

Mr Paul and Mrs Gloria Crabtree

# Wentworth Hall Residential Home

## 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 

### Overall summary

The inspection took place on 18 August 2015 and was unannounced. We last inspected the service in September 2014 when it was found to be meeting the Regulations we assessed.

Wentworth Hall is situated in the village of Wentworth which is approximately six miles from the town of Rotherham. The home provides personal care for up to 23 older people. Bedroom facilities are provided on the ground and first floor level; of the building. Access to the

first floor is by a lift. There are ample communal areas including a lounge, small conservatory and a separate dining area. There is a car park at the front of the building and gardens to the rear.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they were very happy with the care and support they received. The staff we spoke with understood people’s needs and preferences extremely well. We saw they supported people in a caring, patient and empowering manner while encouraged them to express their opinions and choices, while supporting them to be as independent as possible.

The provider had effective systems in place to ensure people’s safety, this included staff’s knowledge and training in relation to safeguarding people from abuse. We found medicines were handled safely by staff who had received suitable training and exhibited good knowledge.

We saw there was enough skilled and experienced staff on duty to meet people’s needs. We found staff had been recruited using a robust system that made sure they were suitable to work with vulnerable people. They had received a structured induction and essential training at the beginning of their employment. This had been followed by regular refresher training to update their knowledge and skills.

People received a well-balanced diet and were involved in choosing what they ate. The people we spoke with said they were happy with the meals provided. We saw specialist dietary needs had been assessed and catered for.

People’s needs had been assessed before they moved into the home and they had been involved in formulating and updating their care plan. The three care files we checked were individualised and reflected people’s needs and preferences in good detail. Care plans and risk assessments had been reviewed and updated on a regular basis.

People told us in-house social activities were available, as well as occasional trips into the community. They said they also enjoyed going out with relatives.

People told us they had no complaints but would feel comfortable speaking to staff if they had any concerns. We saw the complaints policy was readily available to people using or visiting the service.

There were systems in place to enable people to share their opinion of the service provided and the general facilities at the home. We also saw an audit system had been used to check if the company policies had been followed and the premise was safe. Where improvements were needed we saw the provider had taken action plans to address these.

# 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.

There were robust systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

Recruitment processes were safe and we saw there was enough staff on duty to meet people's needs.

Systems were in place to make sure people received their medications safely, which included key staff receiving medication training.

Good



### Is the service effective?

The service was effective.

Staff had completed training in the Mental Capacity Act and understood how to support people whilst considering their best interest.

Staff had completed a structured induction when they started to work at the home and a varied training programme was available which helped them meet the needs of the people they supported.

People received a varied well-balanced diet. The people we spoke with said they were very happy with the meals provided. Specialist dietary needs had been assessed and catered for.

Good



### Is the service caring?

The service was caring.

People told us they were very happy with how staff supported them and delivered their care. We saw staff interacted with people in a positive and caring manner, respecting their preferences and decisions.

Staff demonstrated a good awareness of how to respect people's privacy and dignity. People told us, and we observed that staff respected people's dignity and encouraged them to be as independent as they were able to be.

Good



### Is the service responsive?

The service was responsive.

People had been encouraged to be involved in care assessments and planning their care. Care plans were individualised so they reflected each person's needs and preferences.

People told us in-house social activities were available, as well as occasional trips into the community. They said they also enjoyed going out with relatives.

There was a system in place to tell people how to make a complaint and how it would be managed. People told us they had no complaints or concerns, but said they would feel confident raising any issues with the registered manager or care staff.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

People told us the registered manager was approachable and played an active part in how the home operated.

People were consulted about the service they or their relative received and there were systems in place to assess if the home was operating correctly. This included the use of questionnaires, meetings and regular audits

Staff were clear about their roles and responsibilities as well as the company values. We saw they had access to policies and procedures to inform and guide them.

# Wentworth Hall Residential Home

## Detailed findings

### Background to this inspection

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

The unannounced inspection took place on 18 August 2015 and was carried out by an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications and information from other agencies. We also obtained the views of professionals who may have visited the home, such as

service commissioners and Healthwatch Rotherham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 19 people using the service. We spoke with six people who used the service and a relative. We also spoke with the senior care worker on duty, three care workers, the administrator and the cook. Following the inspection visit we spoke with the provider and the registered manager on the telephone.

