







# Mrs Christine Belvedere & Mr Antonio Belvedere Wentworth House

## Inspection report

8 Blantyre Road  
Swinton  
Salford  
M27 5ER  
Tel: 0161 793 9090  
Website: [www.wentworthhousecare.co.uk](http://www.wentworthhousecare.co.uk)

Date of inspection visit: 29 October 2014  
Date of publication: 08/01/2015

### 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?		Requires Improvement	
Is the service well-led?		Good	

### Overall summary

Wentworth House is a care home in the Swinton area of Salford, Greater Manchester. The home is registered with the Care Quality Commission (CQC) to provide personal care for up to 25 people. The home is located in a residential area and accommodation is provided over two floors.

We last visited the home on 25 June 2013 and found the home was meeting the requirements of the regulations, in all the areas we looked at.

Currently, there was no registered manager in place at the home and recruitment for this position was on going.

The previous manager had de-registered with CQC in September 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Although we saw that staff received regular supervision as part of their on going development, we saw no

# Summary of findings

evidence of any appraisals taking within the last 12 months. We raised this with the proprietor who acknowledged this as something that needed to be improved upon.

Staff at the home had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS are laws protecting people who are unable to make decisions for themselves. There were no DoLS currently in place at the home, however staff knew the correct procedures to follow to ensure people's rights were protected. Staff had received training in the MCA and DoLS which was recorded on the training matrix.

On the day of our inspection the staffing team consisted of the care manager, deputy manager, two care assistants, a domestic and the cook who worked in the kitchen. This was to provide care and support to 24 people. One member of staff had telephoned in sick on the day of our inspection and this was covered instantly by another carer.

Staff spoken with told us they felt supported by the care manager and understood the ethos and values of the home. They felt they could raise any issues and they would be dealt with.

There were systems in place to monitor and review accidents, incidents and complaints. The manager told us they monitored staff training using a training matrix, which identified when updates were required for staff.

We saw the home followed safe recruitment practices which meant people were kept safe as suitable staff were employed, and appropriate checks undertaken.

People's care records showed their needs had been assessed and care records were regularly reviewed. However, it was unclear to us how feedback from people who lived at the home was used to improve the quality of service provided. Surveys had been sent out in June 2014, but were not analysed. We saw no evidence of any residents meetings taking place at the home. The proprietor told us people's views were sought during 'one to one' sessions, however there were no records to confirm these took place.

People we spoke with and their relatives said they felt able to raise any concerns or complaints with staff and were confident they would be acted upon.

Leadership in the home was good. The care manager and deputy manager worked alongside staff overseeing the care given and provided support and guidance where needed.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

People told us they felt safe living at the home and with the staff who supported them. Staff were clear about what may constitute a safeguarding concern and knew how to report concerns. The staff we spoke with were confident that any concerns raised would be fully investigated to make sure people were protected.

People were protected against the risks of abuse because the home had a robust recruitment procedure. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. We also found staffing levels to be sufficient on the day of our inspection.

We looked at how medication at the home was ordered, stored, administered and disposed of and found this had been done safely.

Good



### Is the service effective?

The service was effective. Although we saw that staff received regular supervision as part of their ongoing development, we saw no evidence of any appraisals taking within the last 12 months. We raised this with the proprietor who acknowledged this as something that needed to be improved upon.

We saw people had access to healthcare professionals to make sure they received effective treatment to meet their specific needs. Each person's care plan contained a record of the professionals involved such as GP's, dentists, district nurses and opticians.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards with systems in place to protect people's rights under the Mental Capacity Act 2005. Nobody who lived at Wentworth House was subject to a DoLS at the time of our inspection although the care manager and proprietor displayed a good understanding of when an application would need to be made.

Good



### Is the service caring?

The service was caring. Staff responded to people's needs in a kind and caring way. People we spoke with felt valued and cared for. We saw staff spoke with people in an appropriate manner and demonstrated respect for them.

During the inspection we observed staff interacting with people in a caring, polite and friendly way.

Good



# Summary of findings

We found people looked clean and attention was given to people's personal care needs. Some people told us they made choices for themselves with regard to their choice of clothes and jewellery which they wanted to wear each day.

