

Wentworth House Care Services Ltd

# Wentworth House

## 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Wentworth House is registered to provide personal care and accommodation for up to 25 adults. The home is situated in a residential area of Swinton, Salford. It specialises in care for older people and people with dementia.

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

The provider had invested heavily in technology through the provision of an interactive magic table which had resulted in increased stimulation and extremely positive outcomes for people. There was also positive opportunities to connect with the community, including partnership working with a local school.

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People received person-centred care which was responsive to their needs. Feedback about the service from people and those close to them was consistently positive. People and relatives spoke extremely highly of the service and told us how they recommended it to others.

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. The environment was extremely clean, welcoming and well maintained. People were safely supported to receive their medicines, as prescribed. People's needs were assessed appropriately. People told us staff were extremely kind, caring, attentive and treated them with dignity and respect.

Leadership was strong at the service and there was an open culture. Both the manager and the provider had a visible presence and it was clear they were extremely passionate about providing quality care. Staff told us morale was very good and they felt well supported in their role.

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.

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

### Rating at last inspection

The last rating for this service was good (published 8 July 2017)

### Why we inspected

This was a planned inspection based on the previous rating.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in are caring findings below.

### Is the service responsive?

Outstanding ☆

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Wentworth House

## 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 an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Wentworth House 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 was managed by the registered person who is an individual provider. There is therefore no legal requirement for a registered manager. Registered persons are legally responsible for how the service is run and for the quality and the safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before our inspection we reviewed all the information we held about the service and completed our planning tool. This included notifications the provider had sent us. A notification is information about significant events which the provider needs to send to us by law. We also contacted the local authority to seek their views about the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. This information helps support our inspections. We used information from the action plan sent to us following on from the last inspection.

#### During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the manager.

We reviewed a range of records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed. We also looked around the premises to make sure they were safe and hygienic.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Family members told us they felt reassured their loved ones were safe living at Wentworth House. One relative told us, "The staff are brilliant with her and she is in a safe environment."
- Staff received safeguarding training and had access to relevant information and guidance about protecting people from harm. Staff understood what was meant by abuse and were confident about how to report safeguarding concerns.
- The manager kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately and action was taken to minimise future incidents occurring.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

- Risks to people's health, safety and wellbeing were managed and measures were put in place to reduce or prevent these risks. The manager kept these under review and updated when required to ensure people's safety. One person told us, "They try their hardest to look after me and I've had no falls since I've been here. It's just trying to get my balance back. If I walk up and down they walk with me to see that I'm alright."
- The service managed risk effectively around environmental risks, as well as risks in relation to falls, medication and skin integrity. The provider had systems to record and review accidents and incidents. Accidents and incidents were investigated and monitored, with actions put in place to minimise future occurrences. Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents occurring in the future.
- The provider had effective infection control procedures. People were protected from the risk of infection and staff understand their roles and responsibilities in relation to infection control and hygiene.

Staffing and recruitment

- The manager continued to make sure appropriate staffing levels were in place to meet the assessed needs of people. People told us staff were available when they needed them. One person said, "If I use the buzzer they come in reasonable time. If I need help they help me."
- Staff were visible to people in their care and provided support as and when required. Our observations confirmed there were enough staff on duty to meet people's needs. One relative told us, "I visit a lot and there is never a shortage of staff and my husband used to do Ambulance volunteering and went to care homes and he says this is the best one in Salford."
- Recruitment continued to be safe and well managed. The manager completed all appropriate checks before new staff commenced their employment.

Using medicines safely

- Medicines continued to be managed safely, and people received their medicines when they should.
- Staff responsible for administering medicines were trained to manage medicines safely. We observed people received their medicines safely and medicine administration records (MARs) had been completed appropriately.
- Staff confirmed that they received annual competency checks and one person told us, "I get my tablets on time."

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed appropriately prior to admission at the service. Information gathered during the assessment process was used to develop a personalised plan of care. This supported staff and management team to ensure people received effective and appropriate care which met their needs
- The manager regularly reviewed care and support and updated care plans monthly or where people's needs had changed.
- The provider continued to reference current legislation, standards and evidence-based research on guidance to achieve effective outcomes.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. One relative confirmed this saying, "The staff are trained and they know how to deal with her dementia and any challenging behaviour."
- Staff confirmed they received training that was relevant to their role. However, we noted from the training matrix some training was not up to date. We discussed this with the registered manager who reassured us they would organise this as a priority. New staff told us they had received a thorough induction and felt confident in their role.
- Staff told us they felt very supported by the manager and received regular supervisions. One staff member said, "{ manager} is very good. All the girls are, we work well together. We are all close. { manager} is lovely, she is very supportive, I can tell her anything. So supportive, it's untrue. She is a good manager."

