

Wentworth Rest Home Limited

Wentworth House

Inspection report

283 Clifton Drive South
Lytham St Annes
Lancashire
FY8 1HN

Date of inspection visit:
29 September 2016

Date of publication:
11 November 2016

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 inspection took place on 29 September 2016 and was an unannounced inspection.

Wentworth House provides residential accommodation for up to 14 older people who do not require nursing care. The home is situated just outside St Anne's centre on a main road and is in close proximity to the shopping centre, local amenities and the promenade. The home has two floors and offers individual bedroom accommodation. Two lounges and a dining area are available on the ground floor. Parking is available on the forecourt of the home.

At the time of the inspection visit 14 people lived at the home.

At the last inspection in November 2013 the service was meeting the requirements of the regulations that were inspected at that time.

There was a registered manager in place. 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.

People told us they felt safe and contented at Wentworth House. The registered provider had procedures to protect people from abuse and unsafe care. Staff were familiar with these and had received training in safeguarding adults. They told us they would take prompt action to ensure people's safety where they became aware of or suspected a safeguarding concern. We observed staff provided safe, patient and sensitive care during the inspection.

Staff managed medicines competently. People told us they felt staff gave them their medicines correctly and when they needed them. We saw they were given as prescribed and stored and disposed of correctly.

Staff had been trained in care and had the skills and knowledge to provide support to the people they cared for. People we spoke with told us staff were caring and supportive. They said their health needs were met promptly.

People we spoke with said staff were caring and respectful, listened to them and assisted them promptly. They said staff supported them to remain as independent as they could be. Staff knew the care people needed, which showed us they were familiar with people's care needs, and preferences.

Recruitment and selection was carried out safely with appropriate checks made before new staff started working in the home. This reduced the risk of employing unsuitable people.

We looked at how the home was staffed. We saw there were enough staff to provide safe care. Staff had

received training in care which gave them the skills and knowledge to provide support to people.

The environment was maintained, clean and hygienic when we visited. There were no offensive odours.

People told us they were offered a choice of meals. They were complimentary about the meals. Drinks were available throughout the day and people's dietary and fluid intake was sufficient for good nutrition.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). This enabled staff to work within the law to support people who may lack capacity to make their own decisions.

Staff recognised the importance of social contact, companionship and activities. They engaged in frequent conversations with people and encouraged them to get involved in activities.

Care plans were personalised, involved people and where appropriate their relatives and were regularly reviewed.

People told us they knew how to raise a concern or to make a complaint if they were unhappy with something. They said staff were easy to talk to. They said staff were willing to listen which encouraged them to express any ideas or concerns.

There were procedures to monitor the quality of the service. The registered manager sought people's views in a variety of ways and dealt with any issues of quality quickly and appropriately.

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.

Staff were aware of safeguarding procedures and the action to take to protect people from the risk of abuse.

Medicines were administered safely and securely.

Staffing levels were sufficient to support people safely.
Recruitment procedures were safe.

Is the service effective?

Good ●

The service was effective.

Procedures were in place to assess peoples' mental capacity and to assist with decision making where needed.

People were offered a choice of meals. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

Is the service caring?

Good ●

The service was caring.

People we spoke with told us staff were kind and patient. They told us they were comfortable and satisfied with the care they received.

People said staff respected their privacy and dignity. We observed staff interacting with people in a caring and respectful way.

Staff were familiar with and understood people's history, likes, dislikes, needs and wishes. They took into account people's individual needs when supporting them.

Is the service responsive?

Good ●

The service was responsive.

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. There were activities arranged to interest people and encourage interaction.

Care plans were personalised, involved people and where appropriate, their relatives and were regularly reviewed. Staff were welcoming to people's friends and relatives.

People were aware of how to complain if they needed to. They said any comments or complaints were listened to and action taken promptly.

Is the service well-led?

Good ●

The service was well led.

People who lived in the home and their relatives told us staff were approachable and easy to talk with. We saw their views were sought in a variety of ways.

