

First Cheltenham Care Limited

Wentworth Court Care 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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Wentworth Court is a residential care home which provides personal and nursing care to 62 people living with dementia. At the time of the inspection 57 people were receiving care. Wentworth Court is located in a suburb of Cheltenham. The home is set across two floors, with the first floor assisting people living with advanced dementia. The home is set in well presented gardens which people could access. There was a range of communal areas that people and their relatives could use.

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

People were safe, comfortable and well cared for at Wentworth Court. People received effective care and treatment which was based on current guidance and best practice. People's risks were assessed, and staff followed guidance provided by healthcare professionals. Care and nursing staff were fully aware of their responsibilities to raise concerns and the manager and provider ensured lessons were learnt from any incidents or accidents.

Staff were well trained and had the skills to meet people's needs. Staff had access to support, reflective practice and the professional development they needed. The manager and provider reviewed the training staff had and looked to provide additional training to increase staff knowledge. Staff spoke positively about the support they received from the manager and provider. The service worked alongside a range of healthcare professionals to ensure people's health and wellbeing were maintained.

People and their relatives told us care and nursing staff were kind, caring and compassionate. Staff were attentive to people's needs and when people were anxious, care staff took time to reassure them and promote their wellbeing. People were treated with dignity and respect.

People received care which was personalised to their needs. Where people's needs changed or their health deteriorated, nursing and care staff took appropriate and effective action to ensure their health and wellbeing. The home worked with other services to ensure the needs of people could be met, reducing the strain on community services.

People benefitted from tailored, person centred care and a varied and active life at Wentworth Court. The home was heavily involved in the local community and people enjoyed the benefit of these connections. People and their relative's spoke positively about the activities in the home as well as the one to one engagement they received. The manager and provider ensured people's views were acted upon.

The manager and provider had clear and robust systems to assess, monitor and improve the quality of care people received. Systems were designed to continuously improve the service and drive positive changes.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 29 September 2017). At this inspection, we found the service remained Good.

Why we inspected

This was a planned inspection based on the previous rating of "Good".

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was very responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Wentworth Court 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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. 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 Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There wasn't a registered manager at Wentworth Court. There was a manager in place who was applying to become registered with CQC. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider had not been asked to complete a provider information return prior to our inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received from the provider about events which had involved people who used the service.

During the inspection

We spoke with six people who used the service and 14 people's relatives about their experience of the care provided. We spoke with 16 members of staff including six care staff, one activity co-ordinator, one domestic worker, three nurses, the head of maintenance, a marketing manager, the training co-ordinator, the clinical lead and the manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with a GP who visited the service on a fortnightly basis.

We reviewed a range of records; this included seven people's care records and multiple medicine administration records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection the rating of this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse at Wentworth Court. People and their relatives told us they felt the home was safe. Comments included: "safe, oh yes, she is always safe here"; "I know that she is safe, I have booked a holiday" and "I feel part of the family here, she is absolutely safe here in my opinion."
- Staff knew what action to take if they suspected abuse, poor practice or neglect. All staff were aware of the need to report concerns to the manager or provider and knew which organisations to contact outside the home if required.
- The manager and provider reported and shared appropriate information with relevant agencies to safeguard people.

Learning lessons when things go wrong

- Incidents and accidents were reported, recorded and investigated to find out why things had gone wrong and to ensure appropriate action was taken to keep people safe. Any learning identified through investigations was shared with staff and used to prevent similar incidents occurring in the future.
- Staff were supported to reflect on their practice when things hadn't gone as planned. One member of staff had reflected on their medicine administration practice to improve their knowledge and skills in this task.
- The manager and provider analysed the information collected following incidents and accidents so that, where needed, action was taken to avoid recurrences. One person fell three times in one month, and staff had carried out an environmental audit to identify if there were any changes which could be made to ensure the person's safety and wellbeing.

Assessing risk, safety monitoring and management;

- Risks to people's health were assessed and action taken to reduce these and improve people's wellbeing. The condition of people's skin was assessed to identify risks associated with the development of pressure ulcers. Staff in the home had worked collaboratively with visiting healthcare professionals, and had followed their guidance, to ensure people received effective treatment for any skin integrity concern.
- People's specific risks had been identified, such as distressed behaviours, choking or malnutrition, and comprehensive risk and care assessments provided staff with clear guidance on how to manage these risks and meet people's needs.
- Each person had a detailed mobility risk assessment which included guidelines provided by healthcare professionals. We observed care and nursing staff assisting people with their mobility and following their assessed care plans. The clinical lead had implemented a comprehensive falls protocol. Staff understood the importance of monitoring people after a fall, especially if they were on blood thinning medicines or had knocked their head, to ensure people's health and wellbeing were promoted.
- Wentworth Court was well maintained. There were systems in place to ensure the safety of the building and

of the equipment used in people's care. Fire safety checks were carried out and staff had knowledge about the actions they needed to take in the event of a fire.

