Winray Care Housing

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## 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

We inspected Winray Care Housing on 3 and 5 August 2016. This was an announced inspection. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection.

Winray Care Housing is a care agency with three supported living schemes. It provides care and support to people in a supported living setting, specifically for people with learning disabilities. At the time of our inspection, the service was caring for seven people across three schemes. We visited one of these schemes as part of our inspection.

There was a registered manager in place at the time of our inspection. 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.

Systems were in place to ensure that people using the service were safe. Care staff had undertaken training about safeguarding adults and had a good understanding about safeguarding principles and how to raise an alert.

Risk assessments were carried out and were robust and detailed. Risk assessments were updated in line with people's changing needs.

Medicines were managed safely for people. Effective systems for the management, administration, storage, and disposal of medicines were in place.

Care staff were aware of their responsibilities under the Mental Capacity Act 2005 and how to ensure people using the service were given support to make decisions. Care staff were mindful of consent and ensuring that people were given autonomy and respect. The service was aware of its responsibility to inform CQC of any Deprivation of Liberty authorisations.

Care staff received relevant training to their role as well as an induction programme and we saw records of robust recruitment. Relevant checks had been carried out before staff commenced employment.

Staff appraisal, training, and supervision supported them in their role. Care staff understood best practice guidance and implemented them to meet the needs of people. The registered manager supported staff so that they were effective in their role to care for people and deliver quality care.

People had access to health care services to meet their needs and professional guidance was implemented to maintain their health. Referrals were made to health professionals when needed and visits to and from health professionals were recorded.

Care plans were detailed and person centred and people were involved in their care planning and decision making. Staff knew people well, were aware of their personal histories, and understood their likes and dislikes. Staff were aware of people's communication needs and adapted their communication methods accordingly.

Care staff provided care and support to people in a way which respected their dignity and privacy and people using the service told us about ways in which this was upheld.

The registered manager for the service had a good relationship with staff and the people using the service and their relatives. There was open communications between all parties.

The service had quality assurance methods in place.

## 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. Staff were able to explain and identify what constituted abuse and what action they would take to raise concerns.

Risks assessments were in place and were robust.

Staffing levels were in line with people's needs and staff cover arrangements were effective.

Medicines were administered and recorded safely. People were given their prescribed medicines and any refusals or side effects were documented.

Recruitment records demonstrated that there were systems in place to ensure staff were suitable to work with vulnerable people.

### Is the service effective?

Good

The service was effective. Staff took part in an induction when they joined the service and received regular training and supervision with their manager.

Staff demonstrated a good understanding of the Mental Capacity Act (2005) and put into practice the need for consent.

People were supported with meal preparation and had a good understanding of people's individual preferences and nutritional needs.

People had access to health professionals and referrals were made where appropriate.

### Is the service caring?

Good

The service was caring. Staff developed positive and caring relationships with people using the service.

The service supported people to express their views and be actively involved in making decisions about their care.

People's privacy and dignity was respected and promoted and people's independence was encouraged.

## Is the service responsive?

Good

The service was responsive. People received personalised care that was responsive to their needs.

People were supported to follow their interests and take part in activities on a daily basis.

Concerns and complaints were encouraged and responded to. People's relatives were encouraged to provide feedback.

## Is the service well-led?

Good

The service was well led and promoted a positive culture and working environment.

Quality assurance practices were carried out and the service was able to monitor the quality of care provided.

The registered manager supported staff and had open communication with them, as well as people using the service and their relatives.

# Winray Care Housing

**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 was planned to check 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.

Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the service and the local borough safeguarding team.

The inspection was carried out by one inspector. On the day of the inspection we spoke with the registered manager, the coordinator, two care workers, and two people using the service. After the inspection we spoke with four family members of people using the service. We also looked at three care files, daily records of care, four staff recruitment files, training records and policies and procedures for the service.

