

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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This unannounced inspection took place on Monday 15 May 2017.

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. The home is owned by Wentworth House Care Services Ltd which registered with CQC in April 2015. This was our first inspection at this location and there were 24 people living at the home.

People living at the home told us they felt safe. The staff we spoke with had a good understanding of safeguarding, whistleblowing and how to report any concerns.

We found medication was ordered, stored and administered to people safely. There were also audits of medicines to ensure there were no shortfalls in practice.

Staff were recruited safely with references from previous employers sought and DBS (Disclosure Barring Service) checks undertaken. This would ensure that staff were suitable to work with vulnerable adults. There were sufficient staff working at the home to meet people's needs. Feedback from people living at the home, visitors and staff was that staffing levels were sufficient. Night time staffing levels had also recently been increased to support a person receiving 1:1 care due to being at high risk of falls.

Staff received an induction when they started working at the home, as well as receiving appropriate training and supervision to support them in their role.

The home worked within the requirements of the MCA (Mental Capacity Act) and DoLS (Deprivation of Liberty Safeguards). We saw appropriate assessments had been completed if there were concerns about a person's capacity. DoLS referrals had been made as necessary to the local authority. Staff spoken with displayed a good knowledge about MCA/DoLS and what action they would take if they had concerns about a person's capacity. All relevant documentation relating to these decisions was held in people's care plans.

We saw people received enough to eat and drink, with people also making positive comments about the food provided at the home. The staff we spoke with knew about people who were at risk with regards to their nutrition such as if they had lost weight or needed support to eat. Where people had suffered weight loss, appropriate referrals had been made to the dietician service.

All of the people we spoke with during the inspection, including people living at the home and visiting relatives made positive comments about the care provided. The home had recently been nominated as one of the top 20 care homes in the north west based on feedback and reviews from friends and relatives at [www.carehome.co.uk](http://www.carehome.co.uk). The mayor from Salford was planning to visit the home following this award.

People told us they felt staff treated them with dignity and respect and promoted their independence where

possible. We saw people being offered choices about how they wanted their care to be delivered.

People felt the home was responsive to their needs and we saw examples of staff doing this during the inspection when assisting people to walk around the home, administering medication and helping people to transfer in and out of their seat.

Each person living at the home had their own care plan, which was person centred and provided staff with the necessary information about peoples care.

There was a complaints procedure in place which allowed people to voice their concerns if they were unhappy with the service they received. The home also had a large number of compliments on record, where people had expressed their satisfaction with the service provided.

All of the people we spoke with told us they felt the service was well-led and that they felt listened to and could approach management with concerns.

There were systems in place to monitor the quality of service such as audits, resident meetings, staff meetings, accident/incident monitoring and the sending of satisfaction surveys. These systems would help to ensure the quality of service was able to continually improve.

Staff told us they enjoyed their work and liked working at the home and told us they felt there was an open and positive culture. The staff told us they felt listened to and that action was taken based on feedback from staff.

## 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.

People living at the home told us they felt safe. Staff displayed a good understanding about reporting safeguarding concerns.

Medication was ordered, stored and administered safely.

Appropriate recruitment checks were carried out before staff began working at the home to ensure they could work with vulnerable adults.

### Is the service effective?

Good ●

The service was effective.

People we spoke with confirmed the staff employed at the home had the correct skills to care for people effectively.

Staff were aware of how to seek consent from people before providing care or support.

People living at the home told us they received enough to eat and drink. Staff had a good understanding of people's nutritional needs and if people living at the home were deemed to be at risk.

### Is the service caring?

Good ●

The service was caring.

People told us they received a good standard of care and that staff were kind.

Staff spoken to had a good understanding of how to maintain people's dignity and respect people's rights. Staff showed patience and encouragement when supporting people.

We observed lots of appropriate physical contact and caring interactions during the inspection such as holding hands and hugging.

### Is the service responsive?

Good ●

The service was responsive.

Each person had their own care plan which provided an overview of how their care needed to be delivered.

The home had systems in place to seek and respond to feedback from people in the form of satisfaction surveys and residents meetings.

The home had procedures in place to receive and respond to complaints.

### Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post.

Staff who worked at the home felt the home was well-led and that management were approachable.

We found there were various systems in place to monitor the quality of service provided at the home.

# 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 carried out this unannounced inspection on Monday 15 May 2017. This meant the provider did not know we would be visiting the home on this day. The inspection team consisted of one adult social care inspector from the CQC (Care Quality Commission) and an expert by experience. An expert by experience has personal experience of either caring for, or supporting older people living with dementia.

