

Terebinth Limited

# Watson House Rest Home

## Inspection report

50 Station Road  
Blackpool  
Lancashire  
FY4 1EU

Tel: 01253341550

Date of inspection visit:  
09 August 2017

Date of publication:  
14 September 2017

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Watson House provides care and support for a maximum of nine people who live with a physical disability. The home is situated in a residential area close to Blackpool promenade and other amenities. It offers nine single bedrooms over two floors, each of which have en suite vanity units. In addition, there is a dining room and communal lounge.

Watson House was newly registered on 05 August 2016. Consequently, this was their first inspection.

During this inspection, people we spoke with told us they felt safe and comfortable at the home. The management team had appropriate systems and completed assessments to minimise the risks of harm or injury to people. When we discussed managing and reporting safeguarding incidents with staff, we found they had a good awareness.

Staff and people who lived at Watson House said staffing levels were sufficient to meet their requirements. One person commented, "I think they have enough staff. We don't have to wait for anything." We also looked at a newly recruited staff member's file and found required documentation was obtained to protect people from unsuitable staff. Those who lived at the home told us they found staff were experienced and effective when they supported them.

We noted staff gave people their medicines on time and with a safe approach. We reviewed a sample of related records and saw there were no gaps and staff correctly recorded information. One person said, "I worry about my medication because I get confused about it. I'm really glad they do it for me. It keeps me safe because they know what they're doing."

People were offered a variety of meal options, such as three choices at lunch. They told us they enjoyed their meals and had ample portions. Risk assessments were completed regularly to monitor people against the risks of malnutrition.

The registered manager ensured staff had training about the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Where people were deprived of their liberty to safeguard them, we found up-to-date records were in place. The registered manager and staff ensured good standards in obtaining and recording people's consent to their care.

We found care records contained evidence people were involved in their care planning. Staff demonstrated a caring and respectful approach to those they supported. One person who lived at Watson House commented, "The staff are kind and caring."

Staff completed and regularly reviewed a variety of assessments to assist people to maintain their self-reliance as much as possible. One person told us, "They do as much as they can to help me keep my independence." They checked each person's backgrounds and preferences to gain a better understanding

of who they were and what they needed.

Staff, people and visitors told us the home had strong leadership. This was underpinned by regular auditing processes to ensure ongoing oversight of safety and quality assurance. The provider had suitable arrangements to obtain feedback from staff, people, relatives and external healthcare professionals about the quality of care.

## 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.

We observed the premises were adequately monitored to maintain everyone's safety and wellbeing. General and care risk assessments were updated to ensure the delivery of appropriate support.

Staff demonstrated a good understanding of the principles of protecting people from poor practice or abuse.

People told us there were enough staff to meet their needs with a timely approach. The registered manager assessed gaps in employment history to ensure candidates were suitable to work with vulnerable adults.

We found people had personalised medication care plans to guide staff to manage their medicines administration safely.

### Is the service effective?

Good 

The service was effective.

Staff files we reviewed evidenced staff received a range of training to support them in their roles.

We observed staff consistently checked people's consent before assisting them with their requirements. Staff had training in and were able to explain the principles of the MCA and DoLS.

People told us they enjoyed their food and had a variety of meal options.

### Is the service caring?

Good 

The service was caring.

People told us they found staff were supportive and assisted them in their daily lives. We observed they worked in ways that respected each person's culture, diversity and human rights.

Care documentation we reviewed contained clear evidence each

person or their representatives were consulted and fully involved.

We observed staff were respectful of people's privacy and knocked on doors before entering their bedrooms.

### Is the service responsive?

Good ●

The service was responsive.

The registered manager completed people's records with a clear approach that flowed really well. One person we spoke with explained staff regularly reviewed care with them.

Activities at Watson House provided a number of opportunities to benefit people's social requirements.

Information was made available to people in Watson's House's foyer about how to complain about their experience of living at the home.

### Is the service well-led?

Good ●

The service was well-led.

Good communication systems were in place to assess the quality of people's care. They and staff we spoke with told us the management team was approachable and sought feedback about their experiences of the home.

The registered manager and provider completed a variety of audits on a regular basis to assess the safety and welfare of everyone at the home.

