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Wentworth 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 ●

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 8 January 2016.

The last inspection took place on 20 August 2014. The service was meeting the requirements of the legislation at that time. Prior to this inspection the CQC had received anonymous information of concern regarding staff struggling to manage the needs of some people living at the service. We were not able to substantiate the concerns raised.

Wentworth is a care home which offers care and support for up to 20 predominantly older people. At the time of the inspection there were 18 people living at the service. Some of these people were living with an impairment of their mental health. The service comprised of a detached house over three floors.

The service had 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 registered manager was not present on the day of this inspection. The provider was present.

We walked around the service which was comfortable and personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect.

We looked at how medicines were managed and administered. We found it was always possible to establish if people had received their medicines as prescribed. Regular medicines audits were consistently identifying if errors occurred.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The service had no staffing vacancies at the time of this inspection. Short notice absences due to sickness were always covered by the existing staff members and agency staff were not used.

Staff were supported by a system of induction training, supervision and appraisals. However, the service did not have plans in place to implement the Care Certificate for new staff who did not have experience of the role. We were assured this would be addressed. Staff meetings were not formally held but staff were able to speak daily to the registered manager and the provider as needed. Staff felt able to air any concerns or suggestions they had regarding the running of the service.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs recorded. However, we identified one person whose needs had increased and there was no specific guidance for staff regarding how to respond to behaviour that

challenged them. Where appropriate, relatives were included in the reviews.

Activities were provided regularly. The service had a minibus and regularly encouraged people to take trips out in to the local area.

The registered manager was supported by the provider who also worked regularly at the service. The policies and procedures held at the service had been reviewed by the registered manager in July 2015. However we found some had not been updated effectively and were not providing staff with accurate up to date information. The provider assured us this would be addressed immediately.

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 told us they felt safe using the service. Staff knew how to report any concerns they may have regarding safeguarding.

People received their medicines as prescribed. Medicines were managed safely.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff were supported with regular supervision and appraisals.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good ●

The service was caring. People who used the service and relatives were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Good ●

The service was well-led. There were quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Some of the services' policies required review and updating.

People were asked for their views on the service. Staff were supported by the management team.

Wentworth 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 checked 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.

The inspection took place on 8 January 2016. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with four people who lived at the service and two visitors. We looked around the premises and observed care practices.

We looked at care documentation for three people living at Wentworth. The medicines records for 18 people, five staff files, training records and other records relating to the management of the service. We spoke with the Provider and five staff. Following the inspection we spoke to three family members of people who lived at the service.

Is the service safe?

Our findings

People and their families told us they felt it was safe at Wentworth. Comments included; "I feel very safe here" and "No one has ever been anything other than kind and patient."

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Not all staff were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County. However, there were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. The service had provided specific equipment for a person who was having regular falls from their bed. This had helped ensure such events had decreased but if they did attempt to leave the bed it did not result in the person becoming injured.

People told us they received their medicines when required. We checked the medicine administration records (MAR) and it was clear people received their medicines as prescribed. We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were signed and had been witnessed by a second member of staff. This meant the risk of potential errors was reduced and people always received their medicines safely. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use. The service was using medicines that required stricter controls. We checked the balance of these medicines against the records held by the service and they tallied.

Some people living at the service wished to administer their own medicines. Assessments had been done to help ensure the person was safe to do this and these were regularly reviewed. The provider told us one person, who had been administering their own medicines had recently had a deterioration in their ability to do this reliably and safely. This had been assessed at their review and it had been agreed with the person that the care staff would now manage the administration of all their medicines in the future.

The service were storing medicines that required cold storage. There was a medicine refrigerator at the service. Records showed the medicine refrigerator temperatures were monitored daily. This helped ensure any fault with the refrigerator would be noticed quickly and would be addressed. This meant the safe cold storage of medicines could be assured. An audit trail was kept of medicines received into the service and those returned to the pharmacy. An external pharmacist had carried out a full review of medicines management in May 2015 and raised no concerns. The medicines policy held at the service had been comprehensively reviewed and amended by the provider by hand. However the amendments had not been re typed to form an easy to read policy for staff. The provider assured us this would be done immediately.