Good

# Is the service safe?

## Our findings

We saw that policies and procedures were in place for safeguarding and whistleblowing. The safeguarding policy clearly stated how to raise a safeguarding alert and who to contact. In addition, the whistleblowing procedure was clear in explaining who to contact in the relevant circumstances. One care worker told us, "I've had safeguarding training. If I suspected anything I'd call the manager. If I suspected [the registered manager] I'd call a social worker. With whistleblowing I'd call CQC."

Accident and incident policies were in place. Procedures of how to raise alerts were clearly documented in the relevant policies. We also looked at policies such as equality and diversity, nutrition, risk assessments, health and safety, medicines and recruitment. Staff told us they knew how to deal with emergencies. One member of care staff said, "We will call the emergency GP or an ambulance. Then we'd call the on-call manager. They are always available".

The service had a risk assessment system in place and we saw records of these. Risks were identified and risk reducing strategies were created. The registered manager explained the risk assessment process and stated, "We determine the risk, review it to find ways of mitigating the risk. The risk assessment starts from the moment we receive a referral and make sure it's in place." For example one person was identified as being at risk of falling. Their risk reduction strategy stated, "Staff to encourage [person] to be steady on her feet before moving off. Staff to ensure the breaks on the frame are applied before [person] gets up from chairs, bed and wheelchair." Another person, who was anxious about flying abroad for the annual holiday with the service, had detailed risk assessments in place to support them. For example we saw that they had received input from health professionals and care staff in preparing them for what they could expect on the plane, the weather, food and the travelling process. The risk assessments in place for the annual holiday were all in pictorial format and were detailed and robust. One member of staff told us, "We always check for risks and check to see if there is danger. We have to approach problems and adapt risk assessments." Care staff told us they had access to risk assessments via an online system and told us they thought this was an "Effective" way of finding them easily. The registered manager told us, "Every unit has a laptop they can access."

People using the service with behavioural needs had relevant risk assessments in place. For example, the service created, "Positive Behaviour Support Plans", which explored the risks and actions for known behavioural situations. For example, one person was documented as "Slapping her face, head banging against doors and walls." An action plan was in place that stated, "Minimise risks in immediate environment such as removing objects and other service users from the area. Call hospital if needed." Any instances of these behaviours were documented and we saw records of this. The registered manager advised us that restraint was not used.

The service had a robust staff recruitment system. All staff had references and criminal record checks were carried out. This process assured the provider that employees were of good character and had the qualifications, skills and experience to support people using the service. The service had a sufficient level of staffing.

We saw that medicines were stored safely at one of the service's supported living schemes that we visited as part of the inspection. Medicines were stored in a locked cabinet in a room that was also locked after use. Staff told us they supported people with their medicines but that some people at the scheme self-medicated and that not everyone there was on medication. The registered manager told us, "Staff have to have medicines training first before they can administer medicines." A member of staff also told us, "We had to have meds training before administering." The registered manager told us and records showed monthly medicines audits were carried out. This involved observation of staff whilst they administered medicines to ensure the correct procedure was followed. Any potential side effects from the medicines administered were listed and documented if they occurred. We also saw records for a medicines audit that took place every six months which looked at any supply issues, Medicine Administration Record (MAR) sheets and emergency supplies.

We looked at the staff duty roster and saw that planned staffing levels were maintained. One member of staff told us, "Yes, there are enough staff." The registered manager told us, "We don't use agency staff, the staff that we know and train are more reliable and they know the service users well." The registered manager told us about the system for managing staff absences stating, "Other staff with cover shifts and we will arrange this beforehand. If someone is off sick we look at who is off on the rota. At any given time we have at least five staff available, we have never had an issue." Another member of staff told us, "Management always have staff to provide cover."

The registered manager told us that they kept small amounts of people's money at the service. He stated, "The resident's, if able will manage their money, otherwise families give us pocket money to keep for the service users." The registered manager showed us the petty cash records and receipts for all transactions. A member of staff added, "Parent's will withdraw money and bring it to us. We log how much we receive and how much is being spent". A relative of a person using the service told us, "I am appointee for my relative. I keep an eye on the bank statements, I trust them." We saw records of financial transactions and that each person using the service had their own 'transactions book' documenting their spending, balance and receipts. People's money was stored in individually locked cash boxes.