We looked at the care records for three people using the service and records relating to the management of the home. This included staff rotas, meeting minutes, medication records, staff recruitment and training files. We also reviewed records used to monitor the quality of the service provided and how the home was operating.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at the home and we saw staff assisting people in a safe way. For example, we saw staff helping people to move from room to room and transferring to and from wheelchairs.

The staff we spoke with demonstrated a very good understanding of people's needs and how to keep them safe. They were aware of any risk people may be vulnerable to and what action to take if necessary. Staff described how they encouraged people to stay as mobile as possible while monitoring their safety.

Care and support was planned and delivered in a way that promoted people's safety and welfare. The care plans we looked at showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. Overall these had been reviewed and updated when necessary. However, we noted that although staff were providing the correct support for someone diagnosed with diabetes, the person's care plan and risk assessment did not stipulate that extra care and attention was needed regarding their foot and eye care due to their medical condition.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. Staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. They told us they had received initial training in this subject during their induction period, followed by periodic refresher training. This was confirmed by the training records we sampled. There was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice.

Our observations, and people's comments, indicated there was enough staff on duty to meet people's needs in a timely way and keep them safe. We looked at the number of staff on duty during our visit and checked the staff rotas to confirm the number was correct. We spoke with six people who used the service, a relative and four staff who all said they felt there were sufficient staff on duty to meet people's needs. We saw call bells were answered promptly and people did not have to wait long to receive assistance.

Records, and staff comments, indicated that a satisfactory recruitment and selection process was in place. The staff files we sampled contained all the essential pre-employment checks required. This included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Staff confirmed interviews had taken place, but there was no evidence of this in the files we checked, such as interview questions which could be used as part of the decision making process.

The service had a medication policy which outlined how medicines should be safely managed, with senior care workers taking responsibility for administering medicines. The senior care worker on duty described a safe system to record all medicines going in and out of the home. This included a safe way of disposing of medication refused or no longer needed. We checked if the system had been followed correctly and found it had. We checked three medication administration records (MAR) and found they had been completed correctly.

We observed the senior care worker administering medicines at lunchtime. We saw they followed good practice guidance and recorded medicines after they had been given. Some people were prescribed medicines to be taken only 'when required', for example painkillers. We saw there was clear guidance available with the MAR to tell staff why and how these medicines should be given. Staff we spoke with knew how to tell when people needed these medicines.

The service had a controlled drug cabinet that met legal requirements. We saw that staff checked the balance of controlled drugs each time one was administered and this was recorded so that there was a clear audit trail of when the medication had been given. We checked three people's controlled medicines stock and found them to be accurate.

There was a system in place to make sure staff had followed the home's medication procedure. For example we saw regular checks and audits had been carried out to make sure that medicines were given and recorded correctly.

# Is the service effective?

## Our findings

The people we spoke with said staff were kind, friendly and efficient at their jobs and we received only positive comments about how they delivered care. One person using the service told us, "They [staff] are wonderful." A relative told us staff were, "Attentive and professional."

We found staff had the right skills, knowledge and experience to meet people's needs. The staff we spoke with told us they had undertaken a structured induction when they started to work at the home. They said it had included completing essential training and shadowing experienced staff.

Certificates in staff files and the training matrix recorded what training staff had completed and identified any shortfalls. This helped to make sure staff updated their skills in a timely manner. We saw topics covered included, moving people safely, food hygiene, fire safety and first aid. The staff we spoke with felt they had received satisfactory training and support for their job roles. One care worker told us, "If there is any training you want the manager will try to access it for you if she can."

Records and staff comments showed staff support sessions had taken place and most staff told us they had received an annual appraisal of their work performance. However, one care worker said they had not had an annual appraisal, this was confirmed by the records we sampled. We discussed this with the registered manager following our visit. They said most staff had received their appraisal but they were currently finishing off the last few. The staff we spoke with all commented positively about the support they had received from the registered manager. One care worker told us, "We can talk to her at any time we want." Another care worker commented, "We have occasional meetings and I feel I get the support I want, the manager is very accessible."

