

Aspens Charities

Wentworth Close

Inspection report

17 Wentworth Close
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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

Wentworth Close is a residential care home that provides accommodation and personal care for up to four people who have learning disabilities and autism. There were four people using the service at the time of inspection. Some had specialist needs related to Autism and behaviours that challenged. People had different communication needs. Most had limited verbal communication and used gestures and body language to make their needs known. The organisation also runs other care homes locally.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The registered manager was also the manager of another care home within the organisation and he divided his time between each home. A specialist senior support worker was responsible for the day to day running of the home in his absence.

Although there was generally good communication between senior management, information about one person's health needs had not been communicated well and therefore not treated as urgent. Feedback from some health professionals highlighted a need for communication to improve. The registered manager responded well to this and systems were immediately set up to improve communication.

There were shortfalls in some areas of record keeping. One person had a health need and there was no risk assessment or care plan to guide staff on how to support the person. Although staff spoke to us about providing person centred care, daily records did not always demonstrate this. It was not evident people had opportunities to go out at the weekends as staff levels did not allow for this to happen.

The service applied the principles and values of Registering the Right Support and other best practice guidance. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. They were encouraged to take part in daily living tasks with support from staff in areas such as laundry, taking dishes to the kitchen and putting their laundry away.

People were supported to maintain their own interests. Staff supported people to take part in choosing activities to meet their individual needs and wishes. One person liked to listen to his record player. Others chose activities including, bowling, using cafes and restaurants, walks in the park and trips to places of interest. Music sessions and aromatherapy was provided at Wentworth.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. The home was clean and tidy throughout. Recruitment procedures ensured only suitable staff worked at the service.

Some of the staff knew people from previous placements and had a very good knowledge of them as individuals. People's care plans were assessed and reviewed regularly. A social care professional told us the,

Staff understood the risks associated with the people they supported. Risk assessments provided further guidance for staff about individual and environmental risks and there were positive behavioural support plans to guide staff in supporting people whose behaviours were challenging. People were supported to receive their medicines safely. Where appropriate, staff supported people to attend health appointments, such as the GP or dentist and appointments for specialist advice and support.

Staff received training that helped them to deliver the care and support people needed. This included specialist training in autism and positive behavioural support to meet people's complex needs. They attended regular supervision meetings and told us they were very well supported by the registered manager. A staff member told us, "If we need support, we can call management and they are there. It's one of the best places for support."

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. There was a detailed complaint procedure, and this was displayed so anyone wanting to raise a concern could do so.

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

Rating at last inspection

The last rating for this service was Requires Improvement. (Published 25 January 2019).

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Follow up

We will ask the provider to send us an action plan to address the shortfalls found. We will continue to monitor the service until the next inspection. This will be within a year of the publication date of this report.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Wentworth Close

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 carried out by one inspector.

Service and service type

Wentworth Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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.

During the inspection

People were not able to share their views of the service, due to complex communication and support needs. Therefore, we observed their experiences living at Wentworth Close and staff interactions with them. We spoke with the registered manager, specialist senior support worker, senior support worker and two support

workers. In addition, we met with one person's relative.

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. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also pathway tracked three people. This is where we check that the records for people match the care and support they receive from staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training, minutes of meetings and quality assurance records. Following our inspection, we received feedback from four health and social care professionals and from one relative.