Good

# Is the service effective?

## Our findings

We saw records of training courses attended by all staff on a training matrix provided by the registered manager which showed that staff were undertaking training annually in areas such as safeguarding, medication, first aid and mental capacity. Staff told us the training they had received was, "Good, a mix of e-learning and classroom." Staff completed an induction programme which included shadowing a senior member of staff and completing an induction handbook. One member of staff who was newly employed at the service told us their induction was, "Good."

The registered manager told us they were completing a training course to enable them to train staff internally. He said, "In house training will provide uniformity." The registered manager also told us that he encouraged senior staff to promote a learning environment and guide newer staff when it came to training and development. We saw examples of this in team meetings where senior staff were asked to discuss and explain aspects of care, for example mental capacity.

We saw records that supervision was taking place quarterly and we saw records that supervision was detailed and thorough. A record of what was discussed at each supervision meeting was recorded in staff files and content included work performance, training and care planning. We also saw records that annual appraisals were taking place and that staff were able to set goals which were documented accordingly. One member of staff told us, "Supervision is to the point. It's useful. We get listened to and things get implemented." The registered manager received supervision from the service coordinator. He told us, "I do receive formal supervision, but we also meet on a daily basis, all concerns are addressed daily."

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service. The registered manager told us, "At the moment, the majority of service users have capacity. There are no DoLS in place. If we do have any DoLS I will let CQC know." Staff demonstrated their knowledge of the MCA. One member of staff told us, "We always ask them what they want to do. We are here to protect them, for example giving them choices. We can't force." Another member of staff told us, "We always ask consent."

People's care plans were indicative of their dietary preferences and needs and people with specific dietary needs had these clearly stated, for example one person using the service didn't eat pork for cultural reasons and this was clearly stated. People's food preferences were also clearly documented, for example one

person's care plan stated, "Things I don't like: sweetcorn, fizzy drinks and raisins." People using the service were supported to go food shopping and discussions around this were recorded in their individual key-working sessions which we saw records of. The registered manager told us, "People using the service go food shopping on a Friday and they pay with their own money." During our inspection at one of the service's supported living schemes, we observed people accessing the kitchen without restriction and helping themselves to food and drink. Those who required support with eating and drinking were supported accordingly. For example, a member of staff told us, "We support [person] with chopping their food."

People were supported to maintain good health and access to healthcare services. We saw that within care plans, people had information about their medicines and health needs by way of a 'hospital passport'. A hospital passport is designed to help people with a learning disability to communicate their needs to doctors, nurses and other healthcare professionals. People's care plans included information and assessments from healthcare professionals. We saw records of community learning disability team input and psychiatry as well as records that referrals were being made to health professionals, for example one person had been referred to the community nurse regarding bladder management.

Good

# Is the service caring?

## Our findings

People using the service had positive relationships with staff. One person told us, "[Keyworker] is a lovely sweet lady." They also told us, "I do like it here. It's lovely. I have my own room and a big bed, it's really nice." One of the relatives we spoke to told us, "The staff are lovely, really caring."

Staff were respectful and displayed compassion when interacting with people. Staff were consistently kind, polite and friendly. They seemed to know people well and had good natured encounters with them. Staff were able to tell us in detail about people, such as their care needs, preferences, life histories and what they liked to do. One member of staff told us, "We get to know people, we chat, look at their care plans, we can understand them. For example for one person, I can see from their care plan that they don't like certain foods, but over time you get to know them." Another member of staff told us, "I support [person], I support them to liaise with their family, go to appointments and activities."

People were involved in their own care planning and making decisions. The registered manager told us, "If they want to redecorate their rooms, bring furniture, we allow them to do that." We saw that this was happening when we visited one of the service's supported living schemes. People's bedrooms were personalised and decorated in accordance with their personal taste.