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. We found staff had an awareness of the Mental Capacity Act 2005 and had received training in this topic. Staff were clear that, when people had the mental capacity to make their own

decisions, this would be respected. Care plans contained signed consent forms for topics such as medication, going out into the community and staff taking photos of them to use in care files and medication records.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards (DoLS) are part of MCA 2005 legislation and ensures that, where someone may be deprived of their liberty, the least restrictive option is taken. Staff had a basic knowledge of this subject and said they would talk to the registered manager for further advice if needed. The senior care worker told us that no-one living at the home at the time of the inspection was subject to DoLS.

At lunchtime the atmosphere was relaxing with people chatting and 40's music playing softly in the background. The menu for the day was displayed on a chalkboard outside the dining room. We saw the meat and potatoes were served to people on their plate, but vegetables were offered in serving dishes and a gravy boat was used so people could decide how much they wanted on their meal. If someone did not want the planned meal alternatives were offered. For example two people had a jacket potato with a filling of their choice. People were also offered a choice of hot and cold drinks.

We saw that once everyone was seated and meals had been served in the dining room, meals were taken to people who chose to eat in their rooms. Staff carried meals up on trays with the food covered to protect them and keep it hot.

People's comments, and the menus we saw, indicated the service provided a varied choice of suitable and nutritious food and drink. The people we spoke with said they enjoyed the meals provided and were very happy with the choice of food they received. One person told us, "The food here is lovely." Another person said, "The food is good and it's homemade."

The cook and the care staff we spoke with demonstrated a good understanding of people's different dietary needs, such as for people with diabetes. The cook told us the training they had completed included food hygiene, health and nutrition and a nationally recognised award in catering. They said the head cook spoke with new people moving into the home so they could gather information about their likes and dislikes.

## Is the service effective?

People were supported to maintain good health and had access to healthcare services. Records showed people's weight had been monitored regularly to help ensure they maintained a healthy weight. Care records showed people

had been assisted to access health care professional such as the chiropodist, GP and the district nurse team. We found people had received timely support from professionals when needed.



# Is the service caring?

## Our findings

People we spoke with confirmed they had been involved in planning care and told us staff respected their choices and decisions. A relative told us, “They [care workers] really do a good job. I was away at the time my family member came to live here but my brother and sister were fully involved in the assessment.”

We saw people’s needs and preferences were recorded in their care plans so staff had clear guidance about what was important to them and how to support them. The staff we spoke with demonstrated a good knowledge of the people living at the home, their care needs and their wishes. We also saw there was specific information recorded about people’s final wishes with regards to end of life care. This meant that staff had clear guidance about people’s preferences on this subject.

All the people we spoke with said they were very happy with the care provided and complimented the staff for the way they supported people. We found the home had a homely and welcoming atmosphere and staff interacted with people in a caring, friendly and personal way, which people told us they liked. Staff described how they assisted people to attend church and how arrangements had been made in the past for someone to visit their spouse who lived in another care home.

We saw information in the reception area which told people about the dignity champions at the home. The champion’s role included ensuring staff respected people and looked at different ways to promote dignity within the

home. When we asked a relative if they felt staff respected people’s dignity they answered, “Definitely.” They went on to describe how they had discussed with staff how they could make their family member settle in better. They told us, “They [staff] asked us how she liked things doing and the little things to make her feel at home.” They added, “The manager spent time with her, getting to know her.”

We saw staff interacted with people in a very positive way. People appeared happy and relaxed and staff communicated with them at a level they could understand. We also saw staff enabled people to be as independent as possible while providing support and assistance where required.

People chose where they spent their time, with some people choosing to stay in their rooms and others wanting to sit in one of the communal rooms. We saw people’s choice was respected by staff and if they changed their minds staff respected this and assisted them to move around the home safely. Staff described how they offered people choice, such as where and when to eat, what clothes they wanted to wear and the time they liked to go to bed and get up.

The staff we spoke with gave clear examples of how they would preserve people’s dignity. They told us how they knocked on people’s doors, closed curtains and doors, and covered people up as much as possible when providing personal care. One care worker told us, “We respect people, we talk to them, we don’t stand chatting while the resident is receiving care.”

# Is the service responsive?

## Our findings

People who used the service and the visitor we spoke with all said they were happy with the care provided and complimented the staff for the way they supported people. They also confirmed they had been involved in planning and reviewing plans of care.

We checked three people's care files which evidenced that needs assessments had been carried out before they moved into the home. In some cases the files also contained assessments from the local authority.

