

Mrs S Dell

Wentworth Lodge Residential Care Home

Inspection report

Wentworth Road
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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 

Overall summary

This inspection was unannounced and took place on 17 December 2015. At the last inspection in June 2014, we found the provider was meeting all of the requirements of the regulations we reviewed.

Wentworth Lodge Residential Care Home is registered to provide accommodation for up to 44 people who require personal care and support. On the day of the inspection there were 43 people living at the home. There was a

registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Summary of findings

People and their family members told us they felt safe. Staff knew how to keep people safe and were confident in reporting any concerns or suspected abuse. Risks to people were managed effectively and there were enough staff to meet people's needs and provide them with effective care and support.

People medicines were managed safely so that people received their medicines as prescribed. Medicines were stored securely and there were clear audit trails for people's medicines.

People spoke positively about the staff who supported them. Staff were trained and had the skills and knowledge to support people. A detailed training plan was in place to keep staff up to date with current practice.

People's consent was sought before care was provided and appropriate assessments had been carried out around people's capacity to make certain decisions.

People liked the food provided in the home and told us they received the food and drink they required. Staff knew people's preferences and people with specific dietary requirements received the appropriate food.

People were supported to access appropriate healthcare according to their needs and staff responded without delay to changes in people's health.

We saw that staff knew people well and had caring and friendly relationships with them. Staff had a good understanding of people's needs and preferences. People were involved in making decisions about their care and support.

Staff acted in a way that protected people privacy and dignity. We saw staff supporting people sensitively and discreetly. People's relatives were welcome to visit the home at a time of their choosing.

People's care was tailored to their individual needs. Staff had a good understanding of people's preferences and life histories and provided them with support that was responsive to their needs.

There were systems in place to manage complaints. People felt able to express their views to the management team. Where concerns had been identified, action had been taken to resolve issues, although some of these were on-going at the time of the inspection.

People, their relatives and staff felt the home was well managed. The provider was visible within the home and knew the people who lived there. Staff felt valued by the management team and felt they were listened to when they contributed ideas.

There was a quality assurance system in place that enabled the provider and the management team to ensure they provided people with high quality care. We saw that changes were made based on feedback from people and their families.

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?

The service was safe.

People were protected from the risk of harm by staff who understood their responsibilities in relation to keeping people safe. There were sufficient numbers of staff to meet people's needs. Medicines were stored and managed safely and people received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

People were supported by staff who received training appropriate to their role. People were asked for their consent before care and support was provided. People were supported to maintain a healthy diet according to their needs. People had access to healthcare professionals when they needed them.

Good



Is the service caring?

The service was caring.

People were supported by staff who were kind and compassionate. People were involved in decisions about their care and were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive.

People's changing needs were recognised and staff were kept updated so people received care relevant to their needs. People were encouraged to follow their own interests and relevant activities were provided.

Good



Is the service well-led?

The service was well-led.

There was an open culture and people and their relatives were invited to share their views about the care they received. People and staff felt the home was well managed and staff were asked to contribute with their ideas.

Good



Wentworth Lodge Residential Care 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 was planned to check 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.

This inspection took place on 17 December 2015 and was unannounced.

The inspection team included one 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. Their area of expertise was dementia.

As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We met and spoke with three people who lived at the home, seven relatives, seven staff members, members of the management team and the registered manager for the service. We looked at four records about people's care and support, three staff files, medicine records, and systems used for monitoring quality.

Is the service safe?

Our findings

People and their family members told us they felt safe living at the home. One person told us, “Yes, I am safe. I am very well looked after.” A relative told us, “Absolutely safe. It’s just the way everyone is so friendly, and they all know everyone’s names.” People were protected from harm by staff who understood their responsibilities in relation to keeping people safe. Staff we spoke with were knowledgeable about how they would identify signs of possible abuse and knew the steps they would take to report any concerns. The registered manager shared with us examples of how they had acted on concerns raised by staff and we could see that actions taken had protected people.

