

Wings Care (North West) LLP

Cherry Cottage

Inspection report

17 New Hall Cottages
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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 caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Good 

Overall summary

This unannounced inspection took place on 5 and 7 October 2015.

Cherry Cottage is located in Fazakerley close to local shops and bus routes. The location provides accommodation and personal care to adults aged 18 – 65 who have a learning disability and/or a mental health need. Some people may have behaviour that can be challenging. The property consists of six self-contained flats with fitted kitchens and bathrooms in each, and in

addition, a communal sitting room and kitchen downstairs that people can also utilise if they chose to. There were four people living in Cherry Cottage at the time of our 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

People felt safe and staff knew what actions to take if they thought that anyone had been harmed in any way. Relatives told us they were happy with the care their family member was receiving at Cherry Cottage.

Risk assessments did not always reflect current staff guidance to manage specific risks that may affect people. However, staff communication ensured that this did not place people at risk of harm, because staff understood the actions required to promote people's safety. We have made a recommendation to the provider about this.

Policies and procedures were in place and staff understood them, however, the whistleblowing policy contained generic information and were not specific to the service.

People received their medicines as prescribed and safe practices had been followed in the administration and recording of medicines.

Relatives and other professionals we spoke with confirmed that there were enough staff available to meet the needs of the people living in the home. People told us 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 people to go on trips or visits within the local and wider community. This was supported by our observations during the inspection.

Staff were knowledgeable, kind and compassionate when working with people. They knew people well and were aware of their history, preferences and dislikes. People's

privacy and dignity were upheld. Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed.

Staff understood the need to respect people's choices and decisions if they had the capacity to do so. People who lived at the home had capacity to make their own decisions at the time of our inspection, 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.

The provider was meeting their requirements set out in the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act (2005)

People's bedrooms were individually decorated to their own tastes. People were encouraged to express their views and these were communicated to staff verbally.

People were supported to purchase and prepare the food and drink that they chose. People who lived at the home, their relatives and other professional's 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 some people who lived at the home or how they should be supported. We have made a recommendation about this to the provider.

There was a complaints procedure in place, however it was not displayed appropriately, when we spoke to people living at the home, they told us they felt confident to raise any concerns either with the staff, the deputy manager or the registered manager.

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 by staff, risk assessments did not always reflect current staff practice to protect people from harm. We have made a recommendation to the provider about this.

There was a whistleblowing policy on place; however, it lacked information and the context was generic

There were enough staff to meet people's needs and they had been recruited safely.

People were protected from the risk of abuse, because staff understood and followed the correct procedures to identify report and address safeguarding concerns.

People were protected against the risks associated with medicines, because appropriate checks and records ensured they received their prescribed medicines safely.

Requires improvement



Is the service effective?

The service was effective.

People were supported effectively by staff who were trained and skilled to meet their health and support needs. Staff were supported to develop skills through regular training.

Staff understood and implemented the principles of the Mental Capacity Act (2005) to ensure people were supported to make informed decisions about their care.

People 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.

Good



Is the service caring?

The service was caring.

Staff supported people with kindness and compassion and had meaningful conversations with them.

People's views were listened too and respected.

Staff understood and respected people's wishes and preferences, and promoted their dignity.

Good



Summary of findings

Is the service responsive?

The service was caring.

Staff supported people with kindness and compassion and had meaningful conversations with them.

People's views were listened too and respected.

Staff understood and respected people's wishes and preferences, and promoted their dignity.

Requires improvement



Is the service well-led?

The service was well-led.

People, a relative and 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.

Good



Cherry 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 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. A Provider Information Review (PIR) had been requested for this inspection and returned to us. 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.

During our inspection some people were unable to tell us in detail about their experience of the care they received. We observed the care and support people received throughout our inspection to inform us about people's experiences of the home.

During this inspection we spoke with the registered manager, one person who lived at the home, a family member, and three care workers, including the senior support worker.. We reviewed four people's care plans, including daily care records and medicines administration records (MARs). We looked at four staff recruitment files and records of staff files for supervision and training. 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 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

We asked people who lived in Cherry Cottage if they felt safe. People told us they felt safe in the home. One person said, "I feel safe. There's automatic lights and staff here 24 hours a day". One family member told us, "He [person who lives in the home] just loves being here." Another person told us, "It's great here."