Care plans contained risk assessments for a range of circumstances including moving and handling,

supporting people when they became anxious or distressed and the likelihood of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example how many staff were required to support a person safely, and details of the specific equipment to be used.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other residents. We were contacted anonymously prior to this inspection and given information alleging staff were being physically hit by a person who lived at the service. The provider was aware of this person having episodes of increased aggression and was supporting staff on a daily basis with this. However, the provider was not aware staff had been injured and had not received any reports of such incidents. We saw daily records which clearly stated staff had been hit by this person. We spoke to staff who told us no one had been injured. They confirmed the person did have times when they were unable to walk unaided and did behave aggressively towards staff sometimes. Staff and the provider confirmed there was no pattern or specific trigger to the person's behaviours so it was difficult to provide guidance on a consistent approach in the care plan. The person's care plan gave no specific guidance for staff on how to respond when such incidents occurred and what might calm the person. The provider told us the person's care needs were being reviewed to determine if the service could continue to meet their changing needs or if an alternative placement should be identified. They also said staff should always report if they are ever hit by people living at the service and that more guidance would be provided in the care plan to guide staff how to respond if they experience behaviour that challenged them.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

The service had identified the minimum number of staff required to meet people's needs. During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to effectively. We saw from the staff rota there were two carers and a senior in the morning and one carer and a senior in the afternoon supported by a manager on each shift. There were two staff who worked at night. Staff told us they felt they were a good team, morale was good and they worked well together.

Is the service effective?

Our findings

People living at the service told us; "I am very happy here, I have my mate next door, we have a good chat and it's nice" and "They (management and staff) are always chatting to me about what I think about things here and the food, I can do what I like here."

Families of people who lived at the service told us; "We have no concerns at all (the person) always seems well fed, we are often there at meal times it always looks good" and "They (staff) seem to know what they are doing, they always chat with us."

The premises were in good order. Bathrooms and toilets were clearly marked with pictures and bedroom doors had nameplates with people's name on. People's bedrooms had many personal belongings such as photographs, ornaments and furniture which helped to give rooms a familiar feel.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. One commented; "We get lots of training, (management) are quite on the ball about keep us up to date." Training records showed staff were receiving regular training and updates. Staff had also undertaken a variety of further training related to people's specific care needs such as dementia care. However, one new member of staff did not have any evidence of having attended safeguarding training since commencing work at the service in October 2015. We spoke with this person who did not know how to report safeguarding concerns effectively. The provider agreed this training had not been recorded for this member of staff and assured us it would be addressed immediately.

Staff received regular supervision and appraisals. They told us they felt well supported by the registered manager and provider and were able to ask for additional support if they needed it.

Newly employed staff were required to complete an induction before starting work. We looked at the files for three new members of staff. One did not have recorded details of their induction. However, the member of staff told us they had shadowed an existing member of staff for over a week and had been supervised providing care to ensure they were competent to work alone. They told us they found the support helpful and were confident to work alone as they had previous experience of working in the role. The service had not implemented plans for new staff to undertake the new Care Certificate which replaced the Common Induction Standards in April 2015. The Care Certificate is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. The provider assured us this would be addressed immediately.

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 whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager was aware of changes to the legislation. People had been asked to sign to consent to care being provided, photographs displayed in medicine records and care files, and to being weighed regularly. Mental capacity assessments had been carried out and where people had been assessed as lacking capacity for certain decisions. External healthcare professionals were involved in supporting the service to meet people's needs regarding their mental health. There were no applications required for anyone living at the service for a care plan that may restrict their liberty at the time of this inspection.

In the five staff files we reviewed some staff had undertaken training on mental health matters. However, there was no evidence of staff having attended training on the MCA. However, we spoke with staff who were able to tell us how they provided care for people whilst ensuring their legal right to choice was respected. Staff were aware of the basis of the MCA. People told us they could go to bed and get up whenever they wished. Some people went out as they chose. People could choose to spend their time in their rooms if they wished.

The service held a policy on the MCA however, it had not been reviewed to take account of the Supreme Court judgement changing the criteria when DoLS would apply to people. The provider assured us this would be done immediately.

We observed the lunch time period in the dining room. The food looked appetising and was served by care staff to people where they chose to eat their meal. It was a sociable occasion in the dining room, with people chatting happily to each other and to staff. People told us; "The food is lovely, there is nothing I do not like" and "We get asked all the time what we would like to eat." The service had recently been inspected by the Food Standards Agency and awarded five stars.

People's dietary requirements and preferences were well known to the kitchen staff and care staff. Where possible they tried to cater for individuals' specific preferences. People who did not like what was planned on the menu were provided with an alternative.

Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. For example one person had recently stopped eating well so staff were recording their entire intake so that an assessment could be made about the management of their diet. People had their weights monitored regularly to ensure they were having an adequate diet.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes.

Is the service caring?