Preventing and controlling infection

- The home was clean and well presented on both days of our inspection and staff protected people from the risk of infection. Staff had received training on infection control, which gave them the knowledge and skills to provide care in a hygienic and safe way, reducing the risk of contamination and spread of infection. One relative told us, "The home is always clean, staff react really well, they all get involved in making sure it's clean."
- Housekeeping staff had the equipment they needed to clean the home and protect people from the risk of infection. They told us they had the time to ensure the home was clean and ensure people's laundry was managed.

Using medicines safely

- People received their medicines as prescribed. Nursing staff kept a clear record of the support they had provided people regarding their prescribed medicines. Staff had systems they followed to ensure people were protected from the risk of medicine errors. Nursing staff received training and completed competency assessments to be able to administer people's prescribed medicines safely.
- People were given time to take their medicines in a calm and patient manner. Staff asked people who had 'as required' pain relief medicine staff asked if they wanted these medicines and acted upon their wishes.
- Staff had clear guidance to follow when using anti-psychotic medicines which had been prescribed for occasional use to help alleviate distress. Also, where decisions had been made to administer medicines covertly.

Staffing and recruitment

- There were enough staff, at any given time, to meet people's personal care needs. The service had a number of bank staff and rarely used agency, which promoted people's continuity of care.
- People and their relatives spoke positively about staffing and the continuity of care. Comments included: "There are always staff around and if they're not they come quickly. I come every day and I've never had a concern"; "There are enough staff. I can visit when I want. People are in and out all day, so they [staff] are very open" and "There is enough staff, they do their best."
- Staff told us there were enough staff to meet people's needs. Comments included: "The majority of the time we have the staffing right, we get time to spend with people"; "We meet everyone's needs. We have the time and staff to give the right quality of care" and "There is enough staff at any time, even if there is a lot going on, we always help each other out. The nurses and [manager] will also help."
- Staff recruitment systems and records showed pre-employment checks were completed to help protect people from those who may not be suitable to work with them. Where the service had identified risks when recruiting staff, they ensured robust risk assessments were in place. All staff worked a probationary period and disciplinary action was taken, when needed, to ensure expected standards were met.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and their relatives spoke positively about the nursing and care staff. Comments included: "The staff are really good, they anticipate people's needs and are really intuitive. I would say they're all well trained and definitely caring"; "The carers are wonderful, I don't know how they do it sometimes but it is clear they have all been trained really well" and "The staff explain everything to me, they do their best to tell you what's going on. I've been able to get on with life and concentrate on my wellbeing."
- Staff spoke positively about the training they received and told us they had the skills required to meet people's needs. Staff comments included: "I have all the knowledge I need. There is a training board in the staff area which tells you what training is going on. There is one about pain relief. I like to pick everything up"; "I have all the training I need. If you need anything, you can get it" and "Anything we want to do we can, there isn't anything I've asked for that we haven't done, such as venepuncture and catheterization. The senior staff are all very skilled. People don't realise how skilled they are."
- Staff were supported to undertake training which reflected people's needs. This included training in relation to people's healthcare conditions, such as Huntingdon's and training around people's equipment such as hearing aids.
- The provider employed a training co-ordinator. Their role was to ensure staff had the training they required. They explained that all staff, regardless of their role have the same training. They said, "Staff can tell me what they need, we then find training facilitators. We did first aid, which was extended to children's first aid, as most staff have their own children. This gives them more skills and confidence. If staff are learning things then their confidence grows. We've trained staff and they have soared." The training co-ordinator was also arranging for training in relation to learning disabilities, to increase the knowledge of their care staff.
- All staff had access to effective and frequent supervision (one to one meetings with their line manager). Supervision was used to discuss staff needs as well as reflect on staff practice. One member of staff told us, "I feel supported and I feel I can ask for anything."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed with ongoing involvement of their close relatives and where necessary based on their assessed needs from healthcare professionals. One relative told us, "I've learnt a lot with [relative] being here. I have had a lot of support. [Manager] was really good, they explained everything and came out to see us in hospital."
- Universally recognised assessment tools were used to assess people's needs, including their mobility needs and the use of specific equipment. Staff at Wentworth Court used recognised systems which identified the deterioration in people's healthcare needs to ensure their support remained effective. Staff

delivered evidence based-practice and followed recognised and approved national guidance.