The management team were in the home daily. They carried out a mix of formal and informal checks to monitor the health, safety and welfare of people who lived at the home. Any issues found were quickly acted upon.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

Wentworth House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 29 September 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included five people who lived at the home, two relatives, the registered manager, care manager and three members of staff on duty. We also observed care throughout the home.

We looked at care and medicine records of three people. We also looked at the previous four weeks of staff rotas, recruitment, staff training records and records relating to the management of the home. We also spoke with two care professionals. This helped us to gain a balanced overview of what people experienced whilst living at the home.

Is the service safe?

Our findings

People told us they felt safe at Wentworth House and were pleased with the care they received. They said staff checked they were comfortable frequently and responded to requests for assistance promptly. One person told us, "The staff are fantastic and caring. I feel so much safer here than alone at home." Relatives said they were confident their family members were well cared for. A relative said, "I can relax more knowing [family member] is safe and comfortable."

There were procedures to protect people from abuse and unsafe care. Staff had received training and knew what action to take if they became aware of or suspected a safeguarding issue. They were clear about procedures related to safeguarding and whistleblowing. From this we could see they had the necessary knowledge to reduce the risk of abuse and discrimination to people.

The management team had completed risk assessments. These enabled people to remain as independent as possible while keeping safe. They provided instructions and guidance for staff members when delivering care and support. Staff spoken with told us the risk assessments were clear and informative and provided good direction.

We checked accidents and incidents. Staff had recorded information about accidents and actions to manage them. The registered manager had reduced the risk of incidents from reoccurring to protect people from potential harm. They checked for triggers to, or patterns in the accidents or incidents. This enabled staff to review where risks could be reduced while still supporting people to be as independent as possible.

We looked how recruitment and selection was carried out. We looked at three staff files. The application forms were completed with any gaps and discrepancies in employment histories followed up. This provided the management team with information about the employment backgrounds and likely skills of each prospective member of staff. The management team received references before new staff were allowed to start work. Each member of staff had a disclosure and barring service (DBS) check before they started working with the organisation. This allowed the employer to check if potential employees had criminal records or were barred from working with vulnerable people. These measures helped to assess the suitability of potential staff to work in the home. We spoke with a recently appointed member of staff; who confirmed they were unable to commence work before appropriate checks had been made.

We looked at how the home was staffed. We did this to make sure there were enough staff to support people throughout the day and night. We talked with people who lived at Wentworth House, relatives and staff, checked staff rotas and observed throughout the inspection whether there were enough staff to provide safe care. We saw there were sufficient staff to provide people with personal care and social and leisure activities without undue delays. We looked at how annual leave or sickness were managed to maintain people's continuity of care. Staff told us it was always covered between the staff team who worked in Wentworth house and the sister home close by. We saw from staff rotas that this was the case.

People said they were satisfied with staffing levels and never had to wait long if they called for assistance.

Relatives said there were enough staff to look after their family members promptly and safely. We saw call bells were regularly checked to make sure they were working correctly. They were placed close to people so they were able to call for help when they needed to.

People told us staff gave them their medicines as prescribed and at the correct time. We saw medicines were ordered appropriately, checked on receipt into the home, administered as prescribed and stored and disposed of correctly. Staff said people could manage their own medicines if they were able. However no-one was doing so when we inspected.

There were audits in place to monitor medicine procedures and to check people had received their medicines as prescribed. Records showed any errors or omissions were acted upon promptly.

We observed the home was clean, tidy and smelt pleasant throughout the inspection. The décor and environment were homely and comfortable. One person told us, "The whole place is spotlessly clean. I am pleased to be here."

We saw any maintenance and repairs were carried out promptly. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. Equipment had been serviced and maintained as required. We checked hot, running water was available throughout the home. This delivered water at a safe temperature in line with health and safety guidelines. Legionella checks had been carried out to ensure the water was safe.

