

Caring Wings Ltd

CARING WINGS LTD

Inspection report

Unit 4
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31 January 2023
08 February 2023
14 February 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Caring Wings LTD is a small domiciliary care service providing care to 26 people in their own homes. CQC only inspects where people receive a regulated activity of personal care. This is help with tasks related to personal hygiene and eating.

People's experience of using this service and what we found

People and relatives were complimentary about their experience with Caring Wings LTD and endorsed using the service. One person shared, "I feel blessed that I have a group of caring carers." A relative commented, "I highly recommend them because they are efficient, professional, and friendly."

The management and staff worked with people, relatives and other professionals to deliver person-centred care and achieve good outcomes for people.

Risks to people had been assessed and were managed safely. People were supported by a staff team who were safely recruited and knew how to protect them from potential harm. Staff were up to date with their training. We recommended that the provider reviewed their delivery method for practical moving and repositioning training to ensure all staff remained skilled and competent.

Staff felt supported and valued in their role by the management team and there were enough staff to meet people's needs. People received their care visits at the times they expected, for the length of time agreed, and from staff they knew.

People received their medicines as prescribed. Staff adhered to infection prevention and control procedures in line with legislative requirements and recognised best practice guidelines.

People's care records were re-assessed regularly and guided staff on how to assist people safely and encourage their independence.

Staff understood the importance of gaining consent from people and ensured people's privacy and dignity was respected. 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.

People and relatives described being able to raise any issues with the staff and management team and were confident these would be addressed.

The registered manager delivered care on occasions which assisted their overview of the service. Systems to monitor the quality and safety of the service were in place with plans to develop them further.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was registered with us 8 November 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

CARING WINGS LTD

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of an inspector and an Expert By Experience, who carried out telephone interviews to people and their relatives to gather their feedback of the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. At the time of this inspection there was a registered manager in post. The registered manager was also the provider's nominated individual, this meant they were legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service where the registered manager also provided care calls and we needed to be sure that they would be available to support the inspection.

Inspection activity started on 31 January 2023 when we visited the office. Telephone calls were made offsite to relatives and staff on 8 February 2023. Inspection activity ended when we had a face to face meeting via video call with the registered manager on 14 February 2023 to give feedback.

What we did before the inspection

We reviewed our systems and information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 5 relatives. We received electronic feedback from 1 person and 1 relative.

We spoke with the registered manager who was also the provider's nominated individual, the care coordinator and 2 members of staff. We received electronic feedback from 7 members of staff and the local authority commissioning team.

We reviewed a range of care records for three people including their risk assessments and medication records. We looked at 2 staff recruitment records. We also viewed some of the provider's policies and procedures, training data, quality assurance records, management monitoring and oversight records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and at ease when they received their care. One person said about the staff, "I feel safe in their presence. I have been very pleased with them." Another person shared, "I feel perfectly comfortable with the carers."
- Relatives said they felt their family member was safe and gave examples of when the service had taken appropriate action to protect their family member from harm. For example; liaising with relevant healthcare professionals if they had concerns.
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and knew what constituted a safeguarding incident and how to raise safeguarding concerns appropriately. A member of staff said, "I would report any issues to the management team who I am confident would deal with it. But, if not I know how to contact CQC or (Local Authority) safeguarding team."
- The registered manager understood their responsibilities to ensure any safeguarding concerns were dealt with properly.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were carried out to identify any risks to people and these were regularly reviewed and amended where needed. Where risks were identified, measures were put in place to guide staff on how to reduce these risks.
- Healthcare professionals were contacted in a timely way to ensure people received appropriate support and treatment.
- A system was in place for accidents and incidents to be recorded and analysed by management for any themes and trends. This meant that lessons could be learned, and the risk of reoccurrence minimised.

Staffing and recruitment

- Overall people received their care calls from staff they knew, and for the allocated time and agreed duration. One person shared, "I have a core of regulars carers which I appreciate." Another person told us, "Mostly I have the same carers that come but it has been changing a bit, but the office do let me know." A relative said, "We have continuity of carers, and spot on with time keeping. The carers stay the allocated time and more if necessary."
- However, continuity of care was not everyone's experience. One person said, "No regular staff, no continuity. Used to be, but not recently." Another person shared, "Times are sliding, getting later. If only they would let me know if they are going to be late. This has an impact on me and my plans for the day." The management team shared how they had recently recruited additional staff which they hoped would help address the inconsistencies.