## Is the service responsive?

Not all aspects of the service were responsive. We asked staff and management how they sought the views of people who lived at the home. We were told this was done on a 'one to one' basis however none of these discussions had been documented. There was also no evidence of any residents meeting taking place at the home. This meant it was difficult to establish how feedback from people had been used to improve the quality of service provided at the home.

People who lived at the home told us there were not enough activities at the home to keep them occupied and would like the opportunity to go out more on day trips and outings.

People told us they knew how to make a complaint and were confident that any issues raised would be dealt with. There was a complaints procedure in place however none had been made since our last inspection.

**Requires Improvement**



## Is the service well-led?

Currently, there was no registered manager in place at the home and recruitment for this position was on going. In the interim, staff were supported by both the care and deputy manager which was over seen by the proprietor of the home.

Whilst speaking with people who lived at the home we asked them if they felt the home was well-led. Comments included; "The home is well run. Hannah does very well. If she says she will do something it gets done." and "The care manager and the proprietors are very open and approachable and are very involved with everything going on at the home".

There was a system in place to audit care practices and make adjustments in accordance with the findings and changes made to ensure continual improvements.

**Good**



# Wentworth House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We visited the home on 29 October 2014 and this was an unannounced inspection. The inspection team consisted of 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.

At the time of the inspection there were 24 people who lived at the home. During the day we spoke with the proprietor, the care manager, the deputy manager, 10 people who lived at the home, two relatives and two

members of care staff. We also spoke with a health professional who visited the home during our inspection. We looked around the building and viewed records relating to the running of the home and the care of people who lived there.

We spoke with people in communal areas and their personal rooms. Throughout the day we observed how staff cared for and supported people living at the home. We observed the lunch time meal being served in the main dining room of the home.

We carried out a Short Observational Framework for Inspection (SOFI) over the lunch time period in the nursing unit of the home. SOFI is a specific way of observing care to help us understand the experience of people using the service who could not express their views to us.

Prior to our inspection, we liaised with external providers including the safeguarding, infection control and the commissioning teams at Salford local authority.

# Is the service safe?

## Our findings

People who lived at the home told us they felt safe including with the staff who supported them. One person told us; “The staff are professional and I trust them,” There is normally enough staff on”. Another person added; “I feel safe, I receive my medication when I need it”. We spoke with two relatives during our inspection and their comments included; “I have no concerns on safety. The home is clean. If mum refuses her medication the staff let me know. I get a lot of information from the staff concerning mum’s medication” and “The staff are amazing I feel very comfortable coming here, it’s like coming home”.

Staff were aware of risks to people and we saw plans in place to keep people safe. We looked at four people’s care records during our inspection. Care records we looked at identified where people were ‘at risk’ such as not eating or drinking sufficient amounts. Individual care plans described how these risks should be minimised such as making a referral to the dietician. Once the referral was made an action plan was created which stated one person needed to be on a high protein diet and have their food intake monitored. We saw evidence food charts were regular completed by staff.

We spoke with staff about people living at the home who presented with behaviour that challenged the service, asking how they would deal with this. One member of staff said; “People get frustrated and can sometimes be quite challenging. I talk to them quietly to re-assure them and calm them down”. Another member of staff said; “Sometimes people get upset and it’s important to make them feel safe. The main thing is that they are alright more than anything”.

On the day of our inspection we observed there were sufficient staff to meet the needs of people who used the service safely. Staff on shift included the care manager, deputy manager, two care assistants and kitchen/ domestic staff. One member of staff had telephoned in sick at short notice and an additional member of staff was brought on shift to cover. During the inspection we observed staff assisting people to stand, how staff administered medication, and staff sitting quietly and chatting with people in the lounge area. Staff did not

appear rushed and carried out care tasks as required. A member of staff told us; “I feel there are enough staff to care for people. Obviously every day is different but we work well together”.

The staff we spoke with were clear about what could constitute abuse and how to report concerns. Staff were confident any allegations would be taken seriously and fully investigated to make sure people who lived at the home were protected. One member of staff told us; “I am aware of the different types of abuse that can occur. I would look for any changes in people’s behaviour as I have got to know their individual personalities quite well”.

