively by staff who were trained and skilled to meet their health and support needs. Staff were supported to develop skills through regular review of their training needs and aspirations.

Staff understood and implemented the principles of the Mental Capacity Act

2005 but this was not applicable in the home.

The Person received the support they required with purchasing and preparing food.

People had access to a range of health services to support them with maintaining their health and wellbeing.

Not sufficient evidence to rate



Is the service caring?

The service was caring.

The person's health and well-being was looked after.

Staff had a good understanding of the person they were supporting.

Staff spoke kindly about the person and described how they encourage them to learn new skills.

Not sufficient evidence to rate



Summary of findings

Is the service responsive?

The service was not always responsive.

People were involved in the assessment and reviewing of their care plans, however some of the plans lacked personal centred information. We have made a recommendation to the provider about this.

The complaints procedure was not displayed as stated in the provider's policy.

Not sufficient evidence to rate



Is the service well-led?

The service was well-led.

staff spoke positively about the service and said it was managed well.

Systems were in place to manage, monitor and improve the quality of the service provided.

Staff were aware of their responsibilities in ensuring the quality of the service was maintained.

Not sufficient evidence to rate



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 checked 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.

The inspection took place on 5 and 7 October 2015 and was unannounced. The inspection team consisted of two adult social care inspectors. Before the inspection we looked at previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. A Provider Information Review (PIR) had not been requested for this inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We discussed the information that would have been included in this form during our inspection.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

During our inspection there was one person living in Lilac cottage who chose not to tell us about their experience of the care they received as they were not in. On the second day of our inspection the person was out, so we could not obtain feedback from them. However, we observed the staff and looked at care records throughout our inspection to inform us about people's experiences of the home. We spoke with three staff members who supported this person. We also emailed two of the commissioners of the service to ask if they had any feedback they would like to share with us.

We spoke with the registered manager during our inspection. We reviewed the person's care plan, including daily care records. We looked at four staff recruitment files and records of staff supervision and training files. We looked at the working staff roster for six weeks.

We reviewed policies, procedures and records relating to the management of the service. We considered how relative's and staff's comments and quality assurance audits were used to drive improvements in the service.

This was the provider's first CQC inspection.

Is the service safe?

Our findings

The person living in lilac cottage chose not to share their views with us and we were unable to speak to family members. We looked around Lilac cottage and could see that the premises was safe and secure.

Although risk assessment records did not always provide sufficient guidance for staff, risks to the person's safety were managed safely. This was because communication between staff was effective, and the work force was stable as the person was supported by staff that they knew well. This ensured all staff understood risks that affected the person's safety, and the actions required in the event of an accident or incident.

Staff were able to describe risks specific to the individual, and the actions they followed to protect them from harm. For example, if the person made an allegation; the staff explained the process they would follow. Although the staff explained this well to us, the person's care plan lacked this specific detail on how the staff should support them and themselves through this.

This posed a risk as new members of staff may not know what to do in this situation. We highlighted this to the manager at the time who explained to us that all paperwork was stored on an electronic system, which the staff could access using a tablet, however the tablet was not always accessible.

The staff we spoke with could clearly describe how they would recognise abuse and the action they would take to ensure people were protected against the risk of harm. Staff confirmed they had received adult safeguarding training. An adult safeguarding policy and a safeguarding children's policy was in place for the home and the local area safeguarding procedure was also available for staff to access.

We looked at the missing person's policy for the home. The policy lacked the correct information with regards to what action the staff should take if someone in the home went missing. When we spoke to the manager, they confirmed the correct action. The staff we spoke to also confirmed this, however the policy contained different information. This could pose a risk to the person if they did go missing and new staff were on shift as they might follow the procedure outlined in the policy which is incorrect.

We looked at the personnel records for four members of staff recruited in the last year. We could see that all required recruitment checks had been carried out to confirm the staff were suitable to work with vulnerable adults and young people. Two references had been obtained for each member of staff. However, some of the references were missing from staffs files. We had to request that the references were made available for our viewing. When we highlighted this to the registered manager they told us a new filing system was being introduced and it was a new filing system. The registered manager requested this information and it was made available for us later on during our inspection. Interview notes were retained on the personnel records.