People were supported by staff who understood the risks to them on a daily basis. Risks to people were managed effectively and information about changes to people’s assessed needs in relation to risks were passed on to staff in order to protect people. Staff were able to tell us how they kept individuals safe. One staff member shared examples with us of how they kept people safe when they went on visits or outings arranged by the home. We saw that staff discreetly monitored people who may be at risk of falling discreetly as they moved freely around the home. This was done in a way that helped people maintain independence and did not encroach on their personal space. We found that where incidents had taken place that impacted on people’s safety, appropriate action had been taken to reduce or remove any future risk.

People and the relatives we spoke with felt they were supported by sufficient numbers of staff. One person told us, “I’d go to [name of staff member] if I was ill or anything. There is always someone here.” We asked a relative about staffing levels and they said, “There doesn’t seem to be any worries on that score, yes I think there are so many [staff] per lounge.” Staff we spoke with also felt there were enough staff to meet people’s needs. One staff member told us, “I think it’s well staffed and it’s a good team.” We

saw that staff absence was covered by existing staff, or by a member of the management team, who stepped in when needed. The registered manager told us that staffing levels were dependant on people’s needs and that people were reassessed if their needs changed and they needed additional staffing support. Throughout the inspection we saw that staff were available in the different areas of the home and people were able to ask for what they wanted and received support quickly from staff.

We looked at pre-employment checks carried out by the provider and found that necessary checks had been carried out prior to staff starting work. These included checks carried out by the Disclosure and Barring Service (which provides information about people’s criminal records). We found the recruitment process was detailed and so the risk of unsuitable staff being employed was reduced.

People told us they were happy with the way they received their medicines. One person told us, “I take lots of medicines. I get them on time, oh yes. I get them three or four times a day.” A relative told us, “They are really good with the medication.” Another relative said, “[Name of person] has a pain relieving patch, which the home dealt with. I was absolutely chuffed with that. They were having problems swallowing pills and they sorted it out.” Staff told us they received training before they were able to support people with their medicines. Training was then followed by competency assessments where staff were observed while they administered medicines to offer assurances to the management team that they were safe to do so. We looked at the medicines records for three people and discussed them with a member of staff, who demonstrated a good understanding of people’s medicines. We saw that systems were in place to ensure people received their medicines at the right time as prescribed by their GP. Records we looked at had been completed accurately and where there had been discrepancies, staff could identify where the recording error had occurred. We looked at the systems used to manage and store people’s medicines and found the provider was doing this safely and securely.

Is the service effective?

Our findings

People spoke positively about the staff who supported them. One person told us, “They [staff] are all very good, they know what they are doing.” A relative told us, “I am confident in the staff.” Staff told us about the training they received and how it helped them in their role. One member of staff said, “The training is really good and there’s lots of it. It’s practical and helped me put things into practice.” Another member of staff said, “I did a course in dementia, it was useful and really good.” Members of the management team explained they completed much of the training ahead of the staff team, so they were able to support staff with any related queries. The registered manager told us, “It’s about giving people confidence to do their job.” We saw that where relevant, staff were supported to undertake nationally recognised qualifications and this was supported by local training providers. The registered manager told us that a member of the management team took specific responsibility for planning training. This ensured that any training delivered gave staff the skills and knowledge required to support people effectively and kept staff up to date with current practice.

We saw different methods of communication used by staff which aimed to ensure that people received appropriate care and that staff had the most recent information available to them. The provider was in the process of introducing an electronic system for the management of information across the home. This included people’s care records and notifying staff of any changes to people’s care and support needs. Staff we spoke with were positive about this change and they told us it saved them time when recording information, which meant they could spend more time with people. One member of staff told us, “I prefer the new system, it takes less time.”

People were asked for their consent before staff provided care and support. People and their relatives told us staff offered them choice. One person told us, “Yes, you can choose, usually I watch TV in my room.” They added, “I go to bed about 8pm and I get up early in the morning. Others go later and get up later.”

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 that it was.

