

Terebinth Limited

# Watson House Rest 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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Watson House Rest Home is a residential care home providing personal care to 9 people aged 65 and over at the time of the inspection. The service can support up to 9 people.

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

Care plans did not always hold comprehensive information. We have made recommendations about this. We saw thick dust in some areas of the home