In advance of our inspection we liaised with external stakeholders based at Salford City Council. This included the local safeguarding, infection control and environmental health team. We also liaised with Salford Healthwatch. This was to see if they had any information to share with us in advance of the inspection.

As part of our inspection planning we reviewed all the information we held about the home. This included previous inspection reports and any notifications sent to us by the home including safeguarding incidents, expected/unexpected deaths and serious injuries.

At the time of the inspection there were 24 people living at the home. During the day we spoke with the care manager, deputy care manager, the chef, seven people who lived at the home, three relatives, one visiting professional and four care staff from both the day and night shift. As part of the inspection, we looked around the building and viewed records relating to the running of the home and the care of people who lived there. This included seven care plans, five staff personnel files and eight medication administration records (MAR).

We spoke with people in communal areas and in their personal rooms. Throughout the day we observed how staff cared for and supported people living at the home. We also observed lunch being served in the dining room of the home to see how people were supported to eat and drink.

# Is the service safe?

## Our findings

People living at the home said they felt safe as a result of the care they received. One person living at the home said to us; "I feel safe here, it's a lovely place to be". Another person told us; "I feel safe here. The home is very secure". A third person added; "The staff come if you ask them. The home is very clean as well".

The visiting relatives we spoke with also told us they felt the home was a safe place for people live. One relative said; "We feel she is safe here". Another relative told us; "The home is a safe place to live. The staff are all nice clean tidy girls, they all wear uniform".

We found there were systems in place to safeguard people from the risk of abuse. This included having both a safeguarding and whistleblowing policy and procedure in place, informing both staff and people who lived at the home how they could both report and escalate concerns. Staff had also completed relevant training in relation to safeguarding. The staff we spoke with were clear about what abuse was, the signs and symptoms they would look for and who they would speak with about concerns. One member of staff said; "The people living here come first and foremost. I think of them as being like my own mum and dad. Types of abuse can included physical, mental and financial. Leaving somebody in a wet pad and generally neglecting their care needs could be seen as abuse". Another member of staff added; "I have never had to report anything yet. I would speak to the manager if I thought for one second somebody was being abused. Changes in personality and differences in behaviour would make me think something wasn't right".

Staffing levels on the day of the inspection were sufficient to care for people safely. The staffing numbers during the day consisted of the care manager, deputy care manager and three care assistants during the day, whilst night time staff levels consisted of three care assistants. This was to provide care to 24 people. Night time staffing levels had also recently been increased to facilitate a person receiving 1:1 care due to them being at high risk of falls. During the inspection we observed staff were able to meet peoples needs in a timely manner such as assisting people to go to the toilet, assisting them to mobilise, prompting people to eat at meal times and administering medication. There was a calm atmosphere at the home and staff did not appear rushed or unable to respond to peoples requests. We saw that where calls bells were used by people living at the home, staff responded quickly.

Everybody we spoke with including people living at the home, staff and visiting friends/relatives told us they felt there were enough staff working at the home. One member of staff said; "We have recently increased to three staff at night and this has been consistent so far. It would always be nice to have more on, but generally we are able to get by and meet peoples needs". Another member of staff said; "No two days are the same and peoples needs can change. However in terms of meeting peoples care needs, I have no concerns". One person living at the home also said; "When I call for help the staff always come quickly". Another person added; "All I have to do is ring the call bell and they are there".

We looked at how medication was handled to ensure this was done safely. Medication was stored in a locked trolley which we saw was not left unattended by staff when in use and locked in a secure room when medication rounds were not in progress. This room was only accessible to staff responsible for giving out

medication. During the inspection we looked at the MAR (Medication Administration Records) of eight people who lived at the home. We found these were accurately completed by staff, with signatures provided when medication had been administered. The MAR we looked at were also accompanied with details of any allergies and a photograph of each person. This prevented the risk of staff giving medicines to the wrong person. We found there were also appropriate storage systems in use for controlled drugs and a fridge for medicines which needed to be stored at a certain temperature. Staff also maintained records of both the fridge and room temperature to ensure it remained safe for the storage of medication. Managers at the home undertook regular audits to ensure practice was safe and that any potential errors could be identified.