Supporting people to eat and drink enough to maintain a balanced diet

- People had access to a varied and balanced diet. People and their relatives spoke positively about the food they received. Comments from people included: "I really feel the food is good" and "I enjoy it, they give me choice."
- The support people needed with their dietary needs was recorded in their care plans, including any specific dietary arrangements and textured diets. Staff were aware of people who required a texture altered diet, including pureed food or thickened fluids. Staff understood and followed Speech and Language Therapist (SALT) guidance to ensure people were protected from risks associated with choking or inhaling their food or drink.
- People's food preferences were known and acted upon. One person had a specialised menu, and food was prepared at a time of their choosing. The service ensured people received their meals when they requested, meaning some people had their main meal in the evening instead of at lunch.
- Where people were at risk of malnutrition this information was shared with all staff and a record of the support people required and received was clearly documented. All staff were fully aware of people's needs and knew which people needed calorie enhanced food and protein rich diets. Kitchen staff in the home had received specialised training in relation to food presentation. This enabled them to present food in an appealing way, including pureed foods, promoting people's wellbeing.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care and nursing staff made appropriate referrals and worked alongside GP's and other associated healthcare professionals to meet people's needs and respond to any changes in their health. One healthcare professional told us, "It is good at the moment. They call appropriately. I always go around with a nurse, it's very rare something isn't actioned."
- Advice from healthcare professionals helped inform people's care plans and enabled staff to meet people's needs effectively. This included guidance in relation to distressed behaviours, mobility and diabetes.
- Staff told us they understood the importance of promoting people's oral health, including assisting people to do as much for themselves as possible, such as using a toothbrush.

Adapting service, design, decoration to meet people's needs

- People could orientate themselves around the home and access facilities including a range of communal lounges and dining rooms. People and their relative spoke positively about the layout of the home. One relative told us, "When she moved here we wanted her to have a room on the ground floor. One became available and the [manager] was on the ball. They are nice rooms and open out onto the garden."
- There was signage in place for people, and people's doors were individually decorated. People could access enclosed garden spaces which had been adapted with raised flower beds to enable people to enjoy gardening. The manager and operations manager told us the home's garden had been designed around the residents' needs we have now won three awards for the design, structure, planting schedules and ongoing work of the gardens in the last two years.
- The home had a café which people and their relatives could access. The manager spoke about their plans to expand the café area due to its popularity. One relative told us, "We love to sit in the café, we're always made to feel welcome."

Ensuring consent to care and treatment in line with law 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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff supported people to make informed choices regarding their care. We observed staff supporting people to make choices throughout the day, including what they would like to eat and the activities they wanted to enjoy. One relative told us, "Staff understand [relative] so well, [relative] can't communicate verbally, however they know their choices." One member of staff said, "If someone doesn't want to get up until 11, then that's their choice. If they want something at two in the morning, then we'll do it. We want to promote people's independence and wellbeing."
- The manager and provider ensured Deprivation of Liberty Safeguards (DoLS) had been applied for people whose liberties were being restricted. DoLS applications had been supported with comprehensive mental capacity assessments and best interest assessments. Where the authorising body had added conditions to the DoLS, the service had tracked these conditions and made the authorising body an update on any changes.
- People's legal representatives (those who held Lasting Power of Attorney for Finances and/or for Health and Welfare) were included in decisions regarding the person's care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question had remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were caring and compassionate to them and their relatives. Comments from relatives included: "The staff are really caring, all of them. One member of staff shared their Chinese food with [relative] during the night. Nothing seems too much trouble"; "I'm considering booking my own room. They look after me as well as my wife"; "I cannot speak more highly of this place, it's amazing, given me a sense of relaxation I didn't have before, because he's here" and "I cannot speak more highly of this place. The care is exemplary."
- Staff used their individual skills to communicate with people and maintain their wellbeing. One person could no longer verbally communicate and was unresponsive when they were spoken to. The home identified a member of staff spoke their native language. This member of staff now spoke to the person in this language, which reassured the person and allowed them to build a positive relationship.
- Each person's room contained an "I-cloud". This was a document which staff could use to understand what is important to each person. One member of staff said, "They're really useful when you're getting used to the people we care for, who aren't able to talk to us."
- All staff working at the home were involved in supporting people. This approach enabled staff to build positive relationships which really benefitted people living with dementia and distressed behaviours. Staff understood the importance of this engagement with people and clearly enjoyed this. One member of staff told us, "We all help each other, it is very rewarding."