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 now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were enough staff to ensure people's needs could be safely met through the week. However, there were fewer staff at weekends. We were given copies of four weeks of the rotas. It was not apparent from rotas or daily records how funded one to one hours were provided at weekends. Apart from one shift during the four-week period, there were only three staff on duty. With three staff on duty at weekends this meant activities outside of the house could not be provided. This is an area that requires improvement.
- Since the registered manager started in post in October a review of people's support needs had been carried out. This resulted in an increase in the funded one to one support hours for each person. For some people, two to one staff support was funded for activities outside of the home. In addition, there was an additional waking staff member at night. Since then the home had started a recruitment drive, some posts had been filled when agency staff took on permanent roles, the remaining hours were still covered by agency staff.
- There were on call procedures for staff to gain advice and support if needed outside of office hours and at weekends.
- There were safe recruitment checks carried out. Checks had been completed before staff started work at the service including references and employment history.
- Disclosure and Barring Service (DBS) checks had been carried out for all staff to help ensure staff were safe to work with adults in a care setting.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and observed to be content in their surroundings.
- Staff had a good understanding of how to make sure people were protected from harm or abuse.
- All staff had received training and knew how to recognise signs of abuse. A staff member was clear about the procedure and said, "If I witnessed anything inappropriate I would go straight to management with it, but we could also go straight to safeguarding depending on the issue." It had not been assessed as necessary to make any referrals to the safeguarding team since our last inspection.
- Two relatives told us they felt their relatives were safe at Wentworth Close.

Assessing risk, safety monitoring and management

- There were guidelines in relation to the management of behaviours that challenged. People who displayed behaviours that challenged had positive behavioural support plans. These included advice for

staff on how to support them giving advice about positive strategies to divert and distract from behaviours, early interventions that could be taken, how to deal with a crisis situation and how to support the person to recover from situations.

- Where there were known triggers to behaviours these were recorded. For example, for one person who liked a fixed routine, staff not following guidelines and lack of sleep were known triggers to behaviours that challenged.
- Each person's needs in the event of a fire had been considered and each had an individual personal emergency evacuation plan that described the support they needed in an emergency.
- Fire drills were held regularly. A staff member was clearly able to describe the actions taken when the alarms sounded.
- People lived in a safe environment because the service had good systems to carry out regular health and safety checks and checks on electrical appliance safety. Water temperatures were monitored regularly.
- A maintenance record was kept that showed when work was needed and when it had been addressed. This showed that maintenance tasks were addressed in a timely manner.

Using medicines safely

- There were safe procedures to ensure medicines were correctly ordered, stored, given and recorded appropriately.
- The home had recently moved from using a monitored dosage system to using boxed medicines. A stock control sheet was in use to count medicines to help identify any resulting safety issues. Two staff worked together to give medicines.
- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief or for behaviours that challenged. In addition, some required emergency medicines in certain circumstances. There were protocols in use that described when they should be used and the need to refer to guidelines in the first instance. When PRN medicines were used, records stated if they had been effective.
- People's records clearly stated how they preferred to receive their prescribed medicines.
- Staff had received both online and face to face training in the management of medicines. In addition, they had to be assessed in terms of competency before they were signed off to give medicines.
- People's medicines were reviewed regularly by healthcare professionals.

Preventing and controlling infection

- All areas of the house were clean. Staff had received training in food hygiene and infection control. There were cleaning schedules that ensured cleaning tasks were completed regularly.
- Aprons and disposable gloves were available and used by staff.

Learning lessons when things go wrong

- There were systems to ensure records were kept of accidents and incidents along with the actions to be taken to reduce the likelihood of an event reoccurring.
- All incidents automatically linked to the head office and to the home's behavioural specialist so that guidance could be provided as and when needed and they could also assess if anything could have been done to prevent incidents. All incidents had to be signed off by the head office.
- Where appropriate, behaviour support plans and risk assessments had been amended as a result of incidents.
- A social care professional told us staff responded positively to issues raised with them in the past. They also said, "Incident reporting is generally good, including considering what they could do differently in future and PBS lead comments, meaning that they are not just reporting but considering how to manage behaviour better on an ongoing basis. Significant incidents have decreased in frequency."

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 now 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, and wishes were regularly assessed and reviewed to ensure they received appropriate care and support. These included various aspects of people's care needs such as how they communicated their preferences, and information on how they liked to spend their time.
- Relatives were invited to reviews and told us they were kept up to date with changes to care plans.
- A social care professional told us, "Incident reporting is generally good including considering what they could do differently in future and considering how to manage behaviour better on an ongoing basis."

