

## Winray Care Housing

# Winray Care Housing

### 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:

- 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.

People's experience of using this service:

- People were protected against avoidable harm, abuse, neglect and discrimination. The care people received was safe.
- People's risks were assessed, and plans put in place to reduce the risks.
- People's likes and dislikes were assessed and people's needs were being met
- Relatives provided consistently positive feedback about the care, staff and management. They told us the service was caring.
- People's care was person-centred. The care was designed to ensure people's independence was encouraged.
- People and their relatives were involved in the care planning and review of their care.
- The service had a stable management structure. The provider had implemented systems to ensure they continuously measured the quality of the service.
- The service met the characteristics for a rating of "good" in all the key questions. Therefore, our overall rating for the service after this inspection was "good".
- More information is in our full report.

Rating at last inspection: Good (Report published 9 September 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through the information we receive.

## 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 ●

# 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- Our inspection was completed by one inspector.

Service and service type:

- Winray Care Housing is a care agency with four supported living schemes. It provides care and support to people in a supported living setting, specifically for people with learning disabilities. 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.
- At the time of our inspection, the service was caring for eight people across four schemes.
- 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.
- Our inspection process commenced on 30 January 2019 and concluded on 31 January 2019. It included visiting the service's office and telephoning people who used the service and their relatives. We visited the office location on 30 January 2019 to see the registered manager and office staff, and to review care records and policies and procedures.

Notice of inspection:

- Our inspection was announced.
- The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

What we did:

- 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.

- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with two relatives of people who used the service. We were unable to speak with people themselves due to the different ways people communicated.
- We spoke with the registered manager, the operations manager, unit manager and one care worker.
- We reviewed three people's care records, three staff personnel files, staff training documents and other records about the management of the service.
- We requested additional evidence to be sent to us after our inspection. This was received, and the information was used as part of our inspection.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:

- Relatives told us they felt the service was safe. One relative told us, "It's a lovely place, we are happy with everything. It's safe." Another relative told us, "Oh yes, [my relative] is definitely safe."
- People were protected from the risks of harm, abuse and discrimination.
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff to raise any concerns they had. Care workers knew what to do if a safeguarding issue arose. One care worker told us, "If I have a big concern I would tell the manager. If I had concerns about management, I'd go to the local authority and raise a safeguarding."
- Staff completed safeguarding training to provide them with the knowledge of abuse and neglect. A care worker told us, "I have had safeguarding training recently. It was good."
- The registered manager told us there had been no safeguarding incidents since the last inspection and stated, "We've not had any major issues since last inspection. These are client's we have known for quite some time now. All of our staff know client's which brings a lot of stability."

Assessing risk, safety monitoring and management:

- Care plans contained detailed information about people's care needs and the information was captured in an assessment form that had been completed prior to support being provided.
- People had risk assessments in place and these were detailed. Each person had an environmental risk assessment as well as individualised risk assessments relevant to each of their needs.
- The service supported people with their money and the registered manager told us that they kept small amounts of people's money at the service. Audits showed that checks were carried out daily and, balances were counted, receipts were kept and a finance risk assessment was carried out. Any discrepancies were reported to management.

Recruitment and staffing levels:

- Records showed that staffing levels were meeting the needs of people who used the service. One care worker told us, "We are not overworked, there are enough staff. Enough staff to help deal with any challenging behaviour." The registered manager explained, "There's definitely enough care staff. No shortages at the moment. No lateness or punctuality issues." A relative told us, "For the past two or three years, the nucleus of the staff has been the same."
- The provider followed safe recruitment practices. Staff recruitment records showed relevant checks had been completed before staff worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Using medicines safely:

- Medicines were managed safely and records were kept of medicine administration for each person.
- Medicines were audited weekly during staff handover and also monthly by management.
- Records showed staff were up to date with medicines training.

Preventing and controlling infection:

- Staff completed training in infection prevention and control on a regular basis. Records confirmed this.
- Staff had access to personal protective equipment such as gloves, aprons and shoe covers.

Learning lessons when things go wrong:

- There were no recorded accidents or incidents since our last inspection.
- There were appropriate forms and processes in place for use for recording and investigating accidents and incidents. There were systems in place to learn when things went wrong.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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:

- Assessments of people's needs were comprehensive, expected outcomes were identified, and care and support regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- People's preferences, likes and dislikes were recorded. Information included meal choices, personal hygiene routines and other documentation related to the person's home environment.

Staff skills, knowledge and experience:

- Records showed that all care workers and staff had completed training and an induction on starting employment and also shadowing. Care workers also completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- Training was updated regularly, and recent training courses consisted of infection control, safeguarding, emergency first aid, dementia awareness, medicines, mental capacity and General Data Protection Regulation (GDPR). A care worker told us, "Still getting good training. The last one we had was GDPR. The importance of knowing what is done with your information and what you hold on other people."
- Staff supervision took place quarterly and records confirmed this. Discussions included review of actions from previous supervision, review of progress, professional development, welfare, annual leave, sickness, health and safety, team issues, time keeping and recording of daily logs.
- A care worker told us, "Supervision is fine. I feel very much supported by management. They're very good. They encourage us to achieve. They have supported me to progress."

Supporting people to eat and drink enough with choice in a balanced diet:

- People were supported to eat healthy balanced diets and care plans contained detailed information about people's preferences and needs.
- People's cultural and religious needs were also taken into account and adhered to. The registered manager told us, "We provide kosher and halal meals. [Person] has all kosher food."
- One relative told us, "[Relative] has quite a varied diet and will say what [they] like. [Relative] is well looked after and well fed."