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

- People's nutritional needs were well managed. The manager had assessed people's dietary needs and there was guidance in place for staff to support people effectively. Staff ensured people had sufficient fluids to keep them hydrated and documented their intake. Care plans confirmed people's dietary needs had been assessed.
- People told us they were happy with the food, one person told us, "The food is good, but we do get a lot of the same soup. Since I've been here though I have been eating more and I have put weight on. I'm eating more than I did at home."

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

- People were supported to maintain good health and had access to healthcare services when required. One person told us, "They got a doctor out to me because I had a virus." Oral healthcare had a high priority and people were supported by staff to attend healthcare appointments when required.



- The service worked in partnership with other health care professionals such as GPs ,district nurses and speech and language therapists. We spoke with one health professional who was visiting at the service who gave positive feedback about the healthcare people received.

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

- Accommodation was accessible, safe and adapted for people's needs. People told us they were happy with the quality of accommodation provided and were very comfortable living at the home.
- People's rooms were personalised. Rooms were spacious and tastefully furnished and suited to meet their individual needs and preferences. One relative told us, "She has a lovely en-suite bedroom. This place was recommended to us and we certainly would recommend it to others."
- There was dementia friendly signage around the building which help support people who lived with dementia.

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.

- The service continued to work within the principles of the MCA. There was evidence of best interest meetings or best interest decisions being made for those people who lacked capacity. Capacity assessments we saw, were decision-specific.
- The provider had submitted appropriate DoLS applications and were awaiting approval from the local authority.

# 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 dignity, respect, empathy and kindness. Staff were compassionate towards people. People said, "There is nothing I want for it's fabulous here and if I want anything a carer comes" and "I have found them to be very kind and caring. No problems with them. I think they were born carers. I am very appreciative of them. Credit where credit is due."
- We saw numerous examples of caring interactions between people and staff. We observed one person had become distressed and was compassionately reassured by a member of staff. Staff knew people well and positive relationships had been formed. Relatives felt reassured about the service, they told us, "Finding this place was like finding a little gem stone. She is near everybody and the care is great," and "I am 100% sure she is being well looked after. She seems very happy and content and the care is 24/7."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's individuality and diverse needs. Care records documented people's preferences and information about their backgrounds, to enable staff to be person centred.
- Policies continued to be in place to ensure staff treated people with respect regardless of their sex, age, disability or beliefs. This promoted a person-centred approach and ensured people's preferences, wishes and choices were respected

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

- People and relatives continued to be consulted about their care and make decisions for their wellbeing and support they required.
- People were given choices about their care. Staff had time to talk with and listen to people. We observed staff offering choices, enabling people to make their own decisions and responding to their preferences.
- Staff were committed to valuing people as individuals. Staff asked people's permission before carrying out any support, such as personal care.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained the privacy and dignity of the people they cared for. Staff engaged with people in a dignified way and we observed them knocking on peoples' door before entering. One person said, "They help me with a shower and get dressed. I was a bit embarrassed about it when I first came but I feel comfortable with them helping me now. They say we are just round the corner if you need help while you do that and so on."
- People were encouraged to maintain their independence and were encouraged to remain as independent

as possible and do as much as they could for themselves. One person told us, "I do most things for myself but the staff are there if I need them." Care records detailed people's likes and dislikes, interests and described what they liked to do themselves. Staff described examples of how they were sensitive when supporting people with personal care and how they respected their privacy.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service enriched people's lives, mental wellbeing and self-esteem. The provider had invested heavily in technology to enhance people's lives and provide person centred meaningful activities. The purchase of a multi-sensory magic table encouraged people with dementia to be engaged and stimulated. There was a notable increase in concentration levels and a reduction in certain behaviours. The mobile unit meant there were opportunities for group or individual activities with people who were nursed in their rooms.
- Outcomes for people since the service introduced the technology over 12 months ago have been extremely positive. One individual who was non-verbal and nursed in bed had benefited greatly, by experiencing an interactive sea experience. They enjoyed being supported to wash their hands in the sea and listen to the sounds of the waves crashing. As well as providing enjoyment, it had also reduced levels of isolation and loneliness. Another outcome for a person with severe dementia has been to engage in singing with visual prompts, despite having severely affected speech. This had resulted in reduced feelings of frustration and increased self-esteem.
- We observed a session where people were engaged squashing interactive tomatoes which eventually made a pizza. Another session involved an interactive cloud obscuring a spitfire plane which the residents removed using brushes. There was George Formby background music playing and it was clear people fully appreciated the interactive sensory nature of the experience, benefiting from both mental and physical stimulation.
- People experienced stimulating activities such as interactive quizzes, sensory sessions, cognitive and physical games as well as opportunities to connect with the community. One person told us, "School kids come in and visit which I have really enjoyed because they ask you a lot of questions and I tell them about what it was like when I was at school. They are good kids and they seem interested." Relatives told us the staff went the extra mile to provide stimulation. "There's always something going on to give the residents brain activity. They have fun days like national elf day and the staff dressed up as gnomes. It's a very pleasant environment and doesn't feel institutional."