Respecting and promoting people's privacy, dignity and independence

- People's independence and wellbeing were promoted by nursing and care staff at Wentworth Court. One person was supported in the home following a surgical procedure. Staff developed a programme which helped the person to regain their mobility. This support enabled the person to have a good recovery which exceeded their relatives' expectations.
- People were encouraged to retain and promote their independence. Staff planned people's care with the focus on promoting their wellbeing. One relative told us, "They have got him talking and walking again and putting on weight too, I couldn't praise them enough, he is able to shuffle along now".
- People's dignity was protected by experienced staff who responded to people's needs. Staff reacted quickly when people had an accident and took time to reassure them and protect their dignity. Relatives praised staff on how they respected people's dignity.

Supporting people to express their views and be involved in making decisions about their care

- The service worked with healthcare professionals to help people with their decisions and promote

people's independence. The service made referrals to Independent Mental Capacity Act services to ensure people living with dementia were appropriately engaged in any decisions where they did not have capacity.

- People and their relatives confirmed that they were fully involved in decisions about their care and daily support. People and their relatives were encouraged to be involved in planning care as well as, providing staff with a clear understanding of their life, background and preferences. One relative told us, "We supported to be involved and we're informed. Staff are very sensitive."
- One person enjoyed visiting the local library club, however this service became unavailable. Staff recognised the importance of reading to the person's wellbeing and quality of life. A member of staff took time to talk to them about the library being unavailable. The person wanted a particular book, which the staff member collected for them. As the person struggled to read the book as the text was small, the member of staff regularly reads to the person promoting their wellbeing.
- One member of staff explained the challenges they face when planning people's care and involving them in decisions. They explained, "One person's family weren't forthcoming, so we had to find other ways to get information. Often people come in with a diagnosis but that's it, no when why who or even the type of dementia. We work as a team to really understand people, such as trying different music."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question had improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Support to follow interests and to take part in activities that are socially and culturally relevant to them;

- The service had built strong links and partnerships with local organisations, to improve the wellbeing of people living in Wentworth Court as well as the local community. During our inspection, a dementia choir formed through the link with a local theatre performed and a music and movement class for toddlers and young children took place. One person told us they enjoyed this session, "The best thing in my life was bringing up my children. That has really cheered me up."
- People benefitted from links with a local school and the theatre to form an Intergenerational Project called an English Country Garden. This included drama sessions, arts and crafts, music sessions and story-telling. In 2019 the service carried out an event called WENTFEST. This was carried out in collaboration with a local school and theatre. People were engaged in doing banners. The festival was based on a time which was relevant to people living at the home. The event had been recognised at a local care provider associations award ceremony as an innovation in care .
- People's wellbeing benefitted from the use of technology. Staff identified that animals, including PAT dog and staff pets had a calming impact on people as well as providing a sensory experience. As well as organising an annual pet show in the home's ground the service had invested in a lifelike robotic cat and dog. For one person, who used to own dogs, spending time with the robotic dog had a positive impact on their wellbeing enabling them to be engaged especially as they like to keep their own company.
- Another person enjoyed music and has been supported to use a voice activated personal assistant. This has increased their musical choices. This has made a significant difference to their engagements and boosted their wellbeing. The person had been inspired by this change and was recently supported to lead a musical group discussion in the home. This had a positive impact on their personal wellbeing and provided engagement for people living at Wentworth Court.
- The home also had a digital big screen which people could interact with. People used this for touch game's music as well as quizzes. One person was often distressed at night, leading to a number of accident and incidents. Staff used a digital big screen, with quizzes to help engage the person. This led to the person become more settled at night and reduced incidents.
- People enjoyed a varied, active and engaging life living at Wentworth Court. Feedback from people and their relatives was wholly positive. Comments included: "This is a happy place, there is constant stimulation going on"; "There is a lot of activity. Absolutely enough to stimulate [relative] and promote wellbeing. [Relative] always liked to sit on the edge, no they like to get up and dance, they love it" and "You just feel that everyone is welcome here, they are always doing something here."
- All staff bought into a 'whole home' approach to activities. Staff engaged with people through one to one or group activities which were tailored to their individual needs. Three people enjoyed a quiz with staff. While one person could not always verbally communicate, they appreciated the music which made them

emotional. One member of staff told us, "We tried music with them. We started identifying which songs made them cry or talk a bit more. We ask if they're okay and they smile and put their thumbs up. We know they enjoy it and it has a positive impact for them."