There was a fire safety policy and procedure, which clearly outlined action to be taken in the event of a fire. A fire safety risk assessment had been carried out so the risk of fire was reduced as far as possible. There were regular checks of fire safety equipment. Staff had received fire training so they understood what to do to keep people and themselves safe. People had personal evacuation plans so in case of fire everyone knew the help each person would need. There were contingency plans in place in case of emergency, such as flooding or other issues affecting the environment.

Is the service effective?

Our findings

People told us meals were usually excellent and there was a choice. One person told us, "The food is of a high standard and there is plenty of it." We checked the kitchen and found it was clean and tidy, well organised and stocked with a variety of provisions. Staff had maintained records of food and appliance checks to ensure the effective management of food safety. Staff who prepared food had completed food hygiene training to assist them to maintain food safety standards.

We found good systems to provide for people who required special diets and those with allergies, and records of people's likes and dislikes. This assisted staff to meet people's needs and preferences. People had a nutritional risk assessment in their care records which identified those who were at risk of obesity or malnutrition. People's weights were monitored frequently to help them maintain a healthy weight.

We discretely observed lunch. We saw the lunchtime meal was well presented and there were alternatives to the menu of the day. Staff did not rush people and made the mealtime a social occasion. We saw staff made sure people's dietary and fluid intake was sufficient for good nutrition so people had a balanced and varied diet. We saw drinks and snacks were offered to people at regular intervals, throughout the day.

People who lived at Wentworth House and their relatives told us their specialist dietary, mobility and equipment needs had been discussed with them and were recorded in care plans. They told us their healthcare needs were monitored and met promptly by staff and they saw health professionals where needed. We saw in care records people had visits from or visited GP's, district nurses, chiropodists, optician's, clinics and hospital appointments. One person told us staff had taken them to hospital and waited with them when they had an appointment. Another person said staff had gone to the hospital with them when they were ill. Both said they felt reassured by the staff being with them. We saw one person had been found to have a health issue but had chosen not to be referred on to a consultant. The person had mental capacity and understood the effect of this. This had been recorded in their care records along with evidence of their capacity to make the decision. We spoke with health and social care professionals who told us they had no concerns with the care being provided at Wentworth House.

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 management team had policies in relation to the MCA and DoLS. Procedures were in place to assess people's mental capacity and to support those who lacked capacity to manage risk. We talked with people

and sampled care records to check people had consented to care and mental capacity assessments had been completed. People told us they were able to make decisions and choices they wanted to make. One person said, "I am as free here as I was at home." They said staff did not restrict the things they were able and wanted to do. We spoke with staff to check their understanding of the Mental Capacity Act. They told us they determined people's capacity to make particular decisions.

We looked at the care and support provided to people who may not have had the mental capacity to make decisions. Staff demonstrated a good awareness of the MCA code of practice and confirmed they had received training in these areas. They knew what they needed to do to make sure decisions were in people's best interests. Relevant staff had been trained to understand when a DoLS application should be made and completed applications where needed. We saw staff were working within the law to support people who may lack mental capacity to make their own decisions.

People who lived at Wentworth House and their relatives told us they felt staff were trained and able to do their jobs. One person told us, "These are good staff. I can't fault them." Staff told us they had induction training to develop basic skills and knowledge of the home when they started working at Wentworth House. They said they continued to receive frequent training and records seen confirmed this. Most care staff had completed or were working towards national qualifications in care. Staff had also completed safeguarding vulnerable adults, fire safety, infection control, dementia care, dignity and respect, equality and diversity, diabetes, moving and handling, Mental Capacity Act and Deprivation of Liberty, first aid and health and safety.

Staff told us they received regular formal supervision. Staff files contained evidence this was provided regularly. Formal supervision is where individual staff and those concerned with their performance, typically line managers, discussed their performance and development and the support they needed in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed. Staff told us they felt supported by the management team and were able to make suggestions during supervision, staff meetings or informally day to day.

Is the service caring?

Our findings

People who lived at Wentworth house and their relatives told us staff were caring and considerate. One person said, "The staff are so good here. I couldn't wish for a better group of people. They are so obliging and so quick to help." Another person said, "The staff here are the most wonderful people. I have never been so well looked after."

