

# Worcestershire County Council

## Worth Crescent

### Inspection report

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Date of inspection visit:  
06 November 2023  
09 November 2023

Date of publication:  
01 December 2023

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Worth Crescent is a residential care home providing personal care to up to 10 people with a learning disability and autistic people. Worth Crescent provides people with short-term care in 1 house. People have their own bedrooms and access to communal bathrooms and shower rooms, lounge areas, dining area and a secure garden and decked area. People also have access to the communal kitchen. Worth Crescent was supporting 66 people to access their service. At the time of the inspection there were 9 people staying at Worth Crescent.

People's experience of the service and what we found:

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right Support

People were supported to make their own day to day decisions and choices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Right Care

People's care plans and risk assessments reflected their current needs to consistently promote their wellbeing. Staff who supported people understood people's needs as they knew them well. Staff understood people's individual ways of communicating.

### Right Culture

The provider had systems in place to monitor the service provision. Regular checks and listening to people, relatives and staff helped the provider deliver better outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 07 September 2018.)

### Why we inspected

We inspected this service due to the length of time since the previous inspection.

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

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# Worth Crescent

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 1 inspector.

Worth Crescent is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Worth Crescent is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The first day of the inspection was unannounced. The provider knew we were returning on the second site visit.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 1 person who used the service about their experience of the care and support provided. We spent time in the communal areas of the home to understand how people interacted with staff. We spoke with 4 relatives on the telephone. We spoke with 7 staff, which included the registered manager, the team leader, support workers and the providers services manager. We reviewed aspects of 3 people's care and medicine records and documents in relation to the governance of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection, the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- People told us they felt safe by the staff who supported them. Relatives also felt their family members were kept safe by the staff who supported them. One relative said, "[Person's name] is always happy to go, they would let me know if they did not like it there." While another relative said, "I always feel [person's name] is safe."
- Staff protected people from abuse and understood the providers safeguarding procedures to keep people safe from harm.
- The provider and registered manager understood their responsibilities regarding the action to take to protect people from harm and took action to protect people where required. Where safeguarding concerns had been raised, the registered manager took action to protect people.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- The staff had sought information about people's care and support needs prior to them going to stay at Worth Crescent. This information was gathered from, people who the person lived with, family members, health and social professionals and other agencies who may be supporting the person.
- Staff knew people well, and how to support them in a way which promoted independence while also maintaining their safety.
- Staff had access to people's care plans and risk assessments. These records were clear and concise, which gave staff the information they needed. These records were reviewed regularly or when there were any changes in a person's needs.

Staffing

- The provider ensured there were sufficient numbers of suitable staff.
- Relatives told us the staff who supported their family member were consistent, and they and their family member knew staff well. One relative said, "[Staff member's name] is wonderful. They just work so well with [person's name]." Relative's felt consistency of staff meant their family member was supported in the right way.
- Staff told us there were enough on duty to keep people safe and meet people's needs. Staff levels reflected the number of people staying and their dependency needs.
- The management team carefully co-ordinated who was coming to stay at Worth Crescent and for how long, against the available staff. Consideration was taken into account of people's dependency and support needs along with ensuring the mix of people worked well together.

- There was a good skill mix of staff on duty at the time of our inspection. Staffing levels reflected the needs of the people.

#### Using medicines safely

- People were supported to receive their medicines safely.
- Relatives felt their family member's medicines were well managed through the providers checking in and out processes.
- People received their medicines in line with their prescription by staff who were trained to do so.
- The provider was following safe protocols for the receipt, storage and disposal of medicines.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home appeared clean and furnishings were in good condition to enable staff to keep them clean.
- Staff had received infection control training, and we saw they followed good hygiene practices when supporting people.

#### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

#### Learning lessons when things go wrong

- The provider had systems and processes in place to identify where things had gone wrong and had acted upon these to reduce the risk of them from happening again.
- The management team had adapted and reviewed their checks and audits to ensure these identified care and support was being provided in line with best practice.

#### Is consent to care and treatment always sought in line with legislation and guidance?

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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- We found the provider was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection, the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- There was a positive and open culture at the service.
- Relatives told us they had the opportunity to share their views of the service, through meetings and one to one conversations. Relatives told us they felt listened too and their comments were acted upon where able. One relative said, "It's a really friendly, homely and welcoming." While another relative said, "It's run really well, all friendly."
- Staff felt well supported and valued by the registered manager and provider. Staff had supervisions, staff meetings and opportunities to raise any queries or improvements they may have. All staff we spoke with enjoyed working at Worth Crescent. One staff member said, "I've found my calling." While another staff member said, "I wouldn't work anywhere else, I like supporting people here."
- The registered manager shared with people, relatives and staff planned updates for the service, and where able, involved people in decision making. For example, there were plans to re-decorate and modernise the bedrooms. The registered manager had shared paint colour charts, so people could choose their favourites.
- The registered manager was supported by a senior management team, who listened and supported them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- Where events had happened in the home, these had been communicated with the appropriate people and external agencies.
- The provider understood their responsibilities for notifying the CQC for other events, such as serious injuries or DoLS authorisations.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The provider had systems in place which monitored the performance of the service. These monitoring tools were analysed by senior management to identify any areas for improvement, which were fed back to



the registered manager.

- Staff were clear in their roles and accountabilities, each staff member we spoke with was aware of what was required of them.
- Regular audits took place for various aspects, such as infection control, the home environment and reviews of people's care records. Where shortfalls were identified these were raised with staff to be addressed.
- Staff supervisions and competency checks were in place. Staff told us they could request additional training and/or support if they felt they needed this to develop in an area.

#### Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The provider held regular meetings with managers across their services to share best practice and update on service developments and health and safety alerts.
- The provider had scheduled learning events for managers within the provider group, to ensure their management staff received training relevant to their roles.

#### Working in partnership with others

- The provider worked in partnership with others.
- Staff engaged with professionals to achieve positive outcomes for people. Staff shared examples of what had worked well for people, for example, supporting people to become more independent with daily tasks, such as cooking and washing.
- The provider shared compliments their staff group had received from professionals they had worked with.
- Relatives told us there was good joined-up working across day care centres, the home and social workers.