# Watson House Rest Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit at Watson House was undertaken on 11 August 2017 and was unannounced. The inspection team consisted of an adult social care inspector.

Prior to our unannounced inspection, we reviewed the information we held about Watson House. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who lived at the home.

We walked around Watson House and spent time observing the interactions between people, visitors and staff. We spoke with a range of people about the home. They included four individuals who lived there, the registered manager, the provider and one staff member. We did this to gain an overview of what people experienced whilst living at Watson House.

We looked around the building to check environmental safety and cleanliness. We also spent time looking at records. We checked documents in relation to two people who lived at the home and two staff. We reviewed records about staff training and support, as well as those related to the management and safety of Watson House.

## Is the service safe?

### Our findings

We discussed safety with people at Watson House, who told us they felt safe living at the home. One person said, "Yes, I feel safe. It's my home, but they look after it for me to keep me safe." Another person added, "I feel safe here. I miss my flat, but I feel much safer with staff around." A third person commented, "I need space to move and the girls always make sure the way is clear."

On our arrival, we looked around the building and found it was clean, tidy and free of obstacles. One person told us, "They keep the place nice and clean, just how I like it." Staff completed infection control training and had ample use of protective equipment. The registered manager undertook related audits to check the environment was well maintained and safe for people to live in. We noted hot, running water was available throughout the home and window restrictors were in place to protect people from potential harm. Staff documented water temperature checks to confirm these were in line with national health and safety guidelines. The home's legionella, gas and electricity safety certification was up-to-date and fire safety checks were completed.

The registered manager told us there had been no accidents or incidents at Watson House since they registered with CQC. We found the provider had suitable arrangements to reduce the risk of a hazardous environment. This included a serious incident log sheet for staff to document an outline of the accident and who was involved. They would also complete follow-up actions and report to CQC, where required, for the management team to review if systems were safe. Staff had health and safety training to underpin their ability to maintain a safe and secure environment.

Information was on display in the home's foyer outlining to people how to contact the local authority and CQC if they had concerns. When we discussed managing and reporting safeguarding incidents with staff, we found they had a good awareness. One staff member told us, "When I see abuse on television it disturbs me because I think what if it was my relative, so I would act very quickly." Staff had safeguarding training to develop their skills in protecting people from potential abuse, poor practice and inappropriate care.

Care records we looked at contained information about risks to people and how to manage them to keep each person safe. The risk assessments of harm or injury to people covered a variety of areas. These included infection control, bedrails, fire and environmental safety, movement and handling, management of behaviour that challenged and falls. The registered manager completed detailed information to assist staff to understand the level of risk and actions to manage people's safety. We found documentation was regularly reviewed to ensure plans continued to meet the person's needs.

We reviewed rotas and found staffing levels were sufficient to meet people's support requirements. During the day, two staff were employed to support nine individuals who lived at the home with their personal, social, physical and emotional needs. Staff were available throughout the remainder of the 24-hour period and were adequately trained to maintain a good skill mix. A person who lived at Watson House confirmed, "There's enough staff. They help me as soon as I need anything." Another person added, "Oh yes, plenty of staff. When I press my call bell they come running." One staff member commented, "I think there's enough

staff on duty. As soon as we know about leave or sickness we're all there covering it straight away."

The local authority told us they found not all staff had been recruited correctly when they carried out their contractual visit. We saw the registered manager had taken immediate action to address this issue. For example, they put a risk assessment in place to protect people from unsuitable staff. We also looked at a newly recruited staff member's file and found required documentation was obtained. This included references and criminal record checks from the Disclosure and Barring Service prior to the employee's commencement in post. The registered manager assessed gaps in employment history to ensure candidates were suitable to work with vulnerable adults. Following their recruitment, we saw staff had induction and training to assist them in their role and responsibilities. A person who lived at Watson House stated, "The new staff are all very caring and they have training before they're left on their own."