Staff providing consistent, effective, timely care within and across organisations:

- The service worked with other agencies and professionals to ensure people received effective care.
- Where people required support from other professionals this was supported, and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access

other services such as GPs, health services and social services

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

- Care plans contained information from healthcare professionals along with any relevant guidance for care workers to follow.
- People had access to health professionals and records confirmed this.
- Staff were aware of what action to take if people were unwell or had an accident. Staff told us they would contact people's GP or phone for an ambulance as necessary and inform people's next of kin.
- A relative explained, "I am always kept updated, for example if they take [person] to the doctors."

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.
- The service worked collaboratively with the local authority to carry out mental capacity assessments and records confirmed this. For example, one person who had been independent with a specific community activity was displaying behaviour that may put them at risk. As a result, the service reassessed this person's capacity and liaised with the relevant people and authorities.
- Care plans were signed by people who used the service, demonstrating their consent to care and treatment. A care worker told us they always obtained consent from people before delivering care, "I always ask."

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- A care worker explained, "I make sure I ask if they are ready to have a wash and I'll ask if they prefer a bath or shower. I'll ask [them] to feel if the water is warm enough." They also said, "I always love to care. It's part of my nature. I am just a caring person."
- A relative told us, "Overall the care is very good." Another relative said, "[Person] has lovely people that help her. I appreciate everything they are doing, the carers are very nice and the care is good."

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- Records showed people who used the service and relatives were involved in care planning and reviews.

Respecting and promoting people's privacy, dignity and independence:

- People were supported to develop skills and maintain independence. For example, one care worker told us, "I will ask if [person] wants help. If someone is able, we let them maintain that independence."
- A relative told us, "They are teaching [person] to be more independent."
- The unit manager explained, "We want to keep [people] independent and live independently, make choices, make friends. Live [their] own life. We are responsible for people."
- People's religious and cultural needs were respected. The unit manager explained, "We respect every religion and belief of the individual. We have mostly Christians, we have Muslim and Jewish. We do take them to worship."
- The registered manager and staff understood how issues relating to equality and diversity impacted on people's lives. They told us that they made sure no one was disadvantaged because of, for example, their age, sexual orientation, disability or culture. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Personalised care:

- People's care plans were person-centred and tailored to their individual needs, for example care plans contained an 'about me' section with information such as their next of kin, GP, religious and cultural needs.
- 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 updated accordingly. The registered manager told us, "We do annual care plan reviews but if something comes up before we will review sooner."
- One care worker told us about the care planning process and stated, "We ask questions, I try to do it with the person's parents as well."
- Key-working sessions took place between care workers and people who used the service. A care worker explained, "These are monthly sessions, if necessary earlier and I'll call a meeting. We talk about activities, find out if they're happy, if they would like any changes, we plan holidays, we talk about exchanging of gifts around Christmas time, we talk about who they would like to support them."
- People were supported to develop their skills and goal setting was used during key working sessions. The unit manager explained, "One person loves to cook. So when I was in [restaurant], I saw they were looking for an apprentice. [Person] has already done level two in Health and Safety in cooking. This was an opportunity for [person] to get level three and do it onsite. [Person] did shy away but this is something we are continuing to work on."
- People's relatives told us there were a variety of activities on offer and records confirmed this. One relative said, "[Person] has a good social life, goes out a lot and they support her to do that. She's never really bored."
- People using the service had the opportunity to go on an annual holiday to Jamaica and those who did not wish to go were taken somewhere within the UK.

Improving care quality in response to complaints or concerns:

- The service had a complaints procedure in place and included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service.
- The registered manager told us, "We haven't had any complaints."
- A relative of a person told us, "We have no issues whatsoever."

End of life care and support:

- The service did not support anybody at the end of their life. The registered manager told us, "We don't support people at the end of their life, but if it came to that, we would have to find another service that could provide that support."

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:

- Relatives told us how they felt the service was well run and responsive to their concerns and needs.
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support for staff. For example, staff meetings were held on a regular basis.
- Team meetings took place on a quarterly basis. One care worker said, "They are useful." The unit manager explained, "We have meetings. Good opportunity to have everyone together."
- Team meeting discussions included aspects such as service user updates, any issues, supervision, training, activities and family visits.

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

- Staff spoke positively about the registered manager and working for the service. One care worker said, "He is very calm and approachable." The unit manager explained, "The support I get is good. I feel very supported."
- The registered manager demonstrated a clear understanding of his role within the organisation.

Engaging and involving people using the service, the public and staff

- An annual survey was completed by people who used the service and their relatives. We saw responses from the 2018 survey and all of the feedback was positive. Comments included, "We are very pleased with the service's being given as [my relative] has improved very well since Winray," and "Everyone is very supportive."

Continuous learning and improving care:

- The service had robust quality assurance practices in place and the registered manager told us, "We have developed a tracker to track various reviews such as support plans, monthly reviews, risk assessments, health action plans, staff training. This is part of our auditing system."
- The registered manager explained their plans for improvement and stated, "Something we have learnt over time is that we need more contact with the families. We are looking at adopting techniques and technology to communicate more with client's and families and for families to communicate with their relatives, with things like [video calling]."

Working in partnership with others:

- The service was proactive in working with other organisations. The registered manager told us, "We do quite a lot of liaison with the local authority. They have introduced us to some day care centres."
- The registered manager told us how people who used the service also had an active role in the community and said, "I have two clients that regularly attend church and share information about health awareness with the community. This is a message from the church around health awareness. So, they share the information by handing out leaflets and spreading the word."