Staff we spoke with were up to date with current good practice around safeguarding vulnerable adults and with reporting procedures. Staff told us they had received up to date training and found it beneficial in recognising and reporting abuse. Records seen confirmed all staff received this training during their induction and also undertook a refresher course.

People were protected against the risks of abuse because the home had a robust recruitment procedure. During the inspection we looked at the personnel files for three members of staff including care staff, kitchen staff and domestic staff. The files showed that there was a recruitment process which ensured that new staff had the relevant skills and were of good character. The recruitment procedure minimised the risks of abuse to people who lived at the home by making sure all staff were thoroughly checked before commencing employment. We saw all potential employees completed an application form which gave details about the person and their previous employment. The home carried out interviews, sought references from previous employers and carried out Disclosure Barring Service (DBS) checks before people started work.

We looked at how staff managed people’s medication to ensure this was done safely. We found medication was stored in a locked trolley which was kept in a locked cupboard with only senior members of staff having access to the key. We looked at medication administration records (MAR) and found these had been accurately completed by staff when medication was given or refused. There were also controlled drugs in use which were kept in a controlled drugs cupboard. We saw a controlled drugs register was signed and countersigned confirming the drugs had been administered and accounted for. Some people who lived at

## Is the service safe?

the home required the use of PRN medication (this is medication given as and when required such as

Paracetamol) and there was clear guidance for staff follow as to when this should be given. In addition, we found all senior staff had received training in the safe administration of medication.

# Is the service effective?

## Our findings

People who lived at the home and their relatives told us that they thought the service provided effective care. One relative we spoke with said; “Mum nearly died a few months ago but the staff here really persevered with her. They provided her with all the things she liked such as hot chocolate. The staff put themselves out. They gave her all sorts of food that she liked to keep her strength up. The staff have got better over the last year. The training is on going and the home have a district nurse who is exceptional”. Another relative said; “When Mum arrived she had lost weight, but we noticed in the first three months she was here she put on half a stone. I feel the staff are well trained when I have been here sometimes the staff are doing training upstairs”.

The staff we spoke with were appreciative and complimentary about the training provided by the home. Staff told us, and training records confirmed, that they received training in mandatory areas such as safeguarding, moving and assisting, fire safety, first aid and infection control. A training matrix was used to identify when staff required refresher training in these subjects. In addition to their on going development, staff were supported to achieve a national vocational qualification in care (NVQ level 2) which ensured they had the appropriate skills and knowledge to carry out their job role effectively. One member of staff told us; “I feel really well supported. All I have to do is ask”.

We saw that staff received regular supervision as part of their on going development however we saw no evidence of any appraisals taking place within the last 12 months. We raised this with the proprietor who acknowledged this as something that needed to be improved upon.

During our inspection we looked at the staff induction which focussed on the common induction standards for care (CISC). The common induction standards enable staff to gain a thorough understanding of working in care. This covered the role of a support worker, personal development, communicating effectively, equality and inclusion, principles of care, health and safety safeguarding and person centred support. We spoke with two members of staff during the inspection. Each member of staff we spoke with confirmed they undertook the company

induction when they first started working at the home. One member of staff commented; “I covered safeguarding, infection control and delivering personal care during my induction. It really helped me see what the job was about”.

Staff at the home had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS are laws protecting people who are unable to make decisions for themselves. There were no DoLS currently in place at the home, however staff knew the correct procedures to follow to ensure people’s rights were protected. Staff had recently received training in the MCA and DoLS which was recorded on the training matrix. One member of staff said to us; “The DoLS training was very beneficial. It made me realise how important choice and independence is for people”.

During our inspection we saw people were asked for their consent before staff provided care. For example, we saw staff asking people if it was ok for them to take their medication or if they wanted to go through to the dining room at lunch time. In addition, there were consent forms in people’s files where people had given their consent to receive on going care and any necessary treatment. Where people had been unable to sign for themselves, this was done by their relative.

