Mr Paul and Mrs Gloria Crabtree

Wentworth Hall Residential Home

Inspection report

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Wentworth
Rotherham
South Yorkshire
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Tel: 01226748618

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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

Wentworth Hall is a residential care home providing support and accommodation for up to 23 people. The home is situated in the village of Wentworth which is approximately six miles from Rotherham. Bedroom facilities are provided on the ground and first floor level of the building. Access to the first floor is by a lift. There are ample communal areas including a lounge, conservatory and a separate dining room. There is a car park at the front of the building and gardens to the rear.

At the last inspection in August 2015, the service was rated Good. At our inspection of 28 November 2017, we found the service remained Good. The service met all relevant fundamental standards.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Wentworth Hall' on our website at www.cqc.org.uk.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safeguarded from the risk of abuse. Staff were knowledgeable about how to ensure people were safe. People we spoke with felt safe living at the home. People received their medicines as prescribed, by staff who were appropriately trained to complete this task. Risks associated with people's care and welfare were identified and plans were in place to help minimise the risk from occurring. The provider had a safe recruitment system in place to ensure suitable staff were employed.

Staff received training which provided them with the necessary skills and knowledge to complete their role and responsibilities. Staff felt supported by the management team. The service was meeting the requirements of the Mental Capacity Act 2005. People told us they were happy with the meal provision at the home. We saw meals, drinks and snacks were provided throughout the day. People had access to healthcare professionals when required.

People were happy with the care and support they received and told us the staff were kind and caring. Staff were respectful of people and knew how to maintain people's privacy and dignity.

People were involved in their care and care records were reflective of people's current needs. A range of social activities were provided within the home, however some people commented that they would like some trips out. The registered provider had a complaints procedure and people felt comfortable in raising concerns with staff and the registered manager.

The service conducted regular audits to ensure the service was operating to sufficient standards. Any concerns were addressed in a timely way. People had the opportunity to voice their opinions about the

service and they felt listened to. There was a good sense of leadership at all levels. The senior team managed the home in an effective way.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Wentworth Hall Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 28 November, 2017 and was announced. The inspection was carried out by one adult social care 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. At the time of our inspection there were18 people using the service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We also spoke with the local authority and other professionals supporting people at the service, to gain further information about the service.

We spoke with six people who used the service and three relatives. We spent time observing staff interacting with people.

We spoke with six staff which included care workers, the registered manager, and the cook. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

We spoke with people who used the service and their relatives and they all told us they had no concerns about safety. They told us they received good support from care workers and felt safe living at the home. One person said, "I feel very safe here and very comfortable." Another person said, "I like all the staff they are very good and keep me safe." One relative said, "We visited several other homes before choosing this one. We felt that they [relative] would be safe here"

We found people were safeguarded from the risk of abuse. Staff we spoke with were knowledgeable about how to recognise and report abuse. One care worker said, "I would not hesitate in reporting anything untoward. The manager would sort it out." Staff confirmed that they had received training in safeguarding people from abuse and they had found this training useful.

The registered manager kept a record in individual people's care records with details of any incidents, who was involved and the outcome. The registered manager told us they would contact the safeguarding team if they had any concerns.

We looked at care records and found that risks associated with people's care had been identified. Risk assessments were in place for things such as falls, malnutrition, mobility, and the use of bed rails. Risk assessments gave clear details regarding the risk and how this could be minimised. Staff we spoke with were aware of the support people required in this area. For example, we looked at one person's risk assessment and found they were at risk of losing weight. This had been minimised by ensuring the person was weighed weekly and ensuring high calorie drinks and snacks were offered. This reduced the risk of weight loss.

We also found care records contained Personal Emergency Evacuation Plans (PEEP's). These were plans in place for people who may not be able to evacuate the service quickly in an emergency. This document highlighted the best way to support people in this situation to ensure a quick and safe evacuation from the building.

We spoke with people who used the service and their relatives and they felt there was enough staff available. Staff we spoke with told us they were enough staff working with them to be able to meet people's needs in a timely manner. One relative said, "There appears to be plenty of staff most of the time. We have never noticed a lack of staff."