We observed by looking at rotas, there were sufficient staff available to meet the person's needs. Support workers told us staffing levels were sufficient to support the person safely. They were willing to work overtime when needed to support people with activities and support in the home. Agency staff were not required to cover shifts. The registered manager explained that due to the complexity of the person living in Lilac Cottage it would not be appropriate for agency staff to cover shifts, as it takes time to get to know the person and understand their behaviours and mood.

All staff were trained to safely administer medication, the person who lives at the home did not take any medication at the time of our inspection, however there were appropriate policies and procedures in place for the safe administration of medication.

Regular checks and servicing ensured the person and others in the home were protected from risks associated with faulty equipment. For example, gas safety measures were checked annually by a qualified external contractor, and water safety was monitored through temperature checks and an annual Legionella test to ensure the water quality was safe. Legionella disease is a bacterial virus that can cause people harm. A Personal Emergency Evacuation Plan (PEEP) had been developed for the person living at the home. A fire and emergency procedure was displayed on the notice board in the office; all equipment was new and had been tested in the last six months. A fire drill had taken place.

Is the service effective?

Our findings

The person received care from staff that was knowledgeable and had the necessary skills to meet their care and support needs. This was because the service gave staff effective induction, training, supervision and appraisal. Staff spoke positively about their training experience. The staff had recently completed Non-Abusive Psychological and Physical Intervention training (NAPPI). One staff commented, "We have people living here who are challenging and the training received has helped me to support them." This was supported by the staff training matrix which showed that as well as undertaking essential training, all staff had undertaken specialist training in areas such as autism; dealing with challenging behaviour and epilepsy. We could see staff had received their certificates for these courses and they were stored in the training file. Staff confirmed they received regular supervision.

Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

Staff were aware of the implication for their care practice of the Mental Capacity Act 2005 (MCA). This is important legislation which establishes people's right to take decisions over their own lives whenever possible and to be included in such decisions at all times.

Staff told us they encourage the person to partake in cooking meals in the communal kitchen area with support. We could also see from looking at the persons daily records they were regularly encouraged to cook their own meals in

their kitchen. Staff also told us menus were developed which had taken into account the person's individual preferences this was documented in their file. We could see the person was encouraged to eat healthy as information was made available to them with regards to their weekly shopping. The person was given £40 to complete a weekly food shop with staff supporting them. We asked the manager how the service identified risks to the person with regards to their eating and drinking, we were told by the manager the person was not identified as being at risk from failure to eat or drink, as the person was able to communicate when they wanted to eat and what they wanted. The staff told us the person made a lasagne in the communal kitchen with staff support and they enjoyed doing this.

When the person did prepare themselves food with the staff supporting them, the staff told us they encouraged the person to have good food hygiene, such as using the right colour chopping boards for meat, bread, and raw food.

We saw evidence in the persons care plans of involvement with a wide range of healthcare professionals. For example, we saw communication between the local authority and the registered manager regarding MDT meetings taking place and how the person was moving on to the next service.

The décor inside Lilac Cottage was very modern and appealing to the age group it catered for. All equipment was new and high quality, it was clean and tidy. Floors were non slip and walls and ceilings were bright and tastefully painted. All furniture was new and in good repair, and the home was spacious, yet had a very homely feel. There were no unpleasant odours in the home.

Is the service caring?

Our findings

The person was encouraged to maintain their independence and get involved in household tasks. We saw evidence in daily diaries of the person actively being involved in decision making, for example staff asking the person what they wanted to do that day. As the person was not home at the time, we could not observe staff interacting with them, however we looked at the person's daily notes and correspondence. They were written in way which took the persons feelings into consideration which respected the person's wishes.

The person was allocated their own keyworker who co-ordinated all aspects of their care. Keyworkers met regularly with the person to review their care on a monthly basis.

There was information clearly made available for people to access independent advocacy during the time of our inspection, and we could see how the literature and the process had been discussed with the person who lived at the home so they could make an informed choice.

Health and wellbeing audits were undertaken which measured how the person was supported, both physically and emotionally.

Is the service responsive?

Our findings

We saw that had staff responded to the person's needs in a timely and empowering way. For example, the provider had provided an increased staffing ratio to support the person out in the community. This showed us that the provider was responding to the persons changing needs and the need for them to have regularly community access as this was important to them.

