

## Winray Care Housing

# Winray Care Housing

### Inspection report

Office 13, Church Lane Chambers  
11-12 Church Lane  
London  
E11 1HG

Tel: 02085392621  
Website: [www.winraycarehousing.com](http://www.winraycarehousing.com)






Date of inspection visit:  
14 December 2021  
25 January 2022

Date of publication:  
29 April 2022

### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Requires Improvement 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Winray care housing provides personal care and support in three settings to people with learning disabilities and/or autistic people. Nine people were receiving personal care at the time of the inspection.

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

#### Right Support

People were not always supported by staff to fulfil their interests.

The service worked with people to plan for when they experienced periods of distress.

People were able to personalise their rooms.

Staff supported people to have their medicines as prescribed. Staff supported people to play an active role in maintaining their own health and wellbeing.

#### Right Care

Staff did not always provide care in a respectful manner. In other cases, staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. 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.

#### Right culture

People did not always live empowered lives.

Monitoring systems did not always pick up shortfalls and the provider did not always know when to submit statutory notifications about serious events to the CQC.

Staff and people could feedback about the quality of care and the provider worked with health and social care professionals when things went wrong.

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

### Rating at last inspection

The last rating for this service was good (published 7 March 2019).

### Why we inspected

The inspection was prompted in part due to concerns received about safeguarding adults from abuse. A decision was made for us to inspect and examine those risks. We also undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

### Enforcement and recommendations.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to dignity and respect. We made two recommendations about safe recruitment and person-centred care.

Please see the action we have told the provider to take at the end of this report.

### 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?

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?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Winray Care Housing

## **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 team consisted of two inspectors, a member of the CQC medicines team and an Expert by Experience. 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 provides care and support to people living in three '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 who was not registered with the Care Quality Commission. The provider explained that they had applied to register the manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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 used all this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and greeted other people we met. We spoke with six staff members including the nominated individual, the manager and four members of care staff. We spent time observing people as a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included one person's care records and two people's medication records. We looked at four 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 and two more people's care records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The provider's recruitment procedures required improvement because one staff member had not disclosed their employment history. This is necessary for the provider to be assured the person is suitable for working in the caring profession.

We recommend the provider seek guidance and support from reputable sources about safe recruitment practices.

- The remaining staff records we checked showed the provider had undertaken appropriate recruitment checks including obtaining references and employment histories. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults.
- Two staff members had no care experience or experience of caring for people with complex needs. However, the provider had ensured they received relevant training while working at the service.
- Staff told us there were enough staff to meet people's needs. A relative told us they thought it was difficult for the provider to find and keep staff.
- There were enough staff to support people at the scheme settings during the inspection and we saw people had support when they needed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider took the right action to protect people when allegations of abuse were made. People's relatives told us their family member was safe. One relative person said, "I know [person] is safe."
- Records showed that alerts were made to the local authority safeguarding team and the CQC when allegations of abuse had been made. The provider worked with external professionals to investigate concerns and took the right steps to keep people safe such as suspending staff members.
- Staff knew how to report concerns. One staff member said, "I would write it down and inform the management. If nothing happened, I would go to the police."

### Assessing risk, safety monitoring and management

- People were protected from the risk of harm. The provider had assessed environmental to protect people.
- Staff told us they recognised signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- Incidents were recorded and plans were put in place to help minimise any risk of harm in the future.

### Using medicines safely

- People received their medicines as prescribed. Staff were trained to support them individually and understood their needs. We were told how one person's needs were met with regard to treatment for a seasonal illness which enabled them to enjoy activities.
- Staff were supported by training and audits to maintain good practice. A medicines policy was available online for reference, however this did not cover certain aspects of care; for example when people were away from home with staff. We saw that staff managed this safely for one person to enable them to spend time in the community, but this was not supported by a policy or procedure.

### Preventing and controlling infection

- The provider had infection prevention and control measures. Staff told us they did COVID-19 tests and would isolate at home if they received a positive result.
- Staff told us they wore personal protective equipment (PPE) when supporting someone who had COVID-19.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 needs were assessed before they started living at the service. Input was gathered from the places people had lived before.
- Assessment records were developed and staff told us they read these to understand people's needs. A relative said, "They know what [person] wants to do and doesn't want to do."

Staff support: induction, training, skills and experience

- Staff had received training to help them support people. Staff had received non-abusive psychological and physical intervention training. This is training in a pro-active approach to promoting positive behaviour with the aim of eliminating the need to use physical intervention wherever possible.
- Staff told us how they used de-escalation techniques to support people when they were distressed. However, a relative told us further skills were needed in the area of restrictive practices.
- Positive comments from relatives about staff having the right knowledge to support their family members included, "The carers provide continuity of care." And, "Yes, they know what to do."
- Staff received supervision sessions to discuss their role.

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

- People were supported to eat and drink enough. People's dietary needs were recorded including the steps taken by staff to encourage people to eat healthily.
- Relatives told us staff supported people well, "Staff encourage him making smoothies, tea and breakfast."