Staff support: induction, training, skills and experience

- Staff received training that ensured they could meet people's needs effectively. The training programme confirmed staff received training and refresher training. Essential training included safeguarding, infection control, moving and handling, health and safety and infection control.
- Specialist training was also provided that reflected the complex needs of people who lived at Wentworth Close. This included training on autism, positive behavioural support (PBS), dealing with behaviours that challenged and epilepsy. Each person had a care plan that described the support they needed in relation to any diagnosed condition. We observed a staff member supporting a person. They followed the guidelines within the person's care plan and were confident in supporting the person with their activities.
- We asked a staff member about recent training that had supported them in their role. They told us about recent Non-Abusive Psychological and Physical Intervention (NAPPI) training for one person. They said, "It was really helpful, and it really works for (Person). It is not used often, (Person) knows we can use it, so not needed now. It has given us confidence to support them."
- Staff told us their views were listened to. For example, a staff member said, "When we had problems with the washing machine, it was sorted. If there are maintenance problems, we send an email and it is done straight away. If we need support, we can call management and they are there. It's one of the best places for support."
- New staff completed the provider's induction process. A staff member told us, "At the start I didn't think the support was good, but I raised concerns and then it improved."
- All staff that were new to care completed the Care Certificate. The Care Certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

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

- People had enough to eat and drink and we saw that they were offered and received a choice of drinks throughout the day.
- There was a three-week rotating menu which was based on people's preferences. We were told that if someone did not want what was on the menu they could have something else as there was always something else in the fridge or freezer.
- One person liked to spend time in the kitchen and there were plans to get an appropriate chair for them to sit in so that they could more easily assist with food preparation.
- All staff had received training on nutrition and hydration.

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

- People arranged their bedrooms as they wanted them with personalised objects, photographs and individual furniture, and bedrooms reflected their personalities.
- Communal spaces included a lounge area and a dining area. All bedrooms were large with an ensuite. Two people had ensuite 'wet rooms' and two, shower rooms.
- One person who had been assessed as at risk of scalding themselves using a kettle, now had an urn in the kitchen. The temperature was set, and the person was able to help themselves to water to make drinks as needed.
- The home had recently bought a new minibus to meet people's needs. There were plans to alter the driveway at the front of the property so that the minibus could be driven directly into the driveway to support one person who found transitioning from house to car difficult.
- One person had a laptop that they were supported to use.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Referrals had been made for specialist advice and support when needed. Records were kept of visits to see professionals and any changes in support and care were discussed with the staff team and recorded in the staff communication book. Some professionals raised issues regarding the timeliness of actions taken. See key questions in responsiveness and well led.
- The registered manager was aware of the need to ensure people had good oral health, appointments with dentists were arranged as required. Records demonstrated people were prompted and where appropriate, supported to look after their teeth. A staff member told us one person had always refused oral care in their previous placement. When they moved to Wentworth, a new routine was established, and they were now happy to receive this support.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- Capacity assessments had been completed when needed. Records were kept of how staff had tried to help people make informed decisions.
- Where appropriate, best interest meetings had been held to ensure an agreed outcome was reached on the approach to be used. A meeting had been planned for the week following our inspection to look at one person's day activities as there were concerns they were not doing enough. There was mainly one staff member supporting the person with day activities and two for outings. In addition to looking at opportunities for activities the meeting was to look at how to transfer skills to all the staff team and decrease the dependence on one staff member.
- Everyone had a DoLS authorisation and records included detailed information about why any restrictions in place were needed.

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 remained the same.

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 by staff. Relatives confirmed that staff knew people well and were kind and caring to them.
- A relative told us staff "do their best." Another said, "Staff are very good. I can't find fault. (Person) is looked after well, they understand him well and know not to push him too hard."
- We asked a staff member about their training on equality and diversity. They told us it very good and said, "The service users are all very different individual characters but within that they are treated equally and really well." They also said, "Staff are also treated well, agency staff are made welcome and tell us they love to come here."
- A social care professional told us their client, "Appears to be well cared for in a comfortable environment." Another social care professional told us, "The team were relaxed and very knowledgeable regarding (Person's) needs and care."