- The registered manager and staff team worked hard to ensure that people received their care visits as planned and at the time of the inspection there had been no reported missed visits since the service started operating.
- Staff confirmed they had breaks and sufficient travel time to get to people whom they saw regularly.
- A review of staff recruitment files showed background checks were carried out. This included Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. References were also sought from previous employers.

Using medicines safely

- Where people were supported with their medicines this was done safely. One person said, "The carers get my tablets and a drink and help with creams for my skin."
- The provider had appropriate policies, procedures, and training in place to support the safe administration of people's prescribed medicine; where that support was required. Staff confirmed they had their competency regularly checked.
- Staff managed people's medicines safely. The management team monitored people's prescribed medicine administration records regularly and had effective processes in place to identify and address any errors which may occur.

Preventing and controlling infection

- People and their relatives confirmed staff followed good infection control practice in their homes and wore personal protective equipment (PPE) where applicable.
- Staff had received infection prevention and control training and additional training relating to COVID-19. They confirmed they had sufficient amounts of PPE.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and relatives told us staff were competent, knowledgeable and familiar with using specialist moving and handling equipment which gave them reassurance. One person said, "The carers use a stand aid and are very competent. They work well together and are very particular how I stand and make sure I am safe." Another person shared, "They (care staff), know how to use the hoist. I don't feel unsafe."
- Staff received eLearning training, and an induction which included assessed shadowing by the management team and working on the Care Certificate. This is a set of induction standards that care staff should be working to.
- Staff were encouraged and supported to professionally develop through ongoing training, supervisions and appraisals with opportunities to achieve qualification in care made available. A member of staff commented, "I have suggested to my manager that I wish to become a dementia champion and [they are supporting this]."
- We discussed with the provider the practical aspects of their moving and repositioning training for staff and how viable this was going forward. The provider advised they were currently sourcing alternative practical training solutions. We signposted them to seek further support in this area from the local authority commission team.

We recommend that the provider review the delivery method for practical moving and repositioning training to ensure all staff remained skilled and competent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager carried out an assessment of people's requirements before they began to use the service to ensure that they were able to meet the person's needs. The assessment included people's physical, mental and social needs.
- People's care and support needs were assessed, planned and completed in line with recognised best practice and current legislation.
- Records were regularly reviewed and updated as people's needs changed and reflected that people were involved in their ongoing planning and development.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink where they required this assistance. This was documented in their care records and provided guidance for staff on how to meet these needs. One person said, "I have choices

over food and drinks. My carer's leave me a snack and a drinks bottle."

- People were supported to access health care appointments and timely referrals for advice were made when needed. One person said, "I think they (carers) would call the office in an emergency, ambulance or advise me to call GP." Another person shared how the staff had contacted the district nurse quickly when they noticed a change in the person's skin integrity and it had healed quickly.