We looked at how risk was managed within the home. Peoples individual care plans contained risk assessments relating to falls, moving and handling, skin integrity and nutrition. Where people were identified as being at risk, care plans provided guidance and control measures for staff to refer to so that people were not placed at risk. For example, a person deemed to be at very high risk of skin breakdown had pressure relieving equipment in place when they were sat in the lounge, with the district nursing team also involved in their care. Accidents and incidents were also monitored each month and this captured any trends such as if people having increased accidents such as falls. One person in particular was receiving one to one care as a result of having increased falls. This showed that the home had been proactive in ensuring that people remained safe when risks had been identified.

We looked at five staff personnel files and found there was evidence of robust recruitment procedures. The files included application forms, proof of identity, interview questions and responses, contracts of employment and references. There were Disclosure and Barring Service (DBS) checks undertaken for staff in the files we looked at. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. These checks evidenced to us that staff had been recruited safely meaning they were safe to work with vulnerable adults.

During the inspection we looked around the premises. We saw the home was clean and free from any malodours. We saw liquid soap, foot operated pedal bins and paper towels were available in all the bathrooms and toilets. We also saw staff wore appropriate PPE (Personal Protective Equipment) when delivering care and assisting people at meal times. This would help to reduce the risk of the spread of infections. The home was last inspected by the infection control team at Salford City Council in February 2017, scoring 90%.

We looked at maintenance certificates and relevant documentation relating to the running of the home. These included checks of gas safety, legionella, electrical installation, passenger lifts, hoists and fire safety. These checks would help to ensure the building and equipment was safe for people living at the home.



# Is the service effective?

## Our findings

People living at the home and their relatives told us they felt staff were sufficiently trained and had the correct skills to provide effective care. A relative told us; They mobilise her better here (compared with hospital). It doesn't matter what time of day, they are always brilliant".

We asked people living at the home for their opinion of the food. One person said; "The food is adequate, small portions which is good. It's not exactly Cordon Bleu, but it's always hot. One cooked meal and one snack or cold meal. It's plenty". Another person said; "The food is very good, we get enough, definitely". A third person added; "The food is wonderful". A relative also commented; "The meals here are nice. I could eat it".

We looked at how people were supported to maintain good nutrition and hydration. We found people's nutritional needs were assessed when they first started living at Wentworth House. People also had nutritional care plans and risk assessments in place providing staff with information and guidance about how to meet people's needs and if there were any associated risks. At the time of the inspection, staff told us of several people who required soft diets, however this was due to them having dentures in place as opposed to them having swallowing difficulties and being at risk. We observed these were provided as necessary. We also spoke with the chef who maintained a record of people with any specific dietary requirements. The chef also showed us how they added higher calorie ingredients to the meals such as cream, butter and cheese where people were underweight. This was help people's weight increase where needed.

We found the home were proactive in seeking further advice from external agencies such as the dieticians service where people had experienced weight loss. One person had been admitted to the home in August 2016 weighing approximately 31 kilograms and was described by staff as having a poor appetite. Their weight had increased however since living at the home and through regular supplementation drinks and small meals being provided by staff, they had slowly gained approximately four kilograms over an eight month period.

We spent time observing the lunch time meal at the home which was served in three separate dining rooms. Each room was clean and pleasant with relaxed background music playing. Each person was served with a plated meal and where necessary the meal was cut up. Staff provided support to people and specialised equipment where needed. Some of the plates had lips/ raised edges to assist people to eat their food independently. The mealtime was a relaxed pleasant and sociable occasion. Each person was addressed by name and their meal time choices were adhered to. The menu was displayed just outside the dining area for people to see and we saw drinks were available throughout the day. One person commented; "They bring tea and coffee all the time".

When staff first started working at Wentworth House, they undertook an induction which was centred around the care certificate and provided staff with an introduction into working in a care setting. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. The staff

we spoke with told us they completed the induction when they first started working at the home. One member of staff said, "My induction covered policies and procedures, fire procedures and general code of conduct. All mandatory training was also provided. It was all satisfactory from my point of view". Another member of staff said; "I did complete an induction and it covered fire safety, missing persons process, care plans and what my expectations would be. It was sufficient and gave me a good start into working at the home".

We looked at the training staff had available to them to support them in their roles and viewed the homes training matrix. This showed that staff had undertaken training in areas such as safeguarding, medication, moving and handling, infection control and food hygiene. The staff we spoke with told us they had enough training available to them and felt supported to undertake their work. One member of staff said, "We receive enough training. So far I've done fire, hazardous substances, food hygiene, moving and handling and safeguarding. I do need to do dementia awareness, but I have raised that and it is being arranged". Another member of staff said; "I do still have a few updates to do, but I've been supervised by other staff which is good". A third member of staff added; "The manager sorts out any training we need and we keep on top of policies and procedures because they change. The manager is approachable as well and always gives good advice".