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

- People received access to healthcare services and support. People's records contained health action plans and information about people's health needs.
- Records showed people received care from professionals such as GP, opticians and psychologists.

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.

- Staff understood the principles of the MCA and people consented to day to day aspects of their care.
- Records showed the provider supported people to have the legal framework for decisions about their care and finances.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

People are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were not always treated in a caring manner. We received mixed feedback from relatives about how people were treated. One relative said, "Maybe a couple of staff come across as a bit abrupt, should have a better approach. For example, the tone of voice and more positive vibe. [Person] gets upset, feels [they] have let you down. Staff need to know [them]. I do get on well with staff"
- During the inspection we observed staff using an abrupt tone of voice to one person.
- Care records showed a situation where a person had been upset by a discussion about independence with staff.

This was a breach of regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Positive comments from relatives included, "Carers are very good, kind and caring."
- People's care records contained information about their culture and religious needs. A staff member said, "We are all here to support equally, we are not here to discriminate. We give all a welcome."

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

- People were supported to express their views about their day to day care. Staff told us they respected people's wishes and asked their permission to do things. One staff member said, "We talk to them and ask for their permission."
- Staff told us how they communicated with people who did not speak or spoke in combination with sign language. A staff member said, "I know basic sign language, [person] teaches me their sign language as well. It helps to know when they need medication."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; 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 had personalised care plans which showed staff what they liked to do. Staff provided care for people in line with their communication plans, sensory plans and support plans.
- Staff used person-centred support to discuss and plan with people how to reach their goals and aspirations. However, we saw one example where a person had become upset during this process because it was not person-centred which has been dealt with under the caring key question.
- We discussed the statutory guidance 'right support, right care, right culture' which states people can expect to be supported to a good quality of life. The provider was not aware of the guidance but demonstrated areas of the service that gave people good experiences.
- For example, people's records contained information about what activities they liked to do but relative's feedback about meaningful activities was mixed. A relative said, "[Person] doesn't do many activities. [Person] has always loved socialising, likes cycling, the gym, swimming and cafes. [Person] tells us they wants to go out, staff say they don't want to. Staff may not feel safe to take [person] out." A second relative said, "I don't think there are enough activities."
- The provider supported people to go on holidays in the UK and abroad.
- The service provided support to people on a respite basis. A relative told us that they were not aware of this and were concerned that living with different people may have a negative impact on their family member's wellbeing. This meant people and their families were not always consulted about who they lived with in line with current guidance.
- Positive comments from relatives included, "Staff understand [person] very well, their needs and personality. I have no concerns."
- Care records demonstrated how staff were supporting people to work towards their goals and aspirations and how people were supported to understand their rights and explore meaningful relationships.

### 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.

- Staff had begun to ensure people had access to information in a format they could understand. There were easy-read posters in people's accommodation about meals.

- Staff understood people's individual communication plans.

#### Improving care quality in response to complaints or concerns

- The provider was responsive to complaints and concerns and took appropriate steps to improve the service or make people safe.
- A relative told us, "Staff listen to [person]. [Person] can complain."
- Staff told us they would support someone to make a complaint with the management team so they could take action.

#### End of life care and support

- No one using the service was using end of life care during the inspection, however, staff had had recorded people's wishes where appropriate.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider monitored the service to improve care delivery and had scheme action plans but had not picked up the concerns about dignity and respect and recruitment we found at the inspection. The provider said they would address these. Each scheme had a team leader on shift. The shift leader understood their roles and responsibilities although these tasks were not recorded.
- The management team undertook a range of audits to assess care quality and safety such as, medicine audits, safeguarding audits and personal finance checks.
- Staff told us the service manager made spot checks at night to check how staff were performing. Relatives gave mixed feedback. One told us, "I am satisfied and content with the care [person] has. A second said, "Overall we are quite happy." Conversely negative feedback included, "The standard of the home is very tired. I feel they are doing the bare minimum."

Working in partnership with others; 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider worked in partnership health and social care providers to investigate when things went wrong. However, the provider did not always know when they had a legal duty to submit statutory notifications to the CQC such as following incidents that involved the police. The provider said they would revisit the guidance and notify the CQC appropriately in the future.
- Records showed the provider had good links with people's care teams and people got external support when required. People had good access to health support including specialist provision.
- Relatives completed surveys to feedback about the care delivery. Relatives were also invited to take part in reviews of care however, these were delayed due to the impact of the pandemic.
- Staff had regular meetings to discuss improvements for the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Relatives told us the management team were approachable. A relative said, "I can contact them anytime, they call me sometimes such as if [person] is going on a trip." A second said, "I feel I can email or text anytime, they are very responsive."
- Staff spoke well of the service manager and told us morale was fine. One staff member said, "[Manager] is

very considerate, a listening person, he takes things on board."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  Service users were not always treated with dignity and respect.