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

- People received extremely personalised care and support. People's personal histories were embraced. For example, One staff said, "[Name] used to be a minister, so he led a service for us at Christmas, which meant so much, considering he has the onset of dementia." People's spiritual needs were met. One person told us "I'm a pastoral visitor from church I come to see a number of people. The people here get good care and the staff are unbelievable. Brilliant!"

- People were at the heart of the service and were thoroughly engaged, actively seeking staff support. One relative told us, "All in all this place is fantastic. Outstanding!" The office was a hive of activity, with people constantly popping in for a chat with the registered manager.
- The service worked to positively enhance people's lives. A new pictorial electronic care planning system was in place, which included emoji's expressing how people were feeling. We observed staff sharing the information they were documenting with people and staff confirmed that this enabled them to spend extra quality time with people. One relative told us, "This place is very good. It's a family based environment. It doesn't feel corporate and the staff do care because I can see the interaction between the staff and the residents and there is something going on everyday to give them some brain activity."
- People were fully involved and informed in all aspects of their support. People's likes, dislikes and preferences were known and respected, staff were committed to providing personalised care. People told us staff always gave them choices and they were able to make every day decisions about their care and how they wished to be supported. Staff put people first and treated them like a member of their own family. One staff member said, "I enjoy my job, we have time to care. We have a chat and a giggle, like one big family. We've built a bond between us."

#### 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.

- People's communication needs were individually met. Technology meant people who used non verbal communication had opportunities to express themselves through high quality meaningful activities which were accessible for all people to engage in, particularly those at risk of isolation.
- The manager identified how people needed information to be provided, for example, large print. Staff knew people well and understood how they communicated, so recognised if people were in pain or distress.

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

- People knew how to make complaints and felt confident these would be acted upon. People told us they had no reason to complain about anything however they were sure concerns would be dealt with appropriately. One person said "No complaints and if I had any problem with anything I find it easy to speak to the people in charge. I would just go to the office."

#### End of life care and support

- People were supported effectively at end of life. Staff told us they were confident providing compassionate, dignified care at the end of life. People's care plans were being developed to include detailed wishes and preferences in relation to receiving care at the end of their life. No one was currently on end of life care.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager and the open culture they created supported the delivery of person-centred care. People were extremely complimentary about the service, one person said, "From my thoughts they all do a good job and they look after me properly. It's first class and I would recommend this place to other people."
- The owner and manager planned and delivered effective, safe and person-centred care. It was evident that they were passionate about the service and had worked extremely hard creating a person centred, welcoming environment.
- The manager was visible within the service and was responsive to the needs of people, relatives and staff. It was clear that she was well respected and had a strong value base. One relative told us, "[manager] is a top class manager. She really cares and nothing is too much trouble for her. She is always cheerful and I have the highest regard for this place and my mum is happy here. We would have to go a long way to find a better place than this." Another relative said, "All in all this place is fantastic. Outstanding."

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

- Staff spoke positively about their roles. They were clear about their roles and responsibilities.
- Staff told us they felt well supported by the manager and supervisions and team meetings were taking place. Staff told us morale was high. One staff member said, "The reason I chose to work here was because it was a lovely, family orientated home. I really love it. Morale is high and the manager and owner are all geared to the residents."
- The provider had quality assurance systems in place, such as audits and quality monitoring. These were used to identify and highlight areas for improvement.
- The provider understood their legal obligations, including conditions of the Care Quality Commission (CQC). They had submitted statutory notifications of significant events such as incidents and accidents to CQC about people using the service, in a timely manner. A statutory notification is information about important events which the service is required to send us by law.

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

- People were consulted about their experiences of the service and felt listened to. The manager had an open door policy and we observed lots of people actively approaching her during the inspection. Staff meetings were being held, and staff told us said they could make suggestions for improvement.

- We saw numerous compliments about the service from residents, family members and professionals and people we spoke to told us they would recommend the service.
- The manager created an open culture and encouraged people to provide their views about how the service was run. For example, surveys were completed annually and results were positive from people and their relatives.

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 principles of the duty of candour were evident in the managers practice. They were open and honest in response to any concerns and people told us there was good lines of communication throughout the service.

Continuous learning and improving care

- The owner and manager regularly assessed and monitored the service through formal and informal methods such as audits, and meetings with people. We saw evidence they had acted upon any findings from the audits. This demonstrated improvements were made to continue to develop

Working in partnership with others

- The manager continued to work in partnership with other organisations to ensure they followed current practice This supported staff to provide a high-quality service and keep people safe. These included healthcare professionals such as GPs and district nurses.