Staff told us they received supervision as part of their work and we looked at a sample of records which demonstrated these took place. Staff supervision allows staff to discuss their work with their line manager in a confidential setting and also work towards set goals and objectives. We saw that some of the areas discussed included a general workplace discussion, concerns/worries, personal development, timekeeping and team work. A member of staff told us; "We do receive them. I had one about two days ago and I know that future ones are also in the pipeline". Another member of staff said; "I had a supervision just the other night. They are useful and are a good chance to raise concerns and go over anything in particular".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found any specific conditions on authorisations to deprive a person of their liberty were being adhered to. The registered manager demonstrated effective systems to manage DoLS applications, with appropriate referrals made to the local authority where necessary. Where people were deemed to lack capacity to make their own choices and decisions, MCA assessments were then undertaken and held in peoples care plans. The staff we spoke with had a good understanding of DoLS and MCA and were able to tell us under what circumstances they felt a DoLS application could be required. One member of staff said; "DoLS would be required where people lack capacity and could therefore be a risk to themselves". A second member of staff added; "Its for people who lack capacity to makes choices for themselves".

We looked at how staff sought consent from people living at the home. We saw written consent forms in care plans with regards to answering questions, physical examination, consulting with professionals, the reading of their care plan and photographs. These had been signed by either people living at the home, or their relatives. During the inspection we saw people being asked for their consent by staff such as if they would like to take their medication, or be taken into the dining room at meal times.

People's care plans contained records of visits by other health professionals where they had provided any intervention or advice. We saw that a range of professionals including GPs, chiropodists, dieticians, podiatrists and advanced nurse practitioners had been involved in peoples care. This demonstrated staff at the home were seeking advice and guidance where necessary and could provide the necessary care and support people required.

# Is the service caring?

## Our findings

The people living at the home told us they were happy with the care they received and described the staff as caring. One person told us, "Its excellent here. I am bathed and everything is first class". Another person said ; "I am very well looked after. The staff are very nice, very helpful". A third person added; "The staff here are fabulous, very kind. My clothes are on the bottom of the bed every morning and at meal times I am taken to the dining room".

The visiting relatives we spoke with during the inspection told us they felt a good standard of care was provided at the home. One relative told us; "Mother had a fall. It was 3am. The staff rang us to let us know. They also rang 111. When we got here we couldn't get in because it was night time and they were on the phone discussing her case with the 111 staff. They decided she didn't need an ambulance. So, that all went really well. We were happy with that". Another relative added; "The staff make an effort when there is an anniversary or birthday. There is a cake and we sing which is very nice and show staff care".

The home had recently been nominated as one of the top 20 care homes in the north west based on feedback and reviews from friends and relatives at [www.carehome.co.uk](http://www.carehome.co.uk) . The home is also rated as 9.9 out of 10 on their website based on the reviews. The mayor from Salford was planning to visit the home following this award.

We read some of the reviews from the website, one of which included; 'One of the most welcoming places I've ever been. The decision to place our relative in a care home was difficult and at a traumatic time for our family as our mum was ill too. Wentworth house always kept our relatives needs first but supported us too. The staff were so kind, caring & understanding. It is an excellent place. Thank-you for looking after my relative so well and giving the dignity & respect they deserved'. Another review said; 'Wentworth House is a wonderful place. At the most difficult time in our lives, Wentworth House gave mum and dad the most wonderful care and attention and without their added love, care, and compassion for us we would not have got through. Thank you to the wonderful management and staff'. A third review stated; 'Wentworth House is an amazing place. My mother has been here four years and in this time staff have been wonderful. Her care has been the best. If anybody needed a care home Wentworth House is the place to go'.

During the inspection we observed people were clean, well presented and looked well cared for. Peoples hair was tidy and their feet, hands and finger nails were clean. People had personal hygiene care plans in place and staff recorded within daily notes when personal care task had been undertaken. This helped us establish that staff were attending to peoples personal care needs.

Throughout the inspection, we observed positive interactions between staff and people who lived at the home. For example, we saw staff sitting and chatting with people in the lounge area and throughout the day we observed lots of laughter, friendly joking and appropriate touching, hand holding and kisses on the cheek. This demonstrated the caring approach from staff towards people living at the home.