We found each person had a personalised medication care plan and risk assessment to guide staff to manage their medicines administration safely. We looked at associated records and found they were accurately completed. For example, there were no gaps on medication charts. We noted staff gave people their medicines on time and with a safe approach. For instance, staff signed medication records after administration to evidence people had taken them. They received relevant training and competency testing to assist their understanding and proficiency. The local pharmacy, as well as the registered manager, completed regular, separate medication audits, to check associated processes maintained safe administration of medication. One staff member told us their local pharmacy was an excellent source of information and support. They added, "They are a great chemists. Any queries or anything we don't know we pick up the phone."



# Is the service effective?

## Our findings

During our inspection, we noted staff understood people's requirements and assisted them with skill and knowledge. One person told us, "Oh yes, the staff are really experienced. They know what they are doing and give me what I need." Another person commented, "The staff are well trained, they always know what to do."

Staff files we reviewed evidenced staff received a range of training to support them in their roles. This included food safety and hygiene, first aid, equality and diversity, movement and handling, communication skills and the principles of dementia care. When we discussed the availability of training with staff, they confirmed the provider supported them with a range of courses. One staff member commented, "Training is brilliant. I want some more in-depth learning on dementia and [the management team] would support me, no problems there."

We found evidence of staff receiving regular supervision to underpin their roles and responsibilities. Supervision was a one-to-one support meeting between individual staff and their line manager to review their role and responsibilities. The process consisted of a two-way discussion about, for instance, personal care, shifts, grievances, personal development, team working and training needs. Supervision also included feedback from colleagues and people who lived at Watson House about the employee's general progress. This was a good system to monitor and support staff to provide effective care.

The registered manager and staff ensured good standards in obtaining and recording people's consent to their care. A specific document demonstrated each person or their relative had agreed to, for example, sharing of information and physical examination. We also found people or their legal representatives signed each area of their care plan and risk assessments. The registered manager involved advocacy services and the individual's Lasting Power of Attorney, where applicable, to give them a voice in any decisions made. We additionally noted records included best interest meetings and clear processes to evidence people were fully involved in their care. One person told us, "Whenever the girls help me, they ask if I'm ok with whatever they need to do. I like that because it is very respectful towards me." We observed staff consistently checked people's consent before assisting them with their requirements.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people were deprived of their liberty to safeguard them, we found up-to-date records were in place. Documentation included, mental capacity assessments, best interest decisions and legally authorised deprivation records. The registered manager told us the front door was always locked to keep people safe. They added, "Residents can still come and go as they please because those who have capacity can access the door if they choose." Staff we spoke with said they received relevant training including managing risk and minimising restraint. A person who lived at Watson House stated, "They never take over. I can come and go as I please."

The Food Standards Agency had awarded Watson House their top rating of five following their last

inspection. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. Records we looked at confirmed all staff who prepared food completed food safety and hygiene training. The kitchen was clean and tidy with modern equipment. Staff completed associated safety and cleaning records, such as appliance temperature checks, to maintain food safety.

People were offered a variety of meal options, such as three choices at lunch. In addition, a staff member told us if someone did not want what was available they would provide another alternative. Those we spoke with told us they enjoyed their meals. One person commented, "The girls cook lovely food. We get whatever we want." Care files held detailed nutritional risk assessments to protect people from the risk of malnutrition. These covered the level of risk and processes to follow in order to maintain each person's dietary requirements. People's preferences and special diets, such as blended meals and any allergies, were taken into consideration. Staff completed food and fluid charts and regularly weighed each individual to monitor their health. A person who lived at Watson House said, "The food here is great. I have started to put a bit of weight on since coming here, which is great."

We found the registered manager and staff developed close working relationships with other healthcare professionals to maintain people's continuity of care. These included the person's GP, speech and language therapists, community and hospital specialists, dieticians, pharmacy and social workers. A staff member told us, "Any changes I report to [the registered manager] and, if need be, I'll contact the GP or whoever else is relevant." We saw a clear process of the professional's involvement, the outcome of appointments and the review and update of the specific care plan area.

## Is the service caring?

### Our findings

We observed a calm, relaxed atmosphere and saw people and staff interacted in a friendly, caring way. One person told us, "Yes, I feel settled here and happy in the short time I've been here because the staff have helped me to feel like it is my home." Another person commented, "The staff are like my friends." Staff told us they were happy in their work and enjoyed supporting people. One staff member commented, "I really enjoy my job, the rewards you get are so great."