We observed staff interacting with people and found they were patient and assisted people in a relaxed way.

We looked at systems in place to manage people's medicines and to ensure they were administered as prescribed. We observed medicines being administered to people and found this was done in a safe way However; the medicine cabinet was not big enough to contain all medicines. This meant that medicines stored in a monitored dose system could not be locked away during administration. We saw that the senior care worker was around at all times and ensured the medicines were kept safe. However, we spoke with the

registered manager about this who agreed to look at other ways to store the medicines.

The medication room temperature was monitored. However, this was checked once a day and did not evidence the temperature over a 24 hour period. The use of a maximum/minimum thermometer would ensure the temperature was monitored throughout the day to ensure the recommended temperatures were achieved. The registered manager told us they would address this.

At the time of our inspection there was no one who required their medicines to be stored in a fridge. However, this was available if required. Some people who used the service were prescribed controlled drugs (CD's). Controlled Drugs are governed by the Misuse of Drugs Legislation and have strict control over their administration and storage. We checked the CD's belonging to people and found them to correspond correctly with the CD register. We spoke with the registered manager about the location of the CD cabinet, which was situated in the pantry area and asked them to consider this location or limit the access to the area and ensuring a risk assessment was in place.

The registered provider had a safe and effective system in place for employing new staff. Staff told us they had to complete an application, attend a face to face interview and provide suitable references before they were able to start work. Files we saw contained pre-employment checks which had been obtained prior to new staff commencing employment. These included a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

Staff told us they received an induction when they commenced employment at the service. This included mandatory training and shadowing experienced staff. Staff told us this gave them the opportunity to get to know the people who they would be supporting.

Good

Is the service effective?

Our findings

We observed care staff interacting with people who used the service and found they knew people well. The staff were aware of people's likes and dislikes. Staff told us they were updated on their training and felt they had the skills to carry out their roles and responsibilities.

A selection of training was sourced by the registered provider and these included topics such as medication, food hygiene, first aid, moving and handling and safeguarding. We saw from training records that staff were up to date with mandatory training. Annual competencies for staff administering medication were carried out to ensure they were competent to complete tasks relating to medicine management.

Staff we spoke with told us they felt supported to do their role. Staff told us and we saw that they received supervision sessions with their line manager. Supervision sessions were one to one sessions with their line manager, to discuss their work and performance.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that the registered provider was meeting the requirements of the MCA and DoLS. People who used the service had the capacity to make their own decisions. We observed care workers interacting with people and gaining consent prior to completing a task. People were supported to make their own decisions and staff respected people's wishes.

People received support to eat and drink enough to maintain a balanced diet. We observed meals taking place and found people were offered a choice. For example, at lunch time people were offered a choice of two meals and two deserts. Food served looked appetising and people told us they had enjoyed their meal. One person said, "The food here is really nice."

We spoke with the cook who was very organised and showed us a copy of the menu. The menu was on a four week cycle and included fresh vegetables.

The dining tables had clean cloths on them with serviettes and appropriate cutlery suitable for people's individual needs. One person said she did not fancy what she had ordered and wanted some soup. The care worker went into the kitchen and brought her some with some bread. This showed that people's choices were respected.

People were supported to access healthcare services and receive on-going support when required. The home had a good working relationship with the local GP surgery, who visited the home every month.

Good

Is the service caring?

Our findings

Throughout the day we observed staff interacting with people who used the service and found they had a good relationship with people. People we spoke with were also complementary about the staff. One person said, "They [the staff] are great, so kind. I like egg and bacon for my breakfast and I can have it every day if I want." Another person said, "They [the staff] are all really approachable and friendly and come quickly when I ring for them. I know I'm going to be alright here."