The atmosphere in the home was relaxed and friendly during the inspection. People told us it was a lovely home and staff were friendly, patient and cheerful. One person told us, "We looked at several homes but when we came here I told [relative] this is it, this is the place for me." Another person said, "There is such a lovely atmosphere here. The staff are all cheerful and pleasant and will have a joke with you."

People looked cared for, dressed appropriately and well groomed. We saw staff interacted and engaged with people and listened carefully when the person talked with them. Staff attended to people's needs promptly. We saw staff assisted people carefully and explained how they would help them before they began helping. We observed good moving and handling, where staff involved and informed the person.

Staff were familiar with people's care records which assisted them to people's preferences, preferred form of address, life history, likes, dislikes, care and support and needs and wishes.

Staff had a good understanding of protecting and respecting people's human rights. We reviewed training records and noted they had received guidance in equality and diversity. They understood that people could not be deprived of their liberty except under specific legal authorisation and could not be discriminated against for their gender, sexuality, age, nationality or religion. When we discussed this with staff, they described the importance of making sure they enabled people to hold on to their diversity and individuality.

The registered manager had made sure people's requirements in relation to their human rights were upheld. This included ensuring staff respected people's family, personal and sexual relationships. We saw their personal information was confidential but accessible to them and the right, to make choices about their daily life and the way they wanted their care delivered. When asked, staff were aware of people's individual care needs and preferences. Information was available to people about how to get support from independent advocates. This was particularly important so people had a 'voice' where there was no family involved.

People's dignity was maintained through the polite and supportive attitude of staff. They respected each person's diverse cultural, gender and spiritual needs. They supported people with personal care discretely and sensitively. We saw they knocked before entering bedrooms and bathrooms. They shut bedroom and bathroom doors and made sure people's privacy and dignity was maintained. One person told us, "Nothing is too much trouble for them. They are always so polite and always have a smile." Another person said, "They never make me feel bad when I need help. They are always so caring and respectful." A relative said, "[Family member] is so well looked after and their dignity and privacy always respected."

People's end of life wishes were recorded so staff were aware of these. We saw people were supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. We saw recent comments from relatives praising the staff and managers which included 'It was a massive relief [family member] was with you and able to come to a peaceful end in their quiet cosy room.' And 'We couldn't have wished for a more caring home. You were always there for us. We really don't know what we would have done without you all.'

Is the service responsive?

Our findings

People told us staff supported them to enjoy a good quality of life. People said they were able to choose when to get up and go to bed, what to do and whether to get involved in activities in the home and the local area. People told us they were not rushed by staff. They felt staff were proactive in how they supported them and encouraged them to remain as independent as they were able. We saw people rose and had breakfast at different times on the inspection. One person who rose later in the morning said, "I don't like getting up to early. I like to get up now and have a relaxed breakfast."

People told us staff assisted them in the way they wanted at a time they wanted. One person said of the staff, "They come any time you ask and do what you want. You don't have to wait long at all." Relatives told us staff met their family member's needs well and quickly responded to calls for assistance. A relative said, "My [family member] said staff come and help them straight away if they call them."

Staff recognised the importance of social contact, companionship and activities. Staff encouraged people to get involved in activities such as board games, bingo, reminiscence and watching DVD's. However staff told us several people were reluctant to get involved in group activities, but enjoyed one to one chats. One person told us they enjoyed it when staff massaged their hands and applied nail polish to their nails. People told us they enjoyed short walks with staff in good weather and entertainers who visited regularly. One person told us they did not join in activities but enjoyed staff sitting and talking with them.

The registered manager told us they encouraged people to visit the home and meet people if they were able to. We spoke with one person who told us they had visited Wentworth House and knew straight away that they would be happy there. The registered manager told us care plans and risk assessments were completed with each person and if appropriate, their relative. We saw people had their needs assessed before admission which the management team then developed into a care plan and risk assessments. One person said the registered manager had asked them lots of questions when they met them about the help they needed and what they liked doing.