Our findings

People told us; "The staff are really kind, we see (the registered manager) every day to check we are all ok" and "They (staff) are very kind." Relatives told us; "The staff are always very caring they know me well" and "(the person) always looks well presented and clean, they are happy there too." Relatives told us they had seen a copy of their family members care plan and felt involved in their care. People and their families were involved in decisions about the running of the home as well as their care.

During the day of the inspection we saw caring interactions between people and staff. We spent time in the communal area of the service during our inspection. People were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service.

People's dignity and privacy was respected. For example staff always knocked and waited for a response before entering people's rooms. Care was carried out with doors closed. Staff were clear about the backgrounds of the people who lived at the home and knew their individual preferences regarding how they wished their care to be provided.

People's life histories were documented in some care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly. Staff told us; "We know them (people living at the service) so well, it's nice" and "We know the families and people who visit regularly so we all have a chat."

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for. Some women wore jewellery and make up and had their nails painted. Staff were kind and respectful when supporting people.

The service did not hold formal residents meetings, however people told us they saw the registered manager and the provider every day and could raise any issue at all with them. They did not feel the need for formal meetings.

We saw people moving freely around the home spending time where they chose to. Staff were available to support people to move to different areas of the home as they wished.

Is the service responsive?

Our findings

People told us; "You only have to ask and it is done" and "We are always being asked if we want to go out in the minibus." Relatives told us; "There is always something being offered to them (family member) but they choose to stay in their room, it's their choice" and "I have seen the care plan when we arrived and can always speak with the manager at any time."

People who wished to move into the service had their needs assessed to ensure Wentworth was able to meet their needs and expectations. The provider was knowledgeable about people's needs

People were supported to maintain relationships with family and friends. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member and offering cups of tea.

Care plans were detailed and informative with guidance for staff on how to support people. The files contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The information was well organised and easy for staff to find. The care plans were regularly reviewed and updated to help ensure they were accurate and up to date. People and their family members if appropriate, were given the opportunity to see the content of care plans at reviews.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. There was a shift handover meeting which discussed each person at the service, to ensure the new shift were aware of any outstanding issues that needed to be dealt with.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were aware of any changes that had taken place regarding people's needs. The registered manager and the provider included staff in all discussions about people living at the service to ensure everyone was up to date with the current situation. Staff confirmed they had good communication with the management.

People had access to a range of activities both within the service and outside. An activities co-ordinator was not employed but an organised programme of events including regular trips out and visits from entertainers was arranged by the registered manager. People confirmed there was often something going on in the lounge and particularly enjoyed music and singing.

Some people chose not to take part in organised activities and therefore could be at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people and responded promptly to any call bells.

People and families were provided with information on how to raise any concerns they may have. Details of

the complaints procedure were available to people. People told us they had not had any reason to complain.

The service had received many compliments and thank you cards from families of people who had spent time at the service.

Is the service well-led?

Our findings

People told us: "(the registered manager) is lovely" and "They (management) are always checking everything is ok with all of us." Relatives and staff told us the registered manager was approachable and listened to their views. One staff member told us; "We have regular management discussions, they are very open and they listen." Everyone was positive about their experiences of the management of the service. Staff told us they felt well supported through supervision and regular effective communication. One staff member commented; "They (management) are very good, there is always an open door, very supportive."

The registered manager had carried out reviews of all the policies and procedures held at the service. This had been done regularly and the most recent was in July 2015. However, the consent policy contained details of the old regulations used by CQC, and the MCA policy did not reflect the supreme court judgement which changed the criteria when a person required a DoLS authorisation. The medicine policy had been comprehensively reviewed by hand by the provider however the un amended version remained in the policy folder. This meant the registered manager had not been entirely effective in their review of the policies. The provider assured us these would be reviewed again and changes made as necessary.

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by the provider and a team of senior care staff.

The service had a small stable staff team. There were no formal meetings held to support all staff. However, there was daily communication to help ensure staff were informed of any operational changes on a daily basis. Staff felt they had opportunities to voice their opinions or concerns regarding any changes.

The registered manager worked in the service every day providing care and supporting staff this meant they were aware of the culture of the service at all times. Daily staff handover provided each shift with a clear picture of each person at the home and encouraged two way communication between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the home were aware of the current needs of each individual. It was clear from our observations and talking with staff they had high standards for their own personal behaviour and how they interacted with people.

There were systems in place to monitor the quality of the service provided. Audits were carried out over a range of areas, for example, medicines management, cleaning of the premises and kitchen, bedroom checks, fire exits. There was a person in post with responsibility for the maintenance and auditing of the premises. Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use.

The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The provider carried out regular repairs and maintenance work to the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There

was a record of regular fire drills.