People told us staff treated them with dignity and respect and we observed people were treated with

kindness during the inspection. We observed staff knocking on bedroom doors and discreetly asking people if they would like to be taken to the toilet. The staff we spoke with were also clear about how to treat people in this way when delivering care. One person living at the home said to us; "When delivering personal care I will ensure doors are closed and seek peoples consent first out of respect. I will also check if they would like to attend to their own personal hygiene in case they feel embarrassed". Another member of staff said; "

People told us staff promoted their independence where possible and we saw staff promoting peoples independence during the inspection with tasks such as eating, drinking and mobilising with the use of a zimmer frame. The staff we spoke with were clear about how to allow people to maximise their independence when providing care. One member of staff said; "I will pass people a towel or cloth and if they can, let them see to their own care. I may do a certain part if they are unable to reach". Another member of staff added; "If am assisting a person to get changed then I will get things ready in advance so that they can maybe do a bit for themselves and make their own choices".

During the inspection we observed people being offered choice by staff. This included being able to choose when they got up and went to bed, where they ate their meals and where they choose to sit during the day. People were also offered the choice of where they sat during the day and what they wanted to eat for their breakfast. A visiting relative said; "People are encouraged to use it like their own home. They have the choice when to get up and they let people do what they want".

The care manager told us that people had access to religious support should they chose to have this, with the local Methodist church service visiting the home several times a week for holy communion. People were also encouraged to maintain contact with friends and relatives, with no restrictions on visiting times at the home.

We saw staff communicating clearly with people during the inspection such as crouching down at the same level as people and speaking closely to their ear so they could hear what was being said. People had communication care plans in place. This took into account if people required any equipment such as glasses or hearing aids and if they were able to hold a conversation with people or used particular body language.

## Is the service responsive?

### Our findings

People told us they received a service that was responsive to their needs. One person told us; "When I came here I couldn't walk. They got me going, now I walk with a Zimmer to the loo. They have worked wonders". A visiting relative also added; It's as though we've known them all our lives. They (the staff) listen. If they can accommodate the request they will do".

We saw several examples where the home had been responsive to peoples care needs and any associated risks. For instance, by increasing night time staffing levels to ensure staff could respond appropriately and monitor people at high risk of falls. Monitors were also in place in bedrooms where necessary if people attempted to mobilise and potentially place them at risk, with hip protectors also in use. Staff had also sought further advice from the GP who had visited the home and suggested a change of medication. Where people were deemed to be at risk of skin breakdown and pressure sores, appropriate pressure relieving equipment was in place, with the District Nursing team also visiting the home several times a week to change any dressings.

Prior to people living at Wentworth House, an initial assessment of their care and support needs was undertaken. This took into account peoples needs with regards to their mobility, personal care, eating and drinking, psychological health, risks, continence, medication, communication, living/recreation and sleeping. This would ensure staff were able to meet their needs before they moved into the home and provide the necessary care in response.

Each person living at the home had their own care plan in place which covered areas such as toileting/continence, eating and drinking, pressure relief, moving and handling, communication and bathing/washing. These were updated each month or when people's needs changed. Each care plan had a photograph of each person so that they could be easily identified by new members of staff. Relatives and people living at the home told us their care plan content was discussed with them. One relative said; "Mum has an extended care plan and I discussed it with them. We are aiming for her not to have to go to hospital again". A person living at the home added; "My daughter was involved but I wasn't that bothered".

The home had systems in place to seek and respond to feedback in order to improve the quality of service people received. This would enable the home to respond to any concerns about the service provided. This was done in the form of a satisfaction survey which was sent to people living at the home, and relatives, with the last one sent in October 2016. People were asked for their opinion about staff availability, if staff were well trained, food/drink, staff communication, safety, the environment, cleanliness and their overall satisfaction with the service they received. The care manager told us an overall analysis of the information had not yet been undertaken due to the feedback being so positive. We were able to confirm this when reading a sample selection of the responses received. Residents and relatives meetings also took place at the home and we viewed the minutes from the meeting held in March 2017. We noted that topics of discussions included how people were feeling, problems/concerns, entertainment, menus and sitting out in the garden. The minutes captured that people had enjoyed the meeting.

We looked at how complaints were managed. There was a complaints policy and procedure in place which had contact numbers for CQC and the local authority. The procedure was also displayed in the reception area of the home. People told us they had never had reason to make a complaint but would feel confident in doing so. The care manager told us there had been no recent complaints made. People who used the service and their relatives told us that they knew what to do if they had a complaint, such as speaking with staff or the manager.