We looked at the care records of three people we chose following our discussions and observations. We saw from the care records and talking with people, they and their relatives were involved in care planning where they wanted. A relative said, "The staff always let me know of any changes or concerns." Care records were informative and personalised. They were regularly reviewed and amended as people's needs changed. Risk assessments were in place. These included mobility, risk of falls, nutrition and pressure area management and assisted staff to reduce risks to people.

People told us their relatives were made welcome and there were no restrictions to visiting. One person said; "My family can come whenever they want. They are always made welcome." A relative said, "The staff will always have a chat with me and make us a cuppa." We also saw comments relatives had made on the home's surveys. One read, 'Thank you so much, on our visits we have always been welcomed and made to feel part of things.'

We looked at the complaints policy which told people how their concerns would be dealt with. We saw people had been given information about how to make a complaint. People said they knew how to and who to complaint to if they were unhappy or had concerns. They said staff listened to them and responded quickly. One person said, "If I'm not happy about something I say and it is sorted." Another person told us. "I haven't needed to complain but I am sure it would be managed well if I had to." We saw from the recent survey that relatives were comfortable expressing concerns or queries. Comments included. 'Queries are dealt with immediately. We are never made to feel a nuisance for raising an issue.' And 'We always get a quick and helpful response to any questions we ask.'

The registered manager said there had not been any formal complaints over the previous twelve months. She said she routinely spoke with people and their relatives so that any minor irritations were dealt with promptly and appropriate action taken to their satisfaction. There had been written compliments from people who lived at the home and their relatives in the same period.

Is the service well-led?

Our findings

People who lived at Wentworth House and their relatives told us the home was well led and the registered manager and staff team were always helpful and approachable. One person told us, "These [staff] will do anything for you. They really go out of their way to listen to us and try to make things better." We saw one relative had commented, 'Wentworth is always run to a high standard. I am so pleased with the way it is managed.' Another relative stated 'I can't fault this home in any way.'

People who lived at Wentworth House and their relatives told us the registered manager had an 'open door' policy and always willing to listen to their views. They said the management team were in the home daily and routinely had informal 'chats' with them. The atmosphere was calm and people approached the registered manager in a relaxed manner.

Surveys about people's experience of the home and any improvements they would like were sought at least annually. We saw recent surveys which were very positive about the care and support provided. These included 'The home is fantastic – what else can I say,' 'The family are very satisfied with the care and attention [family member] is receiving from the staff here and the way the home is managed' And, 'We have been continually impressed by your professionalism and dedication. It is extremely reassuring for us.'

Staff said the registered manager was 'hands on' and caring towards people who lived at the home, as was the care manager. They said they were also supportive to them and calm and confident in emergency situations. One member of staff told us, "We can always ask for help or advice and know we will get it. We can call [the registered manager or care manager] whenever we need to and they will help."

The home had a clear management structure in place. The registered manager, care manager and staff team, demonstrated they understood their roles and responsibilities. We saw the management team supervised, supported and encouraged staff to develop their skills and knowledge and provide good care. There were frequent informal discussions and occasional staff meetings held to inform, involve and consult staff. Staff told us they were able to suggest ideas or give their opinions on any issues. There were handovers at the change of each shift to discuss any changes to people's support needs so they were clear about the care they gave.

The management team were in the home on a daily basis and routinely carried out informal monitoring of the home. Fridge and freezer and food temperatures, fire safety equipment, water quality and temperatures were routinely checked and recorded. In addition formal medicines audits were carried out and any errors or omissions dealt with.

The management team checked the cleanliness of the home daily and observed if staff were using personal protective gloves and aprons as they should. They observed the care and support given by staff and talked with people who lived at Wentworth House. This helped them check people were satisfied with the care they received. Any issues found or they were informed of were quickly acted upon.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There was a business continuity plan that identified how the management team would respond to different types of emergencies. We saw any accidents and incidents were thoroughly investigated and action taken where needed to prevent any recurrence. This reduced risks to people.