

Mr Paul and Mrs Gloria Crabtree

Wentworth Hall Residential Home

Inspection report

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Wentworth
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Date of inspection visit:
09 January 2024

Date of publication:
30 January 2024

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Wentworth Hall is a residential care home providing personal to up to 23 people. Some people were living with dementia. At the time of our inspection there were 16 people using the service.

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

People were complimentary about the care they received and were extremely happy living at the home.

Risks associated with people's care were identified and managed to keep people safe. People were safeguarded from the risk of abuse and staff understood how to recognise and report abuse. People received their medicines as prescribed by staff who were trained and competent to administer medicines. Accidents and incidents were analysed to ensure trends and patterns were identified and lessons learnt.

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 registered manager had struggled to recruit to the senior team and had no deputy manager. The reduction of senior staff had led to some areas of the service to decline. We identified some concerns on the tour of the home, minor discrepancies with medication management and recruitment. These minor concerns were actioned immediately, and the registered manager continues to actively recruit to the senior team.

People were supported by staff who knew them well. A range of audits took place to monitor the quality of the home and to identify any actions required to resolve any concerns.

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 9 January 2018).

Why we inspected

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Wentworth Hall 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 Hall Residential 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.

Inspection team

The inspection team consisted of 1 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 Hall 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 Hall is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

The 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 8 people who used the service and 4 relatives about their experience of the care provided. We spoke with 5 members of staff including the registered manager, and care workers. We reviewed a range of records. This included 2 care records and multiple medication records. We looked at 2 staff files in relation to recruitment. 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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

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

- People were safeguarded from abuse and avoidable harm.
- The provider had a safeguarding policy and procedure in place and actioned any concerns.
- Staff received training in safeguarding and understood what action to take to keep people safe.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- We observed staff supported people to transfer from wheelchair to armchair in a safe and professional way.
- The provider could demonstrate equipment was regularly maintained and health and safety checks were carried out throughout the home.
- People told us they felt safe living at the home. One person said, "I'm happy here, the staff know what they are doing. They [staff] are all very good." Another person said, "I feel completely safe. I am very well looked after here."

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- People told us there were enough staff to respond to their needs in a timely way. One person said, "I think there is enough staff although they can be busy at times. I have never had to wait long."
- The provider operated safe recruitment processes.
- The provider's recruitment procedure assisted them in employing suitable staff. However, we found some gaps in employment history for 1 member of staff. The registered manager could explain the gaps and the documents were updated following our inspection.

Using medicines safely

- People were supported to receive their medicines safely.
- Staff were trained and competent in the safe administration of medicines.
- Some people required medicines on an as and when required basis often referred to as PRN. Protocols were in place to ensure people received these medicines safely and as prescribed. However, these required more detailed information. Following our inspection, the registered manager confirmed these had been reviewed and updated.
- People told us they received their medicines as prescribed. One person said, "I have both my medications at the correct time. I have 1 in the morning and 1 in the evening. Paracetamol is available to me if I need it, but it is not very often, I do. They [staff] always ask if I do require it though."

Preventing and controlling infection

- People were protected from the risk of infection and staff followed safe infection prevention and control practices.
- We carried out a tour of the home with the registered manager and found the home was clean. However, we identified some minor issues such as the lack of pedal operated bins, and some maintenance that was required to keep things clean. Following our inspection, the registered manager took appropriate actions and addressed these issues.
- People were happy with their environment and told us the home was always kept clean. One relative said, "[Relative's] room is lovely as you can see, and it is always spotless. It looks lovely with matching bedding, which is provided by the home, there are two clean matching sets in the cupboard too."

Visiting in Care Homes

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

Learning lessons when things go wrong

- The provider had a system in place to record and monitor accidents and incidents.
- The management team completed an analysis of accidents and incidents to identify trends and patterns. This was used to mitigate future risks.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.

Is the service well-led?

Our findings

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

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

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

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- Staff included people in decisions about their care and support and asked people what they preferred.
- People very happy living at the home and commented, "Everyone knows everyone, it is more like a family community. I love it here," and, "The staff all know me well and we have a laugh. They [staff] are all very caring," and, "The staff are very kind and know me quite well now. We often have a giggle, and they pop their heads around the door to check on me, even at night apparently although I don't hear them. It is a lovely quiet room and I sleep really well."

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

- The provider understood their responsibilities under the duty of candour and were open and honest when things went wrong.
- The registered manager was knowledgeable about their role, regulatory requirements and quality performance.
- People were complimentary about the registered manager, saying, "[Registered manager] is very nice and approachable. [Registered manager] came to see me in the last place to assess me and I found them nice then. I think they keep a handle on things and is around the place a lot which is good. Everyone is nice and kind. I am very happy. I think it is a big 'tick' to be here," and "They couldn't have a better manager; they are very nice to deal with and they help me enormously. I think it is like one big happy family."

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Satisfaction surveys were completed for relatives and residents and people felt their opinions mattered. One relative said, "Communication is very good; they [staff] ring me to let me know if there is any change in my relative's condition or care. If they are poorly, they pick up on it. For example [relative] wasn't well and they had the doctor out and they had to go to hospital they rang me to let me know straightaway. They sent out a questionnaire not long since and they published the results." One person said, "I came up with the

idea of a little tuck shop so we could buy a chocolate bar or shampoo of whatever and [manager] is looking at opening one at the side of the lift."

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- A variety of audits were in place to monitor the quality of the home and act on areas of improvement.
- The registered manager was finding it difficult to recruit to the senior team. The reduction of senior staff had led to some issues not being identified prior to our inspection. We identified some concerns on the tour of the home, minor discrepancies with medication management and recruitment. All these issues were resolved immediately and the process to recruit to the senior team continues.

Working in partnership with others

- The provider worked in partnership with others.
- Care plans documented referrals to healthcare professionals and showed their input had been included in plans of care and staff were following their advice.