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

- Relatives told us they were invited to reviews. A relative told us, "(Person) also came to their last review, that was the first time they did that. I would always be made aware of changes to (Person's) care plan."
- We observed one person's breakfast routine. Staff told us things had to happen in a particular order and if they didn't happen this way this could upset the whole day. Staff respected the person's choice of routine and ensured consistency in approach.
- A staff member told us, "Most people can't tell us verbally about their choices, so it is important to get to know them. (Person) likes to go out in mornings, it rarely goes well if we go out in the afternoon."

Respecting and promoting people's privacy, dignity and independence

- There was information within people's care plans about the tasks people could do independently and goals they had, to increase skills. One person had goals to hang out the laundry and empty the dishwasher. A record was kept when this had been done.
- Staff respected people's privacy and dignity. We saw staff knock on doors and check it was ok to enter. People's rooms and accommodation were seen as private areas that staff visited. A staff member told us, "We always knock on bedroom doors and when giving personal care I would always be mindful to keep people covered as much as possible. It is really good here for the guys."

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 requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

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

- One person made certain sounds which were a known indicator for pain. A health professional told us staff had not acted proactively when the person made these sounds by offering appropriate pain relief. There was information in the person's care plan to show how the person demonstrated they were in pain and the action that should be taken.
- There was no risk assessment or care plan in relation to an aspect of one person's health to guide staff on the actions to be taken to support the person with this need. There was a delay in seeking medical advice regarding another potential health concern for this person. Professionals were concerned about the possibility physical health issues were leading to an increase in behaviours that challenged and wanted these areas checked out as soon as possible. They were concerned their instructions were not addressed in a timely way.
- We discussed the above with the registered manager who confirmed documentation was now in place. The need and reason for improved monitoring had been raised with all staff and, communication with professionals had improved.
- Where possible, people were involved in making decisions about their day. Whilst one person had detailed advice and guidance about how to support them in an emergency situation, staff told us there were other situations that were not an emergency that could be equally challenging, and they wanted further advice and guidance on how they should act in these situations. The above areas need to be improved.
- With the exception of the above, each person had care plans and risk assessments that identified and recorded their needs. Care plans were reviewed regularly, and when people's needs changed, and were updated. Each person had a care passport which clearly detailed what the person could do for themselves and what they needed support with. Positive behavioural support plans were person centred and described how people presented at various stages and how they should be supported to avoid situations escalating.
- People's routines were very important to them and records clearly recorded what should be done and when. Staff encouraged people to make simple choices by offering two choices in what they ate and the activities they did. We saw this during the inspection when observing one person's activities.

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 knew people well and how they communicated. Each person had their communication needs assessed and recorded. For example, staff told us that one person's choice of music was often a key indicator of their mood and they knew songs that meant the person was happy or low in spirit.
- People used a variety of communication methods and tools and staff were skilled in understanding these. One person used Makaton, a form of sign language to assist the spoken word. Others used widget symbols, photographs and written words to support their communication. We were told a staff member had recently introduced widgets to help one person to make choices about their activities.
- Social stories were used to explain situations that were new for people to help their understanding. (Social stories involve using written or visual cues that help guide people who struggle to understand unfamiliar social situations).
- Staff had recently bought story sequencers which were introduced at the end of last year. These sequencers included pictures of activities and staff told us they would enable people to make choices and place activities in order of occurrence, so they would know what was happening next throughout any given day.

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 were supported to carry out every day activities and to be part of the local community.
- Staff spoke with people's relatives on a regular basis, and relatives told us they felt welcome when they visited the home. A relative told us, "I travel down once a month and staff meet me with (person) at a local café."
- Each person had a programme of the activities they enjoyed, these included, bowling, walking, and café and restaurant trips. One person liked to go to a garden centre and liked to take recycling to the local tip. At Wentworth, some people enjoyed doing puzzles and one person liked to listen to music on their record player. One person had a weekly music session and others had a shared weekly music session.
- People were supported to grow fruit and vegetables through the summer months including, runner beans, tomatoes and strawberries.
- The registered manager told us a PBS plan was put in place for one person to ensure safe access to their barber for haircuts. The barber had a routine where they locked away all objects that could be used to self-harm, and visits had been carried out successfully. The barber also visited the service for one person's haircuts in line with their assessed needs.
- One person had one to one staff support throughout the week to carry out activities intensively such as reading, writing and maths. Various reward systems were built into the sessions such as stickers and magazines. The person was supported daily to go to a local café for coffee and cake. We observed this activity and saw the staff member gave clear instructions and encouraged the person to stay focussed on their activity. Praise was given regularly throughout the session.