The care records we sampled contained detailed information about the areas the person needed support with and any risks associated with their care. We found the care plans were personalised and gave staff detailed guidance about people's preferences. For example, one file talked about the person not wanting to wear protective clothing at mealtimes, and that they preferred a duvet and three pillows on their bed. Care plans had been evaluated and updated as needed, but in one file we saw the pen picture was out of date. For example, it said the person lived in the community and gave their age. It was written as if this was how they lived now, but it had been written in 2013, so did not reflect current arrangements. The registered manager told us they would ensure this form was updated straight away.

We saw the majority of files contained good detail about monitoring any specific areas where people were more at risk and explained what action staff needed to take to

protect them. However, in one file we saw there was only minimal guidance for staff about the signs and symptoms that may occur due to the person's medical condition. This was discussed with the registered manager who said they would review the information available to staff.

The home did not have a dedicated social activities co-ordinator, but staff told us how they provided some in-house and community activities. We found people had taken part in games, arts and crafts, walks in the community, visits to families and social events provided by outside entertainers. Staff told us there was also a gardening club and occasional group outings that people could take part in. On the day of our inspection we saw staff had organised a quiz which people said they enjoyed. People told us they were happy with the activities available and could not think of anything else they wanted to do.

We saw the provider had a complaints procedure which was available to people who lived and visited there. The senior care worker told us there had been no recent concerns raised. However, we saw there was a system in place to log the detail of the complaint, action taken and the outcome.

The people we spoke with raised no concerns about the home or the care they received, but they said they would feel comfortable doing so if they needed to. Everyone told us they knew who to go to if they needed to raise any issues, but said they had never felt they needed to raise a concern about anything.

# Is the service well-led?

## Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. People told us they liked living at the home and felt it was well run. They said they saw the registered manager regularly and felt they were approachable and listened to what they thought. A relative told us the home was run in a professional way, they added, “The care is fantastic, we are really pleased she is here.”

We also saw the provider had used annual surveys to gain people’s views. The summary of the returned questionnaires from the survey completed in 2014 contained mainly positive responses to the set questions. These included whether people were happy living at the home and meeting people’s personal and social needs. We saw the registered manager had noted any issues raised and what they intended to do about them, such as talking to individual people to clarify certain subjects.

Minutes from periodic meetings demonstrated that people using the service, and their relatives, had been involved in how the home operated. Staff told us the registered manager also regularly spoke with people informally on a one to one basis.

When we asked people who used the service if there was anything they thought could be improved no-one could think of anything they would change. We asked three staff the same question. The only thing they highlighted was that they thought it would be nice if there were more trips out arranged for the people who lived at the home. Staff told us they enjoyed working at the home. They confirmed they attended meetings where they could voice their opinions and said they felt they were listened to. One care worker commented, “Wentworth is a well-run home and the residents are well cared for. The manager has the right balance looking after residents and staff.” They went on to add that the registered manager was “Approachable and realistic about having the right staff for the residents by making sure we can meet their needs.” Another care worker

told us, “It’s a nice home to work in. I enjoy looking after and talking to people.” A third staff member told us, “Everyone [meaning care staff and management] is so approachable. The home is well organised and has a good atmosphere.”

Various audits had been used to make sure policies and procedures were being followed and essential checks were carried out. We also saw daily and weekly checks had taken place to ensure the home remained safe and in good order. These covered topics such as infection control, health and safety and medication practices. This enabled the registered manager to monitor how the home was operating and staffs’ performance.

Systems were in place to make sure that the registered manager and staff learned from events such as accidents and incidents. This reduced the risks to people using the service and helped the home to continually improve. We saw the environmental health officer had visited the home in 2014 and awarded a five star rating for the systems and equipment in place in the kitchen. This is the highest rating achievable. Rotherham council told us they had undertaken an assessment of the home in June 2014. They had rated the home as ‘Excellent’, which is the highest rating they award. The action plan from that visit contained four areas where improvements could be made. These were in relation to additions to care plans, specified staff training, record keeping and having a refurbishment plan in place. We saw the majority of their recommendations had been met, with the registered manager working to achieve the remaining recommendations.

Following our visit the registered manager told us they felt supported by the home owners. They said they met with them regularly to discuss how the service was operating and any issues or concerns. However, although this had been highlighted in our last inspection report, and was a recommendation by the council, we found these meeting had not been recorded. We spoke with one of the owners following our visit to the home and they told us they intended to document these meetings in the future.