People's relatives were welcome to visit the home any time they wanted to. Although they were asked to avoid mealtimes if possible. Relatives we spoke with felt welcome at the home and felt staff were kind and caring in their nature. A number of people had their own phones installed in their rooms, so they could keep in touch with relatives and friends when they chose to. One relative said, "We decided to pick this place because the staff were willing to listen to [our relative] and us, plus visiting is not restricted."

Staff were dedicated to providing people with as much dignity and respect as they could. We observed staff talking with people about different care tasks. The staff kept quiet and spoke softly when talking about sensitive subjects. We also observed staff closing doors and knocking on doors before entering. This showed they had respect for people. Staff we spoke with told us how they ensured people's dignity was respected. One care worker said, "I explain what I am doing and gain their consent. It's about building up a relationship."

People had information in their bedrooms which told them about the home. For example, we saw people had service user guides which were also available in large print. People were also offered a welcome pack when they arrived at the home. This information told people what they could expect from the home.

The home operated a key worker system. People who used the service knew staff by name and knew who their key worker was. A keyworker was a member of staff who ensured the person had all they required and built up a relationship with the person and their family and friends.

The home had two dignity champions whose role it was to stand up and challenge disrespectful behaviour.

Good

Is the service responsive?

Our findings

We spoke with people who used the service and they told us they were involved in their care. One person said, "They [the staff] take good care of me."

We looked at care records and found them to be comprehensive and included people's preferences and choices. Care plans were in place to guide staff in supporting people's specific needs. For example one person had a care plan in place regarding mobility and falls. This included details of what hoist and sling to use including the size required. However, the care plan did not detail the loop configuration to use. We spoke with the registered manager about this and we saw this was completed by the time our inspection concluded. Another person had a care plan in place to address their spiritual needs and explained that the person had expressed a wish to attend church on special occasions.

During our inspection we saw staff provided social activities for people who used the service. People took part in a quiz and a sing a long which they appeared to enjoy, as there was lots of friendly banter and laughter. Some people preferred to stay in their own rooms for most of the day. One person said, "I prefer to stay in my room where I do a lot of reading, they [the staff] have got me a table magnifying screen so I can see to read." However, some people felt that they did not get much opportunity to go out.

The service had a complaints procedure which was available throughout the service. People we spoke with and their relatives knew how to raise a concern and felt they would be listened to. People told us that staff or the registered manager would take appropriate actions to address any concerns. One relative said, "I know how to complain if I have any problems with my [relatives] care. First I would speak to the carer who looks after her and if I wasn't satisfied I would go to see the manager. I did have a little niggle at the beginning, my [relatives] clothes were getting mixed up with someone else's and I had a word with the senior carer and it was sorted. I also feel comfortable making suggestions about my [relatives] care and feel I am listened to."

Good

Is the service well-led?

Our findings

At the time of out inspection the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was supported by a team of senior care workers. People who used the service and their relatives spoke highly about the registered manager and staff team. They felt they were approachable and friendly.

We spoke with staff who said they enjoyed working at the home and liked the friendliness of the registered manager who they felt ran a good home. One care worker said, "The values of the home are great, and the safety and happiness of the residents is the priority of the home. It is a pleasure to come to work. I have worked elsewhere but this is the best."

Audits were completed to ensure the registered provider was meeting the requirements of their policies and procedures. Audits were in place for areas such as medication, infection control, catering and the dining experience. Where issues were identified for resolving, an action plan was devised to ensure they were completed in a timely manner.

The registered provider completed a quality assurance survey every year to offer people an opportunity to comment formally about the service. Any comments were looked at and the registered manager used them to develop the service. The last one was completed in July 2017 and we saw positive comments had been received about the service. For example, one relative said, "Always welcomed, warm atmosphere and friendly staff." Another relative commented, "Most staff seem to enjoy their job which makes a big difference."

Residents and relatives meetings took place approximately every six months. The last one was used to go through the findings of the quality assurance survey and to discuss comments in an open forum.

Staff meetings took place every other month and staff felt they were supportive and offered an opportunity to discuss their role and any updates required.

The registered manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries and deaths. The previous CQC report and rating was displayed in the communal area of the home as required by the regulations.