Although risk assessment records did not always provide sufficient guidance for staff, risks to people's safety were managed safely. This was because communication between staff was effective, and the work force was stable with no agency staff being drafted in to cover shifts. Staff were able to describe risks specific to each individual, and the actions they followed to protect them from harm. For example, staff described how a person who lived at the home can sometimes become anxious and upset. The staff described how they would de-escalate this situation. However, when we checked the risk assessments for this person we could see that they lacked this specific detail on how the staff should respond therefore new members of staff would not know what to do in this situation and it could put the person and the staff member at risk. 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. The information we did see electronically with regards to the risk assessments lacked detail and did not contain all of the relevant information to keep the person safe. For example, a person was identified as having a low mood and anxiety and could pose a risk to themselves, however there was no mention of how this should be managed. When we spoke to the staff about this they told us the information they are given to read is in the person's file. However, we were also told the information was stored electronically; therefore this information was conflicting and could confuse a new member of staff or other members of the team as the information with regards to where to find people's risk assessments was confusing.

We recommend that the provider considers current relevant guidance in relation to risk assessments and takes action to update its practice accordingly

The staff we spoke with could clearly describe how they would recognise abuse and the action they would take to

ensure actual or potential abuse was reported. Staff confirmed they had received adult safeguarding training. The training matrix confirmed this. An adult safeguarding policy was in place for the home.

We looked at the personnel records for four members of staff who had been 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. Two references had been obtained for each member of staff to show they were of suitable character. However, some of the references were missing from staff 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 so that information was readily available for inspection. 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.

People who lived at the home told us there were sufficient staff available to meet their needs. Support workers told us staffing levels were sufficient to support people safely. The staff were willing to work overtime when needed to support people with activities and care in the home. Agency staff were not required to cover shifts. We saw staff knocking on people's doors asking if they required assistance or offering people help with cooking their meals in the communal kitchen.

We observed that staff administered people's medicines safely. They checked the medicines administered for each person against their medicine administration records (MARs) to ensure they administered the correct medicine and dose at the current time. Once people had taken their medicines, their MAR was updated appropriately. We did not see any gaps in MARs records, indicating that people received their medicines as prescribed. Medicines were clearly labelled and kept securely in a locked cabinet. Documentation evidenced that medicines were checked on delivery against people's MARs, and that stock levels were checked and monitored monthly. Medicines were disposed of safely.

Regular checks and servicing ensured people 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

Is the service safe?

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 each person living at the home. A fire and emergency procedure was displayed on the notice board in the office. We could see fire fighting equipment was checked weekly and fire drills took place every six months.

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.

Is the service effective?

Our findings

People and their relatives told us staff effectively supported them. One person commented, “They [staff] give you £40.00 per week for food. I go shopping for bits with staff.”

People received care from staff who were knowledgeable and demonstrated they had the necessary skills to meet their care and support needs. This was because the service gave staff an effective induction, which included shadowing sessions with more experienced members of staff, training, supervision and appraisal. Staff spoke positively about their training experience. A staff member told us they were supported by the service to further their career and become a senior carer in the home. The staff at the home had recently completed self-harm training. 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 behaviour that challenges and epilepsy. We saw training certificates in staffs files which confirmed they had attended the training.

Staff were aware 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 demonstrated a good understanding of The Act and explained competently how they would support people who did not have the capacity to make certain decisions. People who lived in the home at the time of our inspection had capacity to make their own decisions. The manager told us what they would do if they suspected someone lacked capacity to make a decision and explained this process to us.

We observed staff consistently seeking people’s consent before providing care. Throughout the day we observed and heard staff encouraging and prompting people with decision making regarding their care needs in a positive way. Before providing support, we heard staff asking for permission for tasks they wanted to do with the person in a way which empowered the person. For example, we heard staff say, “I’m here, come and get me when you’re ready.”

People were encouraged to partake in cooking meals in the communal kitchen area with the support of staff. Menus were developed which had taken into account people’s individual preferences. We saw evidence that one person who lived at the home had a specific dietary plan and this was monitored as part of their care plan.

We saw evidence in people’s care plans of involvement with a wide range of healthcare professionals. There was a health action plan in place for people living at the home detailing how to support the person with their health needs, which could be shared with a doctor or GP if required or if there was an emergency admission to hospital. This showed the provider was putting contingency plans in place on behalf of this person.

The décor inside Cherry Cottage was very modern and appealing to the age group it catered for. All equipment was new, high quality and was clean and tidy. Floors were non slip and the 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, and everyone seemed relaxed and the staff did not appear to be rushed or pressured.

Is the service caring?

Our findings

People told us they thought staff were caring and kind. One person told us, “We have keyworker meetings and what you need, they [staff] bring up for you. If you need a hand, they [staff] always have time.” One family member told us “I can’t fault it [the service] all of the staff are good.” Another person told us, “I like the staff they look after me.”

All of the staff were able to demonstrate a good knowledge of people’s individual choices.

People were encouraged to maintain their independence and get involved in household tasks. We saw evidence of people actively being involved in decision making, for example staff asking people what they wanted to do that day, and if they needed a hand with anything in their flats. The delivery of care was personalised, and we saw staff respecting people’s privacy by knocking on their doors and waiting to be invited in before entering.

We saw staff respecting someone’s personal space during our inspection, as this person had chosen to sit by themselves and seemed agitated. The staff asked the person if they were ok and then told them where they were if they needed anything.

We heard a lot of positive conversations and chatter between staff and the people who live at Cherry Cottage. It was clear the staff team knew the people they were supporting very well. We saw people were laughing and looked happy. Staff spent time with people, discussing day

to day things such as the TV, what people wanted to do and what they wanted to eat. One staff member said, “We have regular meetings and discuss what people want to do.” This was informal, and although the registered manager had tried to have tenant meetings, no one at the home wished to partake.

Staff were polite and respectful when they talked with people. People we spoke with said staff treated them with respect. People also told us they were able to do most things for themselves and staff helped them only when they needed it. For example, some people needed help or prompting with personal care. Staff understood and gave us examples that showed how they protected people’s privacy and dignity. Staff told us they cared for people in a way they preferred.

People were allocated their own keyworker who co-ordinated all aspects of their care. Keyworkers met regularly with people to review their care on a monthly basis.

People’s families were free to visit them whenever they wanted. One family member told us, “It doesn’t matter when you come”.

There were two people accessing independent advocacy during the time of our inspection and we could see how the literature and the process had been discussed with the people who lived at the home so they could make an informed choice.

Is the service responsive?

Our findings

Throughout our inspection we observed staff responding to people's needs in a timely and empowering way. For example, we observed one person asking the staff if she could have a cup of tea. We heard the staff member say to the person, "Of course, let's go and make it together and ask if anyone else would like one."

One visiting healthcare professional told us, "They've [the staff] been very open with us and responsive." One family member told us, "We have never looked back since he [person who lives at the home] came here."

We could see that all people were assessed before they came to the home and there were care plans and risks assessments in place to support people. However, we found they were lacking in detail and did not give us a good indication of how the person wanted to be supported and what the support means for them. For example, we looked at one care file and there was no background information, likes or dislikes or personal interests documented for that person. The other care files we looked at were also lacking in detail. The lack of personal information could pose risks to the person such as new staff not having a good understanding of their care needs before they support this person. We fed this back to the registered manager who explained reviews were going to be taking place and they will capture more of this information.

We recommend that the provider considers current relevant guidance in relation to assessment and planning care and takes action to update its practice accordingly

We saw evidence of MDT (multidisciplinary meetings) being held to help support one person move on to independent living. We could see that the person was fully involved in this process and the registered manager and key worker had supported them to attend the meetings.

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 policy. We highlighted this to the manager at the time of our inspection. None of the people, relatives or friends we spoke with had needed to raise formal complaints, as any issues were discussed informally and promptly resolved. People we spoke to confirmed they knew how to raise a complaint.

We could see the registered manager had responded to a suggestion made by two people who live in the home for a PlayStation to be bought for the communal lounge so they could play games together. The registered manager had acted upon this request bought one for use in the communal lounge which is accessible for all of the people living at the home to use.

There was a compliments book and a suggestion box in the main hallway of the home. People who live at the home and their families were encouraged to share any experiences or suggestions with the provider. The suggestion box was collected every month by the managing director, who responded to people's suggestions individually.

Is the service well-led?

Our findings

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

The service promoted a positive culture and people were involved in developing the service as much as possible. 'Resident's meetings' had been attempted to be held, however we could see the people living at the home had declined to partake in these meetings. Instead people met with their keyworker on an individual basis.

The registered manager was clearly visible throughout our inspection and answered all of our questions about the service. Staff we spoke with said they enjoyed working in the home, and had a good relationship with the registered manager. One staff member told us, "[Registered manager's name] is great. They are really involved." Another member of staff told us, "I love working here and I can't fault anything. I have been well supported."

The culture of the home was one of 'homeliness' and we observed this throughout the day. Staff were supported to question practice. One member of staff explained, "If I've got a problem I would go to [named registered manager] or her manager or Head Office".

The service demonstrated good management and leadership. Staff were asked for their views through regular supervision and team meetings.

The registered manager felt well supported by their manager and from head office and had supervisions every two months and an annual appraisal. The registered manager demonstrated an ability to deliver good 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. Health and wellbeing audits were undertaken which measured how people were supported, both physically and emotionally. 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. Although audits took place, they did not pick up the lack of person centred information we felt the service lacked.

Staff we spoke to confirmed they understood whistleblowing and would not hesitate to whistleblowing if they needed to. However, when we looked at the whistleblowing policy we found that it was generic and did not incorporate enough information with regards to whistleblowing and how to whistleblow.

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.

People'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.