- While there were a number of entertainers and group activities which most people in the home could enjoy on the ground floor. A number of people would struggle with the noise and busy environment these activities produced, which could make them distressed. Staff were aware of this and understood the engagement people required. For example, one person liked to talk about their home country and sing particular songs. Throughout our inspection we saw staff engaging people in tailored ways, using a variety of objects and interactions.
- People were encouraged to be involved and engaged with the local community. On the last Friday of every month, Wentworth House hold a coffee morning, with any money raised going to a different charity each month. The activity coordinator explained donations were made to charities known by people and staff, including the city farm, local children's hospital and schools. They said, "The hospital has few funds so we make up little gifts for the hospital which might be useful. We make donations to Hester's Way Primary School, they bought some books and they are coming here soon- we used to call it "Enrichment Day".

Supporting people to develop and maintain relationships to avoid social isolation;

- People were supported to enjoy new experiences based on their preferences. One person was asked if they wished to join Gloucestershire's first dementia community choir (a scheme developed by a local theatre in partnership with the home). Since joining the choir, the person has become more communicative, which has greatly promoted their emotional and social wellbeing .
- Staff promoted people and their relative's emotional wellbeing. One relative was supported by staff to take their loved one on trips to familiar places in their caravan. Staff recognised the importance of these trips to the person's emotional needs and maintaining their strong personal relationship. The person's relatives also bring in home cooked meals. The manager explained how the relative is reassured when they are told the person enjoyed the meal .
- People were supported to join in social opportunities, such as dementia friendly church services, local library club, tea dances and dementia cafes. People were also supported with their religious needs. The activity co-ordinator told us, "The local church and their friends come to the service here once a month. We had a family ask for a service too and we arranged that. There are a few residents who are catholic here and we did have a Jehovah's Witness and we facilitated a service for them."

End of life care and support

- People were supported at the end of their life by care staff and other healthcare professionals where required. There were arrangements in place to ensure necessary medicines and additional healthcare support was readily available for people to maintain their comfort at the end of their life.
- People's and their relatives views regarding their end of life had been sought. The manager informed us that they started this process in a respectful way as soon as people came to live at Wentworth Court. People's care plans contained a clear record of the support people wanted at the end of their life, including music and people. Additionally, views had been sought on how people wished to be dressed post state.
- Support had been provided to staff and people's relatives regarding end of life care. One member of staff told us, "We did host a Bereavement Day for relatives so they had the opportunity to ask questions about death, we provided food and drink and Funeral Directors were here too". One member of staff said, "With end of life care, we're human and we care. We get support, especially if you're with the person at the end."
- The home had a developed a "Magnolia Memory Walk" for people's families to support them to reflect and place a tag for a loved one to remember them in. People and their families valued this area and families bought a plant specially for this walkway.
- People's care files contained a ReSPECT (Recommended summary plan for Emergency Care and Treatment) form. These forms detailed people's wishes regarding their care and treatment, such as if they