There were care plans and risks assessments in place to support the person. We found they were not person centred and lacked detail. They did not give us a good indication of how the person wanted to be supported and what the support means for them. For example, one of the care files we looked at made reference to the person's challenging behaviour but did not go into detail about the person's background, or how they need to be supported. There was also no likes and dislikes or personal interests documented for that person. This means the person could have new staff supporting them who don't fully understand or know about their background or behaviour, which could escalate a potential challenging situation if the staff do not have the information they require to react and manage the situation appropriately.

We recommend that the provider considers current guidance in relation to person centred planning and takes action to update its practice accordingly

There were no complaints recorded at the time of our inspection. There was a complaints procedure in place; however this was not displayed in the reception area as stated in the provider's policy. Therefore would not be visible to visitors or the person living at the home. We highlighted this to the manager at the time of our inspection.

The service promoted a positive culture and the person was involved in developing the service as much as possible. Residents' meetings were not held as these had been assessed as not being an appropriate method of obtaining the person's views. However, we did see this had been attempted. Instead the person met with their keyworker on an individual basis.

We could see the registered manager was working alongside CAMHS (child and adolescent mental health service) and the children's and young people's department

to support the person. This information was documented in the persons care file, and dates for future meetings were documented in the diary in the office for the manager to attend with the person.

There was a compliments book and a suggestion box in the main hallway of the home. The person who lives a home and their visitors are encouraged to share any experiences or suggestions with the provider. The suggestion box was collected every month by the managing director, who will respond to people individually.

We could see from reading the persons daily diaries that they were supported to exercise choice over when they access the community and what they do while they are out in the community. The person had a good relationship with one of the people from another service and would be invited to attend a communal get-together in each other's homes with the support from staff to prevent them from being socially isolated, for example the staff told us the person went over to make a cake with one of the people from another service as they enjoyed doing this.

We could see evidence that the provider engages with and works alongside a behavioural therapist. The behavioural therapist works with the staff and the person to offer support and to engage them to contribute to their behaviour support reviews. The person does frequently choose not to engage, however by doing this the provider is ensuring the person has as much control and involvement over their support as they need or want to have.

We could see and the registered manager confirmed the person was supported by a mixed staff team of people under 30. The registered manager confirmed the staff had a good relationship with the person and there had been positive improvements made by the person in relation to their challenging behaviour and willingness to engage with staff. The person was not at home during our inspection to offer their views with regards to their support. Due to risk, the staff always worked in two's when supporting the person and the registered manager ensured a female member of staff was on shift at all times.

The staff complete 12 hour shifts with the person. The staff told us this is working well as it allows the person to plan their day with the staff and not feel rushed. It has allowed

Is the service responsive?

for staff plan more social activities with the person, for example, the person had been bowling recently, and to develop their cooking skills by going shopping for ingredients and making meals from scratch.

Is the service well-led?

Our findings

A registered manager was in post that had been there since the service had opened.

The registered manager was clearly visible throughout our inspection and answered all of our questions about the service. Staff we spoke to said they enjoyed working in the home, and had a good relationship with the registered manager. One staff member told us, “Yes I’m supported, she is nice.”

The culture of the home was one of ‘homeliness’ and we observed this throughout the day. One member of staff explained, “She is the NAAPI trainer as well, and it’s really good training.” The registered manager confirmed she was a qualified NAPPI trainer and trains their own staff in specific relation to the needs of the person.

The registered manager felt well supported by her manager and from head office and had supervisions every two months and an annual appraisal. The registered manager demonstrated an ability to deliver high quality care and regular audits took place to assess the quality of the care delivered. The director also visited regularly and checked on any audits undertaken, we saw evidence of this.

Records confirmed that audits had been conducted in areas such as health and safety, including accident

reporting, manual handling, premises, food safety, laundry and risk assessments. However, the audits were ineffective in highlighting the lack of detail in the persons care plan and risk assessments, we highlighted this to the manager during our inspection.

Audits were undertaken on a monthly basis. Where action was required to be taken, the evidence underpinning this was recorded and plans were put in place to achieve any improvements required.

The person’s care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.

Throughout our inspection the registered manager responded positively to requests from us regarding clarification of material and was open and honest regarding potential deficits. For example, we looked at the incident reporting system and could see that the registered manager reviewed each incident and recorded actions for staff if required. We could see that the incidents were well documented but could see they had not been analysed for trends and patterns. We highlighted this to the registered manager at the time of our inspection.