Staff had recently received training in DoLS and the staff we spoke with told us how it had helped them. One member of staff told us, “It made me rethink my values and the scenarios were really helpful. In the future I will be able to identify any signs of poor practice and challenge them.” Although there were no current DoLS authorisations in place the registered manager shared with us how consideration had been given to individuals living at the home and whether or not they were being deprived of their liberty. We saw that people’s records reflected these considerations, and that where appropriate, people’s mental capacity had been assessed for certain decisions.

People were supported by staff to choose what they wanted to eat and drink. One person told us, “We get lots of drinks. You can choose the main meal; you can have what you like.” All but one of the relatives we spoke with expressed they were happy with the food and drink provided. One relative told us, “I think they eat better than ever, I know they give them a choice.” Another relative told us, “They are always eating, food is available. There are always drinks; they’ve got juice and tea.” We observed that staff knew people’s likes and dislikes in relation to food. One person’s relative told us that staff knew their family member’s preferences, “They know [person’s name] doesn’t like veggie.” We saw that where appropriate staff had carried out nutritional assessments with people to ensure they received the correct diet. Staff shared with us examples of people who required specialist diets and we saw that the staff responsible for food preparation were aware of people’s individual needs.

People were supported to access healthcare when required. People and their relatives expressed confidence in the staff, and told us they arranged appointments for them when they needed them. One relative told us, “[Name of staff member] will always ring and say if there’s been a hospital appointment, or the GP has been.” Another

Is the service effective?

relative said, “[Name of staff member] is good at getting the appointments sorted.” We saw staff took appropriate

action when people needed additional support from healthcare professionals and we observed them making calls to family members to inform them of changes to people’s health and outcomes of appointments.

Is the service caring?

Our findings

People were supported by staff who were friendly and compassionate. People expressed positive views about the staff who supported them. One person told us, “The carers are very good, I can’t fault them. I’m really pleased with everything.” Most of the feedback we received from people’s relatives about the staff was positive. One person’s relative told us, “We’ve been made to feel extremely welcome. Everyone is friendly.” Another relative said, “Most of the staff are good, the majority are very good.” Staff we spoke with recognised what was important to people and shared examples of how they tried to reflect people’s interests in the way they provided support. One member of staff told us, “It’s more than just caring, if I can sit with someone and help them smile and know they are safe, it supports their families too.” Where people expressed they were unhappy or distressed we saw staff responded to them with a caring approach. A relative shared with us an incident that had taken place where their family member required urgent medical attention, they told us how impressed they were with the way the staff reassured the person, and stayed with them until medical help arrived.

We observed that people were comfortable and relaxed in the company of staff who supported them. People and most of the relatives we spoke with felt staff involved them in making decisions. One person told us, “They ask me

what I want to wear; they ask if I like this one or that one.” Two of the relatives we spoke with felt the home did not always communicate well with them. We discussed this with the management team who shared examples with us of how they tried to keep family members informed as much as possible. The registered manager told us these concerns would be looked into.

Where people had specific communication needs we saw that staff knew how best to communicate with them and ensure information was in a format people could understand. Staff used pictorial aids or object referencing for people where this was appropriate. Where people found it difficult to communicate their choice, staff referred to the person’s records to see what their preferences were.

Throughout the inspection we saw family members arriving at the home to visit their relatives. One relative told us, “The staff here are lovely, every time you come in. They’ve always got a smile on their faces.” People and their relatives shared with us examples of how staff maintain people’s dignity when offered and prompting personal care. One relative told us, “I know they whisper in her ear if she needs to go to the bathroom.” We observed staff acting quickly when situations arose that could compromise people’s dignity and they supported people discreetly with personal care. People felt they were given the time and space they needed. One person told us, “If I want to be quiet, they let me.”

Is the service responsive?

Our findings

People we spoke with told us they had contributed to their care planning and this included information about their life histories. We saw care records contained information that had been provided by people and their relatives about people's interests and preferences. One person told us, "I've done life story work." Staff told us they informed the management team about changes in people's needs and recorded information in people's records to ensure people received up to date care and support. One staff member told us, "I record any changes and escalate any concerns, especially if people need to see their GP." The registered manager shared with us the different ways in which people and their relatives were asked to contribute to the assessment and planning of their care. They explained that relatives were asked to provide the home with items that were important to the individual so that memory boxes could be created, which could be beneficial for people living with dementia. We saw care plans were detailed and had been reviewed regularly and updated if there had been a change in people's needs.