The registered manager told us they were about to embark upon a redecoration programme of Watson House to aid people's wellbeing. They explained they offered a choice of colour schemes throughout the home and in each person's bedroom. The registered manager stated, "We always ask the residents what colours they want. It makes it more like their home." Additionally, we saw people were assisted to personalise their bedrooms. This included their personal belongings, such as photographs, pictures, furnishings, soft toys and ornaments.

All individual care documentation we reviewed contained clear evidence each person or their representatives were consulted and fully involved. For instance, people had signed each area of their care plans to show their agreement to support that was tailored to their needs. One person who lived at Watson House said, "Yes, I have a care plan. They talked with me about it when I came in." The registered manager also provided each individual with a document intended to encourage them to consider their abilities and independence levels. It asked people for their views on communication skills, personal care, emotions, recreation and a variety of other areas. A staff member explained, "It's about taking your time, listen to what people are saying and what they want."

We observed the management team and staff worked in ways that respected people's culture, diversity and human rights. For example, recorded information outlined people's preferences to care and living at Watson House, as well as their spiritual, cultural and end of life wishes. Staff received in-depth equality and diversity training and demonstrated good awareness when we discussed the principles of this with them. The 'resident's charter' was on display in the home's lobby, which underpinned people's rights. This covered information about, for example, 'Residents can come and go as they please and we have no restrictions on visitors.' Other statements included, 'the right to be given every opportunity of mixing with other people in the community,' and, 'the right to take part in decisions.' A person who lived at Watson House told us, "I like things done a certain way and the staff treat me as an individual. It's never like a factory line here."

People told us they found staff were supportive and assisted them in their daily lives. One person commented, "The most important thing I get here is the staff having the time to sit and chat when I'm feeling down. They cheer me up and are very caring that way." Our observations evidenced staff used a consistent approach to help people maintain their self-reliance. Information held in their care files guided staff to an approach that consistently maintained people's independence. The registered manager assessed their self-determination in different areas, including personal care, nutrition and communication skills. This information guided staff to support each person to optimise their independence. One staff member said, "Everything we do is about maintaining the residents' independence."

Information, including contact details, about advocacy services was made available to people who lived at the home. Consequently, people could access this if they required support to have an independent voice.

The registered manager asked people their choice of gender of carer in order to protect their dignity and respect their preferences. We observed staff were respectful of people's privacy and knocked on doors before entering their bedrooms. One person commented, "The staff always make sure I get my privacy. They make sure my door is shut."

## Is the service responsive?

### Our findings

People and relatives said their care was personalised and staff were responsive to their needs. One person told us, "I've lost some mobility, but the staff are really good at helping me to get better." Another person stated, "I love all the staff, they are so good."

The registered manager completed people's records with a clear approach. They carried out an initial brief assessment to measure their support levels. The registered manager then utilised this information to monitor and manage risks and formulate the person's care plan. We found documentation was personalised to the individual's needs and guided staff to meet their requirements with a person-centred approach. All records we looked at were reviewed every month or more frequently if people's health changed. This ensured staff provided care that was responsive to their needs. One person we spoke with explained staff regularly reviewed care with them. They added, "I have chats with my keyworker if I think there's any changes with my health or if I need anything else."

Staff and the registered manager provided us with examples where their approach to care resulted in people's improving health and wellbeing. For example, one person was admitted with self-neglect and weight loss. The registered manager said, "[The person who lived at Watson House] has improved so much in the three months they have been here. He's put on two and half stone, he's well dressed and clean-shaven. It's fantastic to see the improvement in him." People confirmed staff were very responsive to their requirements.

The registered manager and staff worked hard to understand people's preferences and how they liked to be assisted. For example, they checked and recorded each person's backgrounds and wishes. This included their food likes/dislikes, term of address, spiritual requirements, funeral arrangements, best interest decisions, sleep preferences and recreation. The information helped staff to gain a better understanding of who people were and what they needed.