The home also maintained a record of compliments where people had expressed their gratitude with the service they received. We looked at a sample of these, some of which read; 'Thank you very much to all the team for going the extra mile to make my birthday enjoyable' and 'I would like to take the opportunity to thank you for the kindness of staff. The staff were wonderful at caring for mum' and 'Your home is such a warm and friendly place. As we left, we felt everything was just right' and 'Thank you for the kindness and consideration given to mum and ourselves'.

We looked at the activities and entertainment that was provided at the home. The care manager told us an external activities coordinator visited the home a minimum of three times a week from a company called 'Motivation and Co'. Motivation & Co is a company specialising in motivational therapy to people within the health care sector delivering physical and mental stimulation. The activities provided included a variety of sessions based around cognitive therapy, music, exercises and games.

At the time of the inspection, the registered manager told us there was nobody living at the home with any specific cultural requirements which would impact on equality, diversity and human rights. For instance, if people required specialised diets such as kosher or halal. The manager told us this would be provided without hesitation if this was identified as a requirement.

# Is the service well-led?

## Our findings

There was a registered manager in post. 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 home had a staffing structure in place. Wentworth House is owned by Wentworth House Care Services Ltd which registered with CQC in April 2015. The home has two directors, one of whom is the registered manager, although they were not present during the inspection. Our inspection was facilitated by the care manager who is mainly responsible for the day to day running of the home. They were supported by a deputy care manager as well as care assistants and both kitchen and domestic staff.

We were told by staff that management and leadership at the home was good, with staff telling us they felt able to approach the manager with concerns or for advice. One member of staff told us; "Very approachable and very supportive. I feel I could talk with them about any problems that I have". Another member of staff said; "The home is definitely well managed. They run a tight ship and are very fair. They are very good with personal problems. I have no doubt in my mind that they would ever let anything happen to these residents as they want the best for them. The owners are in the home all the time and just get stuck in as if they were regular care staff. You can have a laugh with them as well".

Staff told us they enjoyed their jobs and felt there was a positive culture at the home that was open and transparent. One member of staff said; "I'm enjoying the job. The staff are friendly and management are very good which is what you need". Another member of staff said; "Everything is going good. I like the way staff and residents are treated. The training is good and management are always there if needed". A third member of staff added; "It's a good place to work and management are good to work for. There is a small community of staff and it feels like a family".

There were systems in place to monitor the quality of service provided to ensure good governance. This included audits of areas such as the first aid box, falls, infection control, medication, wheelchairs, pressure mattresses/cushions, fire extinguishers, the kitchen and CQC notifications. We saw these audits were undertaken regularly and had been completed as recently as April 2017. We noted that recommendations and actions were set based up on the findings with any necessary timescales for completion. These checks would help ensure any shortfalls within the service could be identified by management.

We looked at the minutes from recent team meetings which had taken place. This provided staff with the opportunity to discuss concerns and their work with management in an open setting about how the quality of service could be improved. Staff we spoke with told us they took place on a regular basis and were a good opportunity to discuss their work and any concerns. One member of staff said; "Team meetings do take place every couple of months and anything we raise is acted upon. They make an effort for both day and night staff to attend and are also offered the chance to speak with management in private if need be". Another member of staff said; "There is one scheduled for tonight and there is a poster displayed in the



office".

The home had relevant policies and procedures in place. This would provide staff with relevant guidance to refer to if they needed to seek advice or guidance about certain aspects of their work. These covered areas such as complaints, safeguarding, health and safety, infection control and medication.

We found confidential information was stored securely. For instance, we saw that documentation such as care plans and staff personnel files were stored in secure cupboards and during the inspection, we observed these were never left unattended in communal areas. This meant that people's personal information and details would be kept secure as a result.

The home routinely sent us notifications about incidents at the home such as expected/unexpected deaths, serious injuries, police incidents and safeguarding incidents. This displayed an open, transparent approach from the home and enabled us to seek further information if required and to inform our inspection judgements.

We saw evidence of partnership working, with the home working closely with Haelo, based in Salford. This is a joint venture between Salford Clinical Commissioning Group, Salford Royal NHS Foundation Trust and Salford City Council and the primary purpose is to improve population health and healthcare for Salford residents. The home also worked closely with local schools and offered apprenticeship placements for students to develop their skills and knowledge in a care setting.