

Akari Care Limited

# Wordsworth House

## 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

### About the service

Wordsworth House is a care home providing personal and nursing care to up to 78 people in one purpose built building across three floors. At the time of the inspection there were 55 people using the service, some of whom may be living with dementia.

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

People, and their relatives, told us they felt safe at Wordsworth House. Staff understood how to safeguard people from abuse and were confident any concerns would be appropriately responded to by the registered manager. Improvements had been made to infection prevention and control measures since our last inspection. Staff were very knowledgeable about PPE and wore it correctly. Measures to assess competency and monitor compliance with PPE use were in place. Risks were assessed and minimised. Medicines were managed safely. Staff worked as a team to meet people's needs and support new staff who had recently started in post. Safe recruitment practices were followed.

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.

A range of audits were used to effectively monitor and assess the service. Areas for improvement were identified and responded to in a timely manner so the service was continuously learning and developing. Everyone we spoke to said the home was well-led, and the staff were kind, caring and supportive. No concerns were raised with us during the inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 19 January 2021) and there was a breach of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an announced focused inspection of this service on 11 and 16 November 2020. A breach of legal requirements was found. We served a warning notice in relation to infection prevention and control practices. We undertook this focused inspection to check they had made improvements and to confirm they now met legal requirements.

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.

We also received some concerns in relation to falls management and meeting people's needs. 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.

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wordsworth House on our website at [www.cqc.org.uk](http://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.

# Wordsworth House

## 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 completed by one inspector.

#### Service and service type

Wordsworth House 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. Wordsworth House is a care home with 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 also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 six people and four relatives about their experience of the care provided and observed staff interactions with people. We spoke with ten members of staff, including care staff, senior care, care home assistant practitioners, nurses and ancillary staff. We also spoke with the registered manager, the regional manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also contacted six relatives and 11 staff by email and received three responses from relatives and two from staff.

We viewed a range of records. Including care records for four people and multiple medicines records. We viewed a range a records relating to the management of the service, including audits, action plans and policies and procedures.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

At our last inspection the provider had failed to ensure infection control policies and procedures were followed by staff. This was a breach of regulation 12(1)(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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

The providers approach to visiting was in line with government guidance in place at the time of the inspection. Family members confirmed they were able to visit and commented that staff were very good at making sure guidance was followed.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse.
- Staff understood safeguarding procedures and were able to describe signs that people may be experiencing abuse. They were confident in the registered manager and said, "They would definitely act if I raised concerns."
- People said they felt, "very safe." Relatives also told us they trusted staff to keep their loved ones safe.

### Assessing risk, safety monitoring and management

- Risks were assessed and monitored.

- Care plans included information on how people should be supported to minimise risks. Specific risk assessments were also developed in relation to areas of risk including falls and eating and drinking.
- The registered manager was aware that some records needed to be developed to include more person-centred detail.
- Staff knew people well and were able to discuss people's needs and how they were cared for.
- Safety checks of the premises and equipment were completed as required.

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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- 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.

#### Staffing and recruitment

- There were enough staff to meet people's needs.
- Some staff commented on the impact of absence due to COVID-19 and the need to work alongside agency staff. The registered manager and nominated individual were aware of this and had recruited new staff some of whom were in post, others were completing pre-employment checks.
- Safe recruitment practices were followed.

#### Using medicines safely

- Systems were in place to ensure the safe management of medicines.
- Medicine administration records were completed in full.
- Some protocols to support staff with the administration of as required medicine lacked detail on how staff would recognise if people needed their medicines. Staff were able to tell us how they knew if people were in pain for example and needed pain relief.

#### Learning lessons when things go wrong

- Systems were in place to monitor the service and learn lessons to improve the quality and safety of the service.
- Lessons had been learnt from the previous inspection and improvements had been made to infection prevention and control practices. Systems had been implemented to monitor and observe practice to ensure learning was embedded.

# 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 requires improvement. At this inspection the rating has changed to 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

- The culture was person centred and inclusive.
- Staff were supported to understand and implement the values of the organisation during induction.
- People told us staff were kind and promoted independence. Relatives said they couldn't wish for better for their loved ones.

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 registered manager was aware of their responsibility in relation to duty of candour. They said, "It's about informing people, being open and honest, learning and offering and apology."

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

- Regulatory requirements and quality performance were understood by staff at all levels of the organisation.
- There were a range of audits completed which identified areas for improvement which were acted upon in a timely manner.
- Staff worked as a team to provide good care for people, minimise risks and improve the quality and safety of the service.

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

- People, staff and family members were included in planning people's care and providing feedback on the service.
- Care records evidenced that people, and/or their representative were included in care planning and risk management.
- Feedback was sought using quality assurance surveys and meetings.

Continuous learning and improving care

- The management team had a focus on continuous learning and improving care. They were supportive of the inspection and responsive to all feedback.

- Links had been made with the Marie Curie ECHO project (Extension for Community Healthcare Outcomes). This is an internationally recognised collaborative model of health education and care management that empowers social care professionals to provide better care to people, including end of life care, oral health and pain management.

#### Working in partnership with others

- Management and staff worked in partnership with several organisations, including local authority commissioning and safeguarding teams.
- Guidance and support was sought from healthcare professionals, including in relation to infection prevention and control.
- Working with local faith groups and children's nurseries had stopped due to the pandemic but the hope was that this would be recommenced due to the wellbeing benefits for people.