Improving care quality in response to complaints or concerns

- No formal complaints had been received.
- There was an easy read complaint procedure for people.
- The registered manager told us that in most cases, people would demonstrate through behaviour if they were unhappy with a situation. This would generally be if staff did not follow their routine. Staff were very clear about how people demonstrated when they were happy, sad or upset by something. Records confirmed there was clear advice and guidance about how people expressed their emotions.
- Staff told us they found all the management team approachable and would have no hesitation approaching them if they had any concerns.

End of life care and support

- The registered manager told us that if anyone needed end of life care in the future, this would be fully assessed at the relevant time.
- Each person's relatives had been asked to complete a booklet to provide their views on end of life care for their relative. One had been completed to date.
- The home had easy read documentation and fact sheets on death and bereavement, going to a funeral and grief and loss that could be used if needed.

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 requires improvement. At this inspection this key question has remained the same.

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.

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

- Whilst incident reports were examined individually by staff and management there was no overall analysis of incidents in the home to look for patterns or trends or any lessons that could be learned. It was noted that ABC (antecedent, behaviour and consequence) charts were only completed for minor incidents and not more serious incidents. ABC charts are used to assist in assessing why incidents have occurred and if they have been dealt with appropriately. Staff did not know why the forms were not used for all incidents.
- Daily records lacked detail. They often stated people went out but not where to, the purpose of the trip and if the person had enjoyed the activity. Some records demonstrated a heavy reliance on TV and music for activities. The record format allowed for records of what people had eaten and drank to be recorded. However, this was not always completed. One person slept a lot during the day, there was often no record they were offered food and drink and it was declined, or if food/drink had been provided at night when they had slept through the day. A record for one person's day included three yogurts at one mealtime and nothing else. We were told the person would have eaten and that this was just a record issue.
- One person's protocol to prevent behaviours that challenged stated staff should offer choices every 30 minutes. Records did not demonstrate this happened. There was no reference in the daily notes to the progress made with the introduction of the story sequencers.
- An annual survey was sent to relatives in January 2019. Only one relative responded. There were positive comments such as 'very nice staff, excellent physical care and I'm always made very welcome.' Suggestions for improvement were also made in relation to providing more ad hoc interactions and activities. We asked what response had been given to the relative but there was no record of this.
- Records of fire drills were kept, and they showed how people responded when the alarms sounded. However, there were no records of which staff had taken part in the last three fire drills and evaluation of what went well and what if anything needed to improve.
- A full stock count was carried out daily in relation to medicines. A new format was to be introduced to carry out an audit of medicines. One had been started but this had not been dated. Staff told us that further training was needed on the format. The registered manager told us training would be provided to staff, so this could be introduced straight away.

The provider had not ensured good governance. This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Following our inspection two health professionals raised concerns about the quality of communication with the service and the management of one person's health needs. The registered manager had not been made aware of all emails sent to the service. There was a delay in chasing a prescription that had been requested and a delay in arranging a health appointment for one person. Whilst all instructions were followed by staff they could have been done in a more timely way. Since our inspection the registered manager confirmed in writing all matters had been addressed and confirmed there were improved systems for communication. The improvements made, need more time to be sustained, maintained and fully embedded into everyday practice. We will not be able to confirm if enough action has been taken until we next inspect the service.
- We were told that when incidents occurred there was a link on the computer system that meant records could automatically be sent to professionals. However, professionals for one person told us they did not receive these. The provider confirmed, due to miscommunication, records for a few weeks had not been sent but this matter had now been addressed.
- A health and safety audit was carried out monthly. Records demonstrated that any shortfalls identified were addressed. The registered manager carried out a monthly audit of the service and the outcome was sent to head office. Where shortfalls were identified the head of residential services checked that matters had been addressed.
- The organisation arranged for a twice-yearly compliance audit of the service. Following this an action plan was drawn up and the registered manager had to provide evidence that action had been taken to address any shortfalls.