Another member of staff told us how they promote people's independence. "We encourage them to do their own personal care. Give help when needed, we make sure they can't do it before getting involved. This way we are promoting their independence." They also explained to us about a person's morning routine stating, "[Person] will prepare his breakfast, get the milk, the teabag. When he's finished he'll pack it away. He never used to be that way. Slowly gaining more independence."

People were involved in making choices about their care. One member of staff told us, "We encourage them to make decisions, for example, what would you like to wear today, what do you want to eat. When we go shopping, we get them what they choose." Another member of staff told us about a person using the service who was non-verbal. They said, "[Person] is non-verbal but he can say yes and no, these are the only two words he can say. We always give him options, he is very intelligent, he will choose what colours he wants to wear." One person using the service told us, "If I was unhappy about anything I'd talk to [keyworker]."

People were treated with privacy and dignity. One member of staff told us, "We treat everyone with respect. For example with toileting, sometimes we have to assist. We make sure the door is closed, with bathing, we cover them when coming out the bath." Another member of staff told us, "They get private time. Sometimes [Person] after dinner will go and watch a movie. Others will listen to music."

Staff demonstrated an awareness for people's needs to form relationships. One member of staff told us, "[Person using service] has a boyfriend, we talk to them about it. Their boyfriend will sometimes visit, they hold hands, relax, watch TV. We respect that. We offer to make them a cup of tea."

Relatives of people using the service told us they could visit their family member whenever they liked,

without restriction. One relative told us, "We go once or twice a week, we go when we want, there are no restrictions."

Good

# Is the service responsive?

## Our findings

We looked at people's care plans and saw that they were person-centred and tailored to their individual needs, for example care plans contained an 'about me' section detailing things such as their next of kin, GP, religious and cultural needs. The service carried out their own assessments prior to people moving in to one of the supported living schemes and we saw documentation in relation to this, as well as a 'transition strategy plan' which was used for people moving in, to transition them gradually, for example arranging an overnight stay and slowly increasing the time spent there so as to support the person during the moving process. The registered manager told us, "Before they come to us we do an assessment. We tell them what to expect. They visit the scheme and meet with the people there and staff. We arrange a day visit and night stays."

People's care plans were detailed and highlighted their needs and preferences on an individual basis. People's likes, dislikes, hobbies and interests were documented and we saw that these needs were being met. For example one person's care plan stated, "I like taking time out to do simple things at home for instance cooking and watching television." During our inspection of one of the supported living schemes, we observed that these activities were taking place. In addition the registered manager told us, "In terms of the care plans, everyone has different schedules, for example waking early, sleeping late, we allow them to do that." We saw records of daily logs and these documented what people were doing every day, including activities and any appointments. A relative of a person using the service told us, "[Relative] is out all the time, lots of activities and [relative] is involved and engaged in them."

People using the service had the opportunity to go on an annual holiday to Jamaica and we saw records of those who did not wish to go were taken somewhere within the UK. One person using the service told us they enjoyed the annual holiday and looked forward to it every year. People using the service were involved in daily activities and outings, for example to a social club, lunches and swimming. One person using the service told us they "Enjoyed going swimming" and on the day of our inspection they would be visiting the local swimming pool and then going for lunch with the support of the care workers. Care plans contained a weekly timetable of activities and care staff told us that people using the service enjoyed having a routine and set timetable of activities to follow. One member of staff told us the timetabled system "Worked well". We saw recent records of feedback from family members and one person rated the service "Ten out of ten" for activities. A relative we spoke to told us, "[Relative] goes on holiday every year! It's great."

