

Wings Care (North West) LLP

# Wings Care Supported Living & Domiciliary Care Service

## Inspection report

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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

Wings Care Supported Living & Domiciliary Care Service is a supported living service providing personal care to adults aged over 18. The service supports 35 people, with a capacity to support 43. There are a mixture of bungalows, cottages and lodges. One accommodation is shared between three people and the rest are one person tenancies. All the houses are situated in the same road with an on-site office. Each building has their own staff team and team leader. All are staffed 24 hours per day.

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

People were kept safe and protected from harm. There were effective procedures in place to make sure people's holistic needs were assessed and met. People had good working relationships with staff, and staff knew people well. People were assisted to take their medicines safely and were protected from the risk of spread of infection.

People received high quality care from staff that had received thorough inductions and training. People were supported to reach their goals and move on to more independent types of care if appropriate. People were involved in the planning of their own support and staff made referrals to other agencies to provide joined up care.

People felt that staff cared about them and were treated with dignity and respect. Staff were committed to their roles and wanted to provide a caring service. People told us they got on well with staff, and relatives said staff had made a huge difference in people's lives. One person said, "I love it here, the staff are amazing."

People were listened to by staff and managers, and their concerns were taken seriously. Staff communicated well with relatives and made sure they were up to date with any changes. One person told us their relative was "really happy there". People's care was personalised to them and they were supported to take part in activities that were important to them.

There was a positive and open culture which meant people and their relatives had confidence and trust in the service. Managers provided robust governance and leadership, meaning users of the service benefited from high quality care.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make

assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

The model of care maximised people's choice, control and independence. People lived in their own accommodation either in single tenancies or sharing with a maximum of seven other people. People were supported to reach person centred goals and were encouraged to move on to other more independent settings where this was identified. The staff and managers embodied attitudes and behaviours which ensured people using the service led confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 04/12/2019 and this is the first inspection.

#### Why we inspected

This was the first inspection for the service.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Wings Care Supported Living & Domiciliary Care Service

## **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 Care Act 2014.

### Inspection team

The inspection was undertaken by one inspector.

### Service and service type

This service provides care and support to people living in 13 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 48 hours' notice of the inspection. This was because we wanted to make sure there would be people at home to speak to us.

### What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke to six members of staff including the registered manager, team leader and care staff. We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visits the service.

# 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

- There were systems and processes in place to safeguard people from the risk of abuse.
- The service had an up to date safeguarding policy which staff were aware of.
- Safeguarding training was up to date and staff could describe their safeguarding responsibilities.
- People told us they felt safe.

Assessing risk, safety monitoring and management

- The service had effective arrangements in place to manage risk.
- People's records were legible, and risk assessments linked to person centred care plans.
- The service managed environmental risks well. For example, staff conducted practice fire evacuations and we saw that equipment was checked regularly.

Staffing and recruitment

- The provider ensured that staff had the right mix of skills and experience.
- We checked three staff files and found that managers ensured safe recruitment practices.
- The service did not use agency staff to cover vacancies. Staff were committed to covering shifts amongst themselves to ensure continuity and consistency. People told us staff knew them and their needs well.

Using medicines safely

- The service managed medicines safely.
- There were medicines policies in place which were in date and thorough.
- Staff received regular training and managers checked competencies every year.
- Managers undertook audits and addressed issues to improve practice.

Preventing and controlling infection

- There were effective infection prevention and control measures in place.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- Managers ensured that lessons were identified and learned, and changes made to improve.
- Incidents were recorded and monitored, and themes identified.
- Staff received de-briefs where required.

# 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.

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

- People's physical, mental health and social needs were holistically assessed.
- Managers kept up to date with guidance and made sure any changes were communicated to staff.

Staff support: induction, training, skills and experience

- Staff told us they had good support and training opportunities.
- Managers had effective systems to ensure staff completed training, for example first aid, infection control and equality and diversity.
- There was a thorough induction programme and staff could shadow more experienced staff to develop their skills before providing one to one care.

