

Mrs S Dell

Wentworth Lodge Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Wentworth Lodge is a residential care home providing personal to up to 44 people in one adapted building. The service provides support to older people some of who are living with dementia. At the time of our inspection there were 41 people using the service.

People's experience of using this service and what we found

People were supported by safely recruited staff. There were enough staff available with the right skills to support people safely. Staff had been trained in understanding how to recognise abuse and report this to the appropriate body.

Risks to people's safety were assessed and plans were put in place to minimise the risks, reviews and updates were done regularly. Staff understood how to support people with their medicines and people received these as prescribed.

People were supported by staff who had knowledge of infection prevention control guidance and followed this to keep themselves and people safe. People were supported to have visitors come to the home in a safe way. A learning culture was in place when things went wrong.

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.

The provider had systems in place to check the service people received and ensure actions were taken where improvements were needed. The provider followed the duty of candour guidance when things went wrong.

There were partnerships in place to offer people support to access their local community. The providers systems ensured people were supported using a person-centred approach. There were systems in place to seek feedback and people, relatives and staff felt listened to.

Rating at last inspection

The last rating for this service was good [16 July 2019].

Why we inspected

We received concerns in relation to the management of medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. For those key questions not

inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wentworth Lodge Residential Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Wentworth Lodge Residential Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience making calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Wentworth Lodge 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. Wentworth lodge 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people about their experience of care. We also spoke with 10 staff which included the registered manager, deputy, assistant manager, laundress and five care staff. We spoke to one visiting health professional. Following the inspection, we also spoke with 10 relatives by telephone to gain their views on the service. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including medicine audits, policies and the training matrix were also reviewed.

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

- People told us they felt safe living at the service. One person told us, "I feel very safe living here, I have been here a few months without any problems." A relative told us, "Yes, [person's name] is safe. They tell me they are quite happy."
- Staff understood how to recognise potential abuse and had a knowledge of the local safeguarding procedures. Staff had received training and could describe how they reported any concerns.
- The registered manager understood local reporting procedures and had made referrals to the appropriate body for investigations to take place as required.

Assessing risk, safety monitoring and management

- People and their relatives told us staff understood how to support them to reduce risks to their safety. One person told us, "The staff help me to get around using a wheelchair, it always feels safe." A relative told us, "[Person's name] has equipment to help them get up."
- Staff understood how to support people to minimise risks to their safety and could give examples of how they supported people to manage risks such as skin integrity, nutrition and moving and handling.
- People had risk assessments completed and these were reviewed regularly. For example, risks for dietary needs, skin integrity and for specific health conditions such as epilepsy.
- People had plans put in place to minimise risks to their safety which were reviewed regularly. The plans included guidance on how to minimise risks for staff. Staff were observed following these plans and could describe in detail how they helped them to support people safely.
- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.'

Staffing and recruitment

- People were supported by enough staff who were suitably skilled. One person told us, "The staff come when you call for them without any delays." A relative told us, "There is quite an army of staff around. The staff always help [person's name] into a wheelchair when I visit, and we go in the garden."
- Staff told us they felt there was enough staff to support people safely. We saw staff were available to support people throughout the inspection without any delays.
- The registered manager told us they keep staffing levels under review and would increase staff levels if people's needs increased.

- People were supported by safely recruited staff. Records showed staff were recruited following the provider's policy. The provider required Disclosure and Barring Service (DBS) checks to be completed which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People had their medicines administered safely. One person told us, "The staff give me my medication every day as I need it, there is no danger of any issues with medication here." A relative told us, "Yes, the staff come around, give [person's name] the quantity they need and make sure they take them with a drink."
- People had their needs assessed and plans for safe medicine administration put in place. Staff understood these plans and had received training in administering medicines safely. We observed staff following individual plans and safe medicines procedures when administering medicines.
- Medicines were stored safely. Medicines were safely secured, and temperatures were checked for the safe storage of medicines in the room and a refrigerator every day.
- Medicine administration records were completed by staff. This included using body maps to show where topical medicines should be applied and protocols for when people needed 'as required' medicines to ensure staff understood when these should be given.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People were able to have visitors at the home. People and relatives told us they understood the visiting policy and were happy with how visits were managed. Visitors were asked to make a booking so staff could support people to their rooms, but there were no restrictions on visiting and they were very flexible. Visitors were asked to follow guidance and use hand gels and masks when visiting their loved ones.

Learning lessons when things go wrong

- The registered manager had systems in place to learn when things went wrong. All accidents were reviewed to identify learning, and actions were taken to prevent reoccurrence. For example, referrals were made to other professionals and checks were done on staffing levels and the environment when needed.

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.

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

- The registered manager had a system in place to ensure notifications were submitted to the CQC as required. At the inspection we found an error meant one incident had not been notified; this was corrected straight away, and the registered manager made changes to the system to ensure this did not happen again.
- The provider had a system in place to alert them when care plans required completion or updating. We found this had not been effective on two occasions and plans were not in place. There was no impact on people, and this was addressed straight away and changes made to the system to ensure this did not happen again.
- We found the medicines policy required review to ensure it reflected up to date guidance. We were able to confirm medicines procedures and staff training included the most up to date guidance. The registered manager said the policy would be updated to also reflect this.
- Audits were in place and driving improvements. For example, medicines audits, infection prevention control audits and checks on daily recording were effective in identifying areas for improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 home was person-centred and there was a positive culture. One relative told us, "It's friendly and welcoming. They are always ready to listen to you and have a chat with you. The home is the next best thing to a family, and I would recommend them." Another relative told us, "We are happy with the home, [person's name] is fine and they feel connected to the community as they know others in the home."
- People's preferences were documented in care plans and these were followed by staff. Staff told us they knew people well and could give examples of how they supported people individually. One staff member told us, "[Person's name] can become upset, we speak with them about their family and make them a coffee or give them some fruit which distracts them and helps them calm down."
- The registered manager understood their responsibilities under duty of candour and ensured when things went wrong the right people were informed in an open and honest way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were involved in the service. One relative told us, "I had a questionnaire and yes they do listen. One issue I raised was covered in a staff training session, so they act on what you say."
- People's protected characteristics were considered within the assessments of their needs and care plans.

For example, initial assessments considered people's needs in relation to their sexuality.

- Staff told us they were happy working at the service and felt they were fully supported. One staff member told us, "We have meetings in place, and we have group chat to share information we can always contact with the registered manager to discuss anything."

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged a learning culture. We saw examples of changes which had been made following feedback on the service from local commissioners. For example, they had changed how their training was delivered in response to feedback.
- The registered manager welcomed the feedback from the inspection and shared how they would use this to make improvements to the service. For example, they made changes to their systems to ensure all incidents were fully reviewed and care plans were completed in a timely way following admission.
- The registered manager accessed local networks to share practice and learn from others. For example, seeking out discounts for things and looking at options for insurance.
- The registered manager told us they had established local partnerships. For example, they had good links with other health professionals, local places of worship and shops.