People had access to healthcare professionals to make sure they received effective treatment to meet their specific needs. Records showed people were seen by professionals including GP’s, community nurses, chiropodists and opticians. One person who lived at the home told us; “The staff will get the doctor if I need one”. A visiting professional added; “They always contact me if there is a problem. They are good at following our advice”.

On the day of our inspection we were able to observe the three main meals of the day (breakfast, lunch and dinner). This enabled us to see how people’s nutrition and hydration requirements were met. We saw there were different choices available to people such as porridge or eggs and bacon for breakfast and either beef stew or sausages as lunch time. We observed adequate portions of food were served and people were offered second helpings if they wanted them. We saw a choice of drinks were offered at regular intervals throughout the day and observed adequate portions of food were served. One person told us they preferred to eat their lunch in the lounge and this was facilitated by staff at the home.



## Is the service effective?

We saw one person who lived at the home had been referred to a dietician because they had been identified as at risk with regards to their nutritional intake. Once the referral had been made, an action plan had been sent from

the dietician team with advice for staff at the home follow. In this instance, one person was required to have their food intake recorded after each meal and we saw records to confirm this had been actioned by staff.

# Is the service caring?

## Our findings

People told us staff were always caring and kind when they assisted them. Comments from people who lived at the home included; “The staff are kind and respectful, they listen to me if I had a problem they would sort it out for me” and “The staff have to do everything for me, they are kind and respectful, I have privacy, there are plenty of places to go to for a private chat” and “The care is very good, they encourage me to be independent” and “I looked at other homes and am so glad I chose this one”.

We spoke with two relatives, who visited the home during our inspection. One relative told us; “The staff encourage mum to be independent, otherwise she would just stay in her bedroom and become isolated, the staff definitely treat mum with respect and dignity. The atmosphere in the home is calm and relaxed”. Another relative told us; “The care is fantastic. The staff get close to the residents and treat mum with respect, dignity and kindness”.

We observed staff provided care to people when required and it was apparent staff had developed kind and caring relationships with people who lived at the home. We saw people were supported to eat their lunch by being prompted or assisted by staff, given their medication, assisted to walk around the building and taken to the toilet as required. One person had spilt their breakfast down their trousers and appeared unaware of this, however staff intervened quickly and changed this person clothing. This maintained this person’s dignity.

During our inspection we observed staff moving and interacting with people in a caring, polite and friendly way

which promoted people’s independence. We saw staff helping people to stand from their chair to ensure this was done safely. For example we observed one member of staff say to a person who lived at the home; “How are you feeling today and would you like some help to stand up?” This person responded by saying they would like support and a second member of staff was called to provide assistance to help this person to stand.

Staff spoken with understood how to maintain people’s privacy and dignity at all times. One member of staff said to us; “I treat people the same way I would like to be treated. I always offer choice and close doors and curtains when I am delivering personal care”. Another member of staff added; “In order to maintain people’s dignity I would always ask people’s permission first”. In addition, people who lived at the home felt staff treated them with dignity and respect at all times. One person said; “The staff have a very caring, respectful attitude towards me”.

The staff spoken with were clear about how to offer people choice and promote independence. We saw people were offered the choice of where to spend their day and what time they got up in the morning. One person who lived at the home told us: “Staff ask me the day before about what colour clothes I would like to wear tomorrow. I like that”. One member of staff said; “I know a lot of people have the ability to wash their upper body so I allow them to have a go at doing that first before providing any assistance”. Another member of staff added; “Some people say they can’t stand up but I know they can do so I encourage them as much as I can”.

# Is the service responsive?

## Our findings

Whilst speaking with people who lived at the home and their relatives, we asked if they felt the care provided was responsive to their needs. One person living at the home told us: “The staff respond to my needs all the time. I made a verbal complaint to the manager and they responded to it appropriately. The staff respond to the buzzer quickly”. A relative we spoke with added; “I’m pleased so far. mum’s requirements were met. The staff calmed Mum down and she changed for the better”.

An assessment of people’s care and support needs was completed prior to people living at Wentworth House. This was to make sure it was the most appropriate place to meet people’s care needs. One person who lived at the home told us; “I was visited at my house initially and then I was able to come and look around the home to see if I like it. I wanted to compare it to other homes we visited so I could make my mind up properly”.