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

- There was a registered manager in post. He was also the registered manager of another service within the organisation and he divided his time between both homes. He started in post in October 2019. Before that there was a period of time without a registered manager and an interim deputy manager was in charge of the service.
- The deputy manager role was no longer used so this person was now a specialist senior who was taking a trainee manager route. This meant they had started doing a health qualification at level 5 and were given additional areas of responsibility to learn the role. For example, in relation to staff recruitment. In addition, another senior made up the management team.
- Lines of communication between the management were not as clear as they could be and not all emails received were passed or communicated with all staff. Once this was brought to the attention of the registered manager this was addressed.
- A social care professional told us the, "Appointment of (manager) has made a significant change in how things are working at Wentworth Close as we know it's generally good leadership that makes the difference in a service."
- A relative told us the registered manager, "Is very helpful and efficient, excellent. When I needed documentation for (Person), he was on the case and got hold of the information very quickly."

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

- People were encouraged to use local cafes and amenities. If they could walk to a café this was encouraged rather than relying on public transport or the home's minibus.
- A staff survey had also been carried out, but this was organisation wide, so we were told there was no particular learning gained for Wentworth Close. The organisation also carried out a 'Shape Us Survey' following a recent merger. This identified a range of positive comments and suggestions for improvement.
- Staff meetings were held regularly, and minutes of the last meeting demonstrated clearly that staff were

encouraged to share their views on the running of the care home. Some staff raised concerns about a lack of confidence in new guidelines that had been put in place for supporting one person. The registered manager told us further guidance had been given to staff and the feedback had been positive. During our inspection staff confirmed the techniques worked well.

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 registered manager was aware of the statutory Duty of Candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred.
- The registered manager was open and knowledgeable about the service, the needs of the people living there and where improvements were required.
- The registered manager understood their role and responsibilities to notify CQC about certain events and incidents. Notifications were submitted to the CQC, as required. The previous CQC rating was prominently displayed in the home and on the provider's website.

Continuous learning and improving care

- The registered manager told us he had attended an exhibition that promoted online digital systems. He had come back with ideas and recommendations to the company for further exploration. There had already been a number of developments in the IT systems. For example, there was a trial electronic rota system that enabled staff to log on. It flagged up sickness and annual leave that needed to be covered and staff could volunteer for shifts before it was opened out for agency staff. They told us the new system had already dramatically reduced the amount of paperwork that used to be involved in the process.
- The specialist senior support worker was due to start a teaching course to enable her to teach the organisation's induction programme.
- The registered manager told us the local community learning disability team had recommended that staff receive training on Makaton and this was currently being costed.

Working in partnership with others

- The home had signed up to, 'Stopping the over medication of people with a learning disability, autism or both,' (STOMP) and the focus was initially on starting a reduction in one person's medicines. This had started the week of inspection.
- The registered manager told us they attended the registered manager's network. They said this was a valuable resource and an opportunity to meet with other managers to hear and share problems but also to discuss and share ideas of innovative practices.
- The specialist senior support worker was due to start attending another forum for leaders and managers of learning disability services. This forum was set up with support and funding from Skills for Care. Skills for Care offers advice and guidance for organisations to recruit, develop and lead their staff. the management team attended roadshows and exhibitions locally and nationally. For example, they had recently attended a roadshow that looked at how services could achieve an 'outstanding' rating. They had recognised through this process they needed to work on how they presented evidence to support the work they did.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that the quality assurance checks were sufficiently robust to identify the shortfalls we found in relation to records.</p>