People's day to day needs were documented within their care plans and people were supported with tasks in accordance with this. For example one person's care plan stated, "I am able to brush my teeth and rinse my mouth by myself but need assistance with getting the toothpaste onto the toothbrush and also pouring the mouthwash into the cup." Another person's care plan stated, "I am quite able to load the washing machine myself, take my clothes out of the washing machine when the cycle is finished and put them in the dryer." Next to each of these tasks within care plans we saw that there were pictures of the service users carrying out the said tasks which meant that people were able to familiarise themselves with the activity and remind themselves that they were capable of doing it. The registered manager told us, "We ask them to take control. We are trying to encourage an environment of independence. It is supported living." This meant that

people were supported to be independent but support was provided when needed.

People's communication needs were clearly documented within their care plans. For example one person's care plan stated, "I have clear ways of letting staff know what mood I am in and will express this verbally or with facial expressions." Another person's care plan stated, "[Person] can use Makaton or PECS, points or uses body language to make needs known." This meant that staff were able to communicate with people in their individualised way.

The service operated a key working system and each person's care plan contained details about their respective keyworker and records were kept of weekly key-working sessions with people using the service. For example we saw that one to one discussions took place in relation to the person's health, medicines, hygiene, voluntary work and reporting any safeguarding concerns. The registered manager told us, "From the time they come here, they get a keyworker. We create a trust between them. They tell us what they want in their care plans and we often have these sessions over a meal. We encourage that kind of environment." One member of staff told us that key-working was "Positive" and stated, "[Person] communicates a lot more now that she is key-worked. It helps. For example it is her birthday soon, we are planning a party for her, she tells us who she wants to invite."

Reviews were carried out annually with service user input and we saw records of this. Reviews were documented pictorially and looked at outcomes and goals in relation to what people using the service were working towards and whether any changes needed to be made.

The service had a complaints policy that identified time frames for a response and contact numbers for external organisations. We saw a copy of the service's complaints procedure which was in easy read, pictorial format. This was posted up in the communal areas of one of the supported living schemes we visited. The registered manager told us there had been no formal complaints made. We looked at recent feedback forms completed by family members and one of the questions was whether they were aware of the complaints procedure. We saw that people had answered "Yes" and that they were aware of how to make a complaint. One relative we spoke to said, "I don't have any complaints, if I did, I would know how to raise it."

Good

# Is the service well-led?

## Our findings

Relatives of people using the service told us they were happy with the way the service was managed. One relative told us, "Management are very approachable. If they can help they will."

Staff told us that the service had regular staff meetings where they were able to raise issues of importance to them. We saw the minutes from these meetings which were taking place once a month and discussions included care plans, training, holidays, medicines, consent and service user updates.

Systems were in place to monitor and improve the quality of the service. Records showed that the registered manager carried out monthly audits to assess whether the service was running as it should be. The monthly audits looked at maintenance, financial transactions and receipts, fire testing, medicines, activity planning and supplies. The registered manager told us they ensured high quality care by, "Encouraging people to give us feedback. We encourage openness and have open communication." The service sent out questionnaires to relatives and we saw recent replies from people which included comments, feedback and rating aspects of the service out of ten. For example, one relative rated the service's communication with them as "10". The service also had monthly meetings with residents and we saw minutes of these meetings where people using the service were encouraged to give feedback, for example one person using the service was documented as stating they enjoyed swimming and wished to continue with the activity. Other discussions at the resident's meetings included housekeeping and the annual holiday.

The registered manager told us that they sent out staff surveys, however these were "Never returned." He told us that communication with staff was regular and stated, "I find the staff to be quite open. They call us all the time. If they're not sure of anything they call." One member of staff told us, "The registered manager, he's good, I'm happy at work. We can go to either them, the registered manager or the coordinator."

Notifications were made by the provider in line with legal requirements. Notifications are made by providers under the Care Quality Commission (Registration) Regulations 2009. They are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

There were policies and procedures in place to ensure staff had the appropriate guidance and staff confirmed they could access the information if required. The policies and procedures were reviewed and up to date to ensure the information was current.

The registered manager told us they were, "Proud of the service", and stated, "What I am proud of is personalisation and giving people a fulfilling life, for example arranging activities, we go to Jamaica every year and Cornwall."