wished to attend hospital for active treatment. Where this information was not already recorded, staff were following this up.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A number of people living at the home had distressed behaviours, for which they were prescribed 'as required' anti-psychotic medicines which could be used as a last resort. The clinical lead and staff worked with people's GP to review these medicines. The clinical lead told us, "We have one resident who has had no antipsychotic (medicine) since admission, so we have discontinued. It means staff have to focus more on other interventions. It gives us a challenge; however, we can do it without medicine, they don't have to be sedated." Another nurse explained; "Reducing anti-psychotics is going well. I believe in taking it away, to see how the person is. Sedating them is not the answer always, we can't manage behaviours, until we know what the behaviours are." One nurse explained the positive impact this approach had on one person. They explained that the person came to the home with a number of prescribed anti psychotic medicines, following failed care placements. Staff removed the medicines, using a range of techniques to assist the person with their anxieties. The person was settled in Wentworth Court and their distressed behaviours had significantly reduced.
- Staff had a holistic approach to supporting people who could be distressed. One nurse told us, "As a team we look at situations differently. I look at mental health and pain related distress. We try to look at a bigger picture. Care staff tell us if people are acting a bit differently and we work together. I'm sure we cover a completely holistic approach."
- Where people could become distressed, care and nursing staff understood their triggers and anticipated their individual needs. For example, one person could become anxious at mealtimes. A staff member sat with the person and engaged with them in a calm and positive manner. The person was calm throughout. The member of staff told us, "I know most of their needs and behaviours. It can be challenging at times, however nothing that I don't know how to deal with, because of the training I have."
- People's relatives spoke positively about the person-centred care their relatives received. Comments included: "The service has had a really good effect on [relative]. I know the carers, if they're worried about anything they will ring me."; "They've looked after him wonderfully" and "This is an intense Home. The staff do very well for her and make sure she is comfortable."
- Where people's needs changed the service took appropriate action to maintain their wellbeing. One person was exhibiting distressed behaviours based on people entering and leaving the home. Staff worked with the person, their relatives and healthcare professionals to support the person to move to the first floor. This change had occurred, and the person was now calmer in the home.
- The home had worked with a clinical commissioning group support teams to enable people to receive effective treatment in Wentworth Court rather than being admitted to hospital. The clinical lead worked with the team to evaluate the impact of this project and had identified the positive impact the support had on people's health and wellbeing as well as reducing the impact on hospital services. The clinical lead had carried out an audit of when they had used this service and identified that this support had reduced their hospital admissions, ensuring people received effective treatment for infections or for end of life care in Wentworth Court.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided to people in a format which was appropriate for them. For example, people could have access to information in a large print format, braille or in different languages.

- People's communication needs were known, recorded and understood by care and nursing staff. Staff could describe the support people needed to enable staff to understand their wishes and support their decision making. One relative told us, "They [staff] use a white board to communicate when I'm coming in [to visit]."
- Where people were unable to verbally communicate their needs, care and nursing staff looked for changes in their body language to identify if they were in pain or any discomfort. People's relatives spoke positively about how staff anticipated people's needs. One relative told us, "The staff understand [relative] so well. [Relative] can't communicate verbally. Staff anticipate people's needs, they know when people need a bit of reassurance."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which advised people and their relatives what to do regarding concerns and complaints and if they were not satisfied with any outcome. This complaint was on display within the home. People told us they knew how to raise a concern and felt these concerns would be acted upon appropriately. One relative told us, "I come every day and I've never had a concern. I would talk to [manager] if I did."
- The manager kept a record of all compliments and complaints they had received. All concerns were acknowledged and acted upon. Where lessons could be learnt these were clearly documented, for example, changes to communication and how the service used social media had changed following a complaint made about content published online.

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

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

- There wasn't a registered manager in post. The last registered manager left the service in September 2017. There was a manager who was in the process of applying to CQC to become the registered manager. The provider had increased oversight of the day to day running of the service whilst supporting the manager.
- Staff were supported by the manager, a management team and provider and understood their individual roles in supporting people. Comments included: "I moved on (from Wentworth Court) for a promotion. I returned because the atmosphere and the support we receive here. In terms of management and support there is nothing like here. The approachability of [manager] is unbelievable. Totally invaluable. Even if it's nothing about work, they will listen. I have never been anywhere like it"; "They are giving me opportunities to develop, I did my dementia link worker. [Manager] is a happy bubbly man, he tells us we're doing a good job. It rubs off on us. [Manager] is a good listener if you're having a tough day. They saw me at my worst, and they supported me through it." and "[Manager] and [Clinical Lead] are amazing, I can't fault them."
- The provider and manager had a clear overview of the training needs of all staff. The home employed a training co-ordinator who told us, "On top of training, they offer empowerment days for staff and team building. There is no question of staff support. Incredible place. I do nursing shifts here when needed which enables me to see the training being put into practice. We arranged for external training for every member of staff as we identified end of life care needed some improvement." Staff confirmed they had this training, which helped them improve the support they provided to people at the end of their life.
- The manager, clinical lead and provider was fully aware of their legal responsibility to notify CQC of notifiable events. The provider understood their responsibility to be open and honest when an incident had occurred. They had demonstrated this when following up concerns; they had ensured people and their representatives, as well as appropriate authorities, had been informed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives spoke positively about the manager, the ethos and the caring culture of care staff. Comments included: "Right from the manager down to cleaners, they treat [relative] with respect and love."; "[Manager] has always been helpful for us, you would always feel easy going to their door is always open" and "It is a nice atmosphere all the time here, I feel lucky."
- All staff regardless of their role had a shared, inclusive vision of the home's ethos. All staff were trained to the same level and received the same induction. This meant all staff could be involved. One nurse told us,

"We are all involved together, even as a nurse, if I can help out, whether with personal care or cleaning I would. We all work together." Another member of staff said, "We support each other. I love that and it protects us. [manager] turns up at all matter of hours."