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

- People were involved in decisions about their food and drink choices.
- Staff supported people to make healthy food choices and encouraged independence around cooking.
- Risk assessments were completed for people that had extra needs in relation to eating and drinking, and weight monitored where appropriate to do so.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with several external agencies to provide effective care.
- The service had good links with the local primary care network consisting of GPs, nurses and pharmacists.
- The service put themselves forward for involvement in a local pilot scheme consisting of different professionals and commissioners. The aim was to ensure people could access services easily, such as different therapies.

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

- People decorated their flat/bungalow according to their own preferences.
- People had a good amount of space, gardens and other outdoor areas to spend time in.
- There was a mixture of private and communal areas to meet the needs of different people.

Supporting people to live healthier lives, access healthcare services and support

- People's day to day health and wellbeing needs were met.
- People were encouraged to monitor their own health and be independent where appropriate for things like managing their own medicines.

- Staff made referrals to other agencies such as speech and language when required.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the principles of the Mental Capacity Act 2005.
- There were documents in people's records showing that staff had completed MCAs and best interest decisions effectively, including managing medicines and COVID-19 vaccinations.
- Staff were committed to supporting people in as least restrictive way as possible. The service's wider goal was around restraint reduction and had removed several types of restraint from the service.

# 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

- People were treated with kindness and compassion.
- Staff made sure that people and those close to them felt listened to. People had regular key worker meetings where they could express matters important to them.
- One person said, "Staff know my likes and dislikes", which meant they could support people effectively.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care.
- Staff communicated well with friends and relatives to make sure they were listened to and involved in decisions.
- People told us they felt in control of their lives.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as they wanted to be and encouraged to move on from the service to more independent settings.
- Staff responded positively to people that were in distress and were committed to finding ways to improve outcomes of care for people.

# 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's care plans reflected their physical, mental, emotional and social needs, and reflected individual preferences. We saw hospital passports and 'about me' information in people's records.
- The service identified people who had sensory loss and adapted to ensure people received essential information and could communicate well.
- The service encouraged the use of technology to aid people's independence.

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 service applied several methods to adapt information. For example, people could use talking mats which used pictures to express preferences. The service was looking at how this could be developed further.
- We saw the use of pictorial aids in people's records, and the service used photographs to reflect which places were important to people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People could follow their interests and were supported to take part in activities in their local communities.
- People had access to public transport and some people had their own cars which staff drove.
- People were supported to maintain contact with their friends and relatives and made use of technology during the pandemic to help stay in touch.

Improving care quality in response to complaints or concerns

- The service had an effective complaints policy.
- People were encouraged to give feedback about the service using 'loud' cards. These could be used if people were unhappy about a decision.
- People were involved in service user meetings which provided opportunities to give feedback.
- One person told us, "Staff listen to me when I am not happy about something, and try and do something about it."

# 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

- We found a positive culture at Wings Care. Staff were committed to providing good outcomes for people.
- Staff were motivated in their roles and told us they were proud to work at the service.

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

- The provider understood their duty of candour and were open and honest about when something went wrong. Managers monitored incidents and made changes where necessary.

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

- There was a registered manager in post who had good understanding about their role, quality performance and risk.
- The service made statutory notifications to CQC when required and understood their legal responsibilities.
- The service held weekly operations managers meetings. Minutes showed on-going actions and actions required, by whom and when.

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

- The provider engaged with staff, for example, using staff surveys.
- Staff engaged well with people using the service through different methods. We saw in management meeting notes that suggestions made via the complaints system were considered.
- Staff told us, "Managers listen to us and take our ideas and suggestions on board."

Continuous learning and improving care

- Managers completed quality assurance assessments weekly to identify issues and improve the service.
- Managers monitored and identified themes from incidents and made changes where required.
- There was a comprehensive audit programme which managers used to monitor and improve the quality of care.

#### Working in partnership with others

- There was good partnership working with others.
- For example, links with the primary care network and local commissioners.
- There were regular meetings with the local authority, social workers and safeguarding teams.