Each person was assigned a keyworker who worked with them and discussed their social requirements and ongoing development. Staff documented this in their care plans as part of the management of their social skills and activities. A staff member told us, "It's about being there for the residents, so if they want a foot spa I just sit for half an hour and do it and have a chat. It means so much to them and [the registered manager] makes sure we have the time to do that."

Activities at Watson House provided a number of opportunities to benefit people's social requirements. This included jigsaws, games, satellite television in their bedrooms, bingo, drawing, walks out or to the local pub and popcorn and movie night. We were told there was no set programme because activities were based around what people wanted to do on a daily basis. One person who lived at the home told us, "I have plenty to do. I like my TV quizzes and I have Sky for that. I can go out when I want and the staff are really chatty. We talk about all sorts of things that are of interest to me and them." A staff member said, "I often take the residents out for a coffee and bring my dog in. The residents love that, it's a bit of therapy for them."

At the time of our inspection, the registered manager told us they had not received any complaints in the previous 12 months. Information was made available to people in Watson's House's foyer about how to complain about their experience of living at the home. This was underpinned by an up-to-date policy and both documents referred to the Local Government Ombudsman. This meant people had detailed information about how to make a complaint and where to seek support. One person told us, "I have nothing to complain about, but there's a poster downstairs that tells me how to if I need to."

## Is the service well-led?

### Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The registered manager was new in place and they told us they were now settled in post. They said they had a lot of support from the provider who regularly visited the home to oversee quality assurance. The registered manager commented, "I had my annual appraisal yesterday and it was really good to say how well I'm doing. [The provider's] lovely and so supportive." A staff member added, "[The provider] is wonderful, he's so approachable about anything, even personal matters."

We found Watson House had a welcoming atmosphere and people approached staff and the registered manager in a relaxed manner. They said the home was well organised and had good leadership. One person told us, "[The registered manager] is lovely. I feel like I could go to her any time if I had a problem. [The registered manager and provider] are really good and take an interest in me." Another person added, "[The registered manager] is lovely. She really cares about us and runs a tight ship."

We observed people felt comfortable engaging with the registered manager, who demonstrated an in-depth awareness of each person, their backgrounds and their requirements. They told us they completed all the care plans and reviewed these regularly and added, "I need to do this because if I don't then how can I know how the residents are and whether we're meeting their needs."

The provider had suitable arrangements to obtain feedback from people, their relatives and external healthcare professionals about the quality of care. The outcome from questionnaires to healthcare professionals was very positive about follow-up instructions, care in between visits, cleanliness and staff attitude. The registered manager told us they had designed a new satisfaction survey for people who lived at the home and their relatives. However, they had not yet received any responses. Comments we saw on thank you cards included, 'Thank you to all you kind ladies for all your help,' and, 'Thank you to all at Watson House who made my 90th birthday so special.' One person who lived at Watson House confirmed, "The staff and [the registered manager] are interested in what we think about the home and ask us if we have any suggestions."

Staff commented they felt the registered manager and provider were supportive to them in their work. One staff member said, "[The registered manager] is so approachable about anything. Nothing is ever an issue." They said the management team organised and led the home well. This staff member told us, "I've never worked in a better care home because of the way it's managed."

The registered manager told us because Watson House operated with a small number of staff, meetings were not held regularly. However, we noted from communication systems staff were kept informed about any changes on a daily basis through shift handovers. The registered manager stated, "I use that to ensure

any new procedures or other changes are handed over." Furthermore, the management team sought feedback from staff, including their involvement in the running of the home, through satisfaction surveys. We noted from the last review in June 2017 responses were positive and staff commented, "Happy in my work," and, "Love my job."

The registered manager and provider completed a variety of audits on a regular basis to assess the safety and welfare of everyone at the home. These monitored, for example, staff training and supervision, recruitment, fire and environmental safety, infection control and medication. We saw evidence where identified issues were addressed to maintain everyone's wellbeing. The registered manager told us, "I'm really keen to make sure we're doing everything right and if not what we can do to get things right. We can always look to improve ourselves."

The staff information board in the office contained several protocols to guide staff to respond correctly to certain events. These covered, for example, missing persons, disruption to electric and gas supply, safeguarding and burst water pipes. The information enabled staff to understand how to manage emergency situations.