Relatives we spoke with expressed mixed views about whether they were kept up to date with their family member's involvement in activities or interests. One relative said, "We would like information about what they have been doing, it would help us to talk to them a bit more." Other relatives felt they were kept informed. One relative told us, "I think [information sharing] works both ways. We would start with [name of staff member]." During the inspection we observed staff making phone calls to relatives giving updates on people's wellbeing and healthcare needs. We saw that the management team had made efforts to share information with visitors to the home by providing information about activities and events in the reception area. However, some of the relatives we spoke

with were not aware of this information. We discussed this with the registered manager who advised they would try to make more visitors aware of the information that was available.

People were supported and encouraged to take part in activities that interested them. We saw there was a varied plan of activities for a range of interests. People were involved in choosing activities and had been asked for ideas about things that interested them. One staff member told us, "I ask people what they would like to do. We do all sorts, the staff even volunteer to come and help." We saw that where activities had taken place the provider had displayed photographs of events within the home so people could be reminded of things they had taken part in.

People and their relatives knew how to complain if they were unhappy about aspects of their care and support. One person told us, "I would go to [name of staff member]. I can go to them anytime." However, relatives expressed mixed views about their experience when they raised concerns. One relative said, "Communication on the medical side of things is good, but we are still ironing out little problems." Another relative told us, "I'm happy about somethings, somethings not. Things could be improved." Other relatives expressed more positive views. One person's family member said, "I'd go straight to the office and get them to deal with it." A common concern amongst the relatives we spoke with was the way the provider dealt with people's laundry. All of the relatives we spoke with told us this was an issue. We discussed this with the management team who acknowledged people's concerns. The registered manager told us they were aware that this had been an issue in the past, but they had made improvements to how people's laundry was managed. This had included allocating additional staffing resources and making changes to the laundry environment.

Is the service well-led?

Our findings

People told us they thought the home was well run and the management team were supportive and helpful. One person told us, “They [the management team] are definitely approachable.” A relative told us, “We have complete faith in the home and the staff.” Another relative said, “[name of a member of the management] has been fab. We have found it difficult that mum is here, but we know we can phone in.” We saw that people, their relatives and staff were able to give feedback about the home and make suggestions about things that could be improved. The registered manager told us, “We’ve got an open door policy; people can just come in and say what they need to.”

There was an open culture in the home and people and staff felt they could discuss any concerns with members of the management team. The provider, who was also the registered manager, was working in the home on the day of the inspection and we saw that people knew who they were. We saw interactions between people and members of the management team were friendly and caring. Staff told us they felt comfortable to approach the registered manager with any concerns and were confident they would be listened to. One member of staff told us, “If I’ve got an issue or concern I’ll voice it; it’s about bettering people’s lives.” Another staff member said, “I know you are listened to because I have been in the past. I spoke to the registered manager and they dealt with it.” Staff told us they were asked to contribute to the agendas in staff meetings, and that they received feedback from the management team on their performance in their role.

The management team covered the management of the home on a daily basis, overseen by the provider, who was also the registered manager. We saw that when incidents took place they were investigated, and where necessary had been reported to the local authority and to CQC as required by law. We found that the provider learned from incidents that had taken place and took appropriate action to ensure that people’s health and safety were protected. Members of the management team were proactive in responding to issues that arose and changes were put in place to prevent future incidents occurring. The registered manager told us, “We are a family run home and this means we can make quick decisions, there is no bureaucracy. If something is broken, we can replace it straight away.”

We saw that regular auditing took place to ensure the smooth running of the home and these audits were effective in identifying any areas for development or improvement. Some of the topics covered in the audits were health and safety, kitchen management, and spot checks on staff, as well as reviews of people’s care and support. We saw that where there had been problems with medicines the registered manager had established regular meetings with the GP and the pharmacy to reduce the likelihood of future errors. We saw there were development plans for the home and a programme of refurbishment was underway at the time of the inspection.