- Care staff were encouraged and supported to reflect on how they supported people. Staff spoke positively about how training and support had been tailored to the needs of people living at the home. The provider supported staff to reflect on people's care and events in the home to help improve the quality of care people received. One member of staff asked to speak with the inspection team following an incident. They had reflected on their practice however had been encouraged to seek feedback. Staff were constantly focused develop and learn.

Continuous learning and improving care

- The manager, clinical lead and provider had comprehensive systems to monitor and improve the quality of care people received, as well as assessing people's care to ensure it was effective. This included monthly audits in relation to clinical practices, complaints as well as any key changes in the home. The service also operated a Continuous Improvement Plan which the management team reviewed monthly, to ensure actions were being completed.
- The clinical lead and nursing team carried out a range of audits in relation to people's prescribed medicines, people's care plans, health and safety and accidents and incidents. These audits were carried out monthly and enabled the management team and provider to ensure that people's care was effective in meeting their needs and promoting their wellbeing. The management team reflected on incidents and actions to see where changes could be made to the service. The clinical lead had updated the home's falls protocols to ensure staff had the correct information.
- The provider employed an operations manager who supported the home and carried out their own quality and regulatory checks of the service. Other staff had responsibilities for managing their own audits, such as environment audits and catering audits. These were then reviewed by the management team and any actions addressed.
- The service were focused on engaging with new projects which had the aim of driving improvements in Wentworth Court and other care establishments. The home were engaging in a project with the local care home support team. The management team and staff expressed a continuous desire to develop and share their knowledge with other organisations.

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

- The views of staff, people and their relatives were sought in relation to the home. The manager had implemented a 'You said, We did' board as a way of engaging with people, their relatives and other visitors and communicating the actions they had taken. Relatives had stated they felt the home was different at weekends. The manager responded to this and now works one day at the weekend.
- Relatives told us the management were approachable and listened to their views. One relative told us, "They are brilliant at keeping me informed" and "[The manager] treats us properly and fairly."
- Care and nursing staff were provided with clear information about people's needs, the providers expectations and changes in the home, through meetings, memos and staff handovers. Recent meetings discussed key messages, around staffing matters, including uniform and infection control. Staff told us the manager listened to them and respected their ideas. One member of staff told us, "[Manager] listens to us and is flexible. It's important. It makes us feel valued."
- Staff spoke positively about an accepting culture which included staff and people. One member of staff spoke positively about the support they received. They told us, "I feel very comfortable here. This is a positive place, there are no clichés." Another member of staff told us, "We are very accepting of everyone being different. We're not a normal set of staff, everyone is different, and everyone accepts it, differing

gender, different sexuality. If we're not like that how can we really care for and respect people." People's care plans reflected their protected characteristics and provided staff with clear guidance.

Working in partnership with others

- The service had developed strong working relationships with healthcare professionals and other organisations. The service had worked as part of the local care providers association where they had been recognised for their approach to care. The home actively engaged with other care services. One member of staff said, "We don't see it as a competition if it helps improve people's care." The manager had provided guidance to another home and during our inspection an activity co-ordinator from another provider was visiting Wentworth to see if they were any approaches they could adopt.
- Staff worked with a range of services aimed at supporting care homes in Gloucestershire, including a rapid response. One healthcare professional told us, "The Rapid response pilot has really worked well here, using NEWS score, rapid response are coming in starting treatment. Get seen and assessed quicker. I don't see as many poorly patients."
- The home had worked proactively to ensure people living at Wentworth Court were engaged in the community. They had built strong links with local schools as well as a recognised local theatre. The manager and staff expressed the importance of ensuring people were involved in the community and developing the wider awareness and knowledge of the local community.
- The service were supporting healthcare professionals. They had signed up to become a place where student nurses could undertake work experience whilst receiving mentorship from nurses. Nurses working at Wentworth Court had been supported to complete mentoring training.