We found once people’s needs had been assessed when they first arrived at the home, an individual care plan was then created. This enabled staff to gain oversight of the care people required and identified any individual preferences they may have. We looked at three care plans during our inspection which covered areas such as mobility, bathing, nutrition, dressing, personal care and sleeping. We found these were reviewed at regular intervals and provided an overview of people’s likes, dislikes and personal preferences.

On the day of our inspection we looked at the activities provided by the home and to see how people were kept occupied and stimulated. Apart from seeing some people playing dominoes in the afternoon, there was no structured activity on the day of our inspection. We asked people for their opinion as to whether there was enough for them to do during the day. Comments included; “Not enough activities or day trips. I would like to go out more” and “There isn’t much for us to do during the day. I think that is perhaps something they could do better”. We raised this issue with the care manager and the proprietor.

People who lived at the home had their religious and cultural needs adhered to. We were told a lay person from the local church visited the home regularly to deliver Holy Communion upon request.

We asked staff and management how they sought the views of people who lived at the home. We were told this was done on a ‘one to one’ basis however none of these discussions had been documented. There was also no evidence of any residents meeting taking place at the home. This meant it was difficult to establish how feedback from people had been used to improve the quality of service provided at the home or what people’s individual views had been. One person who lived at the home said to us; “Nobody asks me if I want to change anything about my care. I haven’t been asked about a residents meeting. I think a meeting for everybody who lives here would be a good thing”.

We looked at the most recent survey which had been sent to people who lived at the home in June 2014 and noted feedback had been positive. This asked people for their thoughts about the care staff, care and support provided and the quality of service. We discussed with the proprietor/provider about including overall analysis of the surveys once they had been returned which would evidence how, as a result of comments and suggestions from people, the service had been developed or any changes made

The home had a complaints and comments process in place. However there had been no complaints made since our last inspection of the home in June 2013. The complaints process was displayed in the entrance to the home which staff and people who lived at the home could easily see. One person who lived at the home told us; “I have no complaints but if I did the staff would sort it out”.

People were given information about the service in the form of leaflets and booklets. In addition, there was a service user guide available which provided additional information about the services available. This helped to keep people and relatives updated with what was on offer at the home and the types of things they could expect to receive.

# Is the service well-led?

## Our findings

On the day of our inspection, there was no registered manager in place at the home and recruitment for this position was on going. The position had been vacant since September 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The day to day running of the home was done by a care manager which was overseen by the proprietor.

Whilst speaking with people who lived at the home we asked them if they felt the home was well-led. Comments included; “The home is well run. Hannah does very well. If she says she will do something it gets done” and “The care manager and the proprietors are very open and approachable and are very involved with everything going on at the home”.

We spoke with two relatives during the inspection who commented; “The home is very well led. The owners are always here and know what’s going on. They are good at keeping the home in good condition. They talk to everyone and know everything about them. They are very involved with the residents and when I leave here I have peace of mind”. Another relative added; “The care manager has worked her way up gaining experience at each level of care. She has had a lot of training and always gets nurses and doctors and any other professionals at night if we need

them. The cleaning gets done when people are in bed and they work so hard. The residents are checked on every hour and this is documented. The maintenance man is an exceptional friendly nice guy.”

Staff told us there were opportunities to discuss issues and raise concerns whenever they needed to. All staff were aware of the homes whistle blowing policy and the ability to take serious concerns to appropriate agencies outside the home. One member of staff said; “I would not be afraid to report something if I didn’t think it was right”.

The staffing structure in place made sure there were clear lines of accountability and responsibility. In addition to the care manager, there was the deputy manager, senior care staff and care assistants. The overall running of the home was overseen by the proprietors, who visited daily.

Staff attended handover meetings at the end of every shift and regular staff meetings. This kept them informed of any developments or changes within the service. Staff told us their views were considered and responded to. One member of staff told us; “Handover is important. We get an overview of each person, what their mood is like and if there is any cause for concern”.

The homes had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. These included accidents and incidents audits, medication and the environment. This meant there were systems in place to regularly review and improve the service. We looked at completed audits during the visit and noted action plans had been devised to address and resolve any shortfalls.