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 on their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager understood their responsibilities under the Act. No one using the service at the time of the inspection had any restrictions placed on their liberty.
- People and relatives confirmed their family members were able to make day to day decisions for themselves. This included how they would like to have their personal care provided, what they wanted to wear or to eat. One person shared how their choice was acted on, "I only have female carers that's my preference."
- People's care records documented to confirm staff sought consent from people before providing their care, and where people had declined, this decision was also recorded and respected.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were complimentary about the support and care provided. One person said, "The carers are professional but friendly. We can have a laugh but serious when necessary." Another person commented, "My carers are very kind, patient. It's a calm working relationship with each other." A third person when asked if the staff were caring said, "Caring, very. They go out of their way, over and above."
- People were respected and included as much as they wanted to be in shaping their care and outcomes. One person shared, "Yes, I am getting the care I need at the moment. I am making the choices of what care I have." Another person feedback, "From my initial meeting with Caring Wings I have found them to be professional and friendly, a very positive experience. I have been included in all decisions about my care plan. Caring Wings have been 100% reliable."
- Where appropriate to do so, relatives advocated for their family members. One relative shared, "At the moment [family member] is receiving what we asked for." Another relative commented that the care staff, "Totally involved [family member] in the care planning even though they are non-verbal."
- People and relatives confirmed that staff encouraged and supported people wherever possible to make their own decisions and their views were acted on by staff and recorded in their care records. One person said about their care arrangements, "If I thought it needed changing, they [management team] would come immediately. I tend to talk to the carers when they do the care."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us the staff treated their family member with dignity, were polite and respectful and adapted their approach where needed to meet individual needs. They described how staff were considerate of modesty and privacy. One person shared, "They [staff] are not patronising people. They recognise I am a human being and respect me."
- People's care records included guidance for staff on respecting people's dignity, privacy and confidentiality. The care records included the areas of their care people could do themselves and where they required support including how staff could best encourage this. One person shared, "They are genuine carers. When I [do my personal care], they turn away. It's remarkable how easy they have made it for me." Another person commented, "I feel safe in their [staff] company as they work with me. I can then retain my independence and my dignity."
- Staff were observed by the registered manager in their usual work duties as part of the provider's quality monitoring processes. During these spot checks, the registered manager made sure that people's independence, dignity and privacy was promoted and respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us that staff were considerate of individual preferences, taking account of what was important to them including how they were currently feeling and adapted their approach accordingly. One person said, "My carers always ask how I am and pick up on my moods and ask if I have had a bad night and what would I like to do." Another person shared, "I only want female carers and this is respected." A relative commented, "The manager and staff listen to our comments and feedbacks and took it on board."
- People's care records were developed with the person/and or their representatives where appropriate. They were reviewed regularly and adapted when people's needs changed. They provided staff with guidance on how to respond to people's needs effectively, safely and according to their preferences.
- Staff told us people's care plans contained information that was relevant and accurate about their needs. One member of staff shared, "We note any changes to a person's needs on our [mobile] app and this lets the office know straight away."

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and their preferred methods.
- The registered manager told us that any information could be provided in other languages and or in alternative formats such as audio recordings and braille should these be required.

Improving care quality in response to complaints or concerns

- People told us they knew who to speak with if they had any complaints to raise and were confident their concerns would be appropriately addressed. One person said, "I know if I phone the office, I will get a fair response and they would look into it professionally." Another person shared their experience of giving feedback and how they were satisfied it had been dealt with appropriately, "I called the Agency and told them I didn't want a male carer who was rude and arrogant. They respected that and he didn't come again."
- A complaints policy and procedure were in place. Records showed where concerns had been received, they had been responded to in a timely manner with lessons learnt to prevent reoccurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were overall positive about their experience of the service and several said they would recommend the service. One person said, "It is a caring and reliable service, the manager and staff are professional, hardworking and kind." Another person said, "I have met them all and I am absolutely able to talk to them."
- The registered manager worked closely with their staff team often supporting on care calls. This provided them with insight into their service and accessible to people and relatives feedback. One person described them as, "So nice and I can't sing their praises loud enough." Another person said, "The management go out themselves to cover shifts and communicate well."
- Planned assessments ensured the service was able to meet people's needs prior to accepting the care package. Ongoing reviews included people and, where appropriate their relatives, to identify how they wanted their care delivered and to ensure it was person-centred.
- Staff had their competencies and practices assessed to ensure they were working to the standards expected. There was an open culture where staff felt able to speak to one another and the registered manager if they needed guidance and support.
- Staff were complimentary about working at the service and described the registered manager as visible and supportive. One member of staff shared, "[Registered manager] is always there if you need them. If you need advice, they respond straight away."
- Feedback about the service was encouraged by the registered manager. Where people, relatives and staff had shared their views, their comments were followed up, acted on accordingly and used to develop the service. One person said about sharing their views, "When I ring up, I am greeted very well. They [management] want me to be happy."

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

- Staff understood their roles, responsibilities and duties. Staff performance was monitored through regular one to one supervision and competency checks by the registered manager.
- The registered manager was aware of when to report notifiable events to CQC and their legal regulatory responsibilities around this.
- Duty of candour requirements were met. This regulation requires safety incidents to be managed

transparently, apologies provided and that 'relevant persons' are informed of all the facts in the matter. From reviewing governance documents, we could see the correct processes were in place.

Continuous learning and improving care; Working in partnership with others

- Systems and processes to monitor the safety and quality of the service was in place. The registered manager advised they planned to develop this as the business grew. We signposted them to seek further support in this area from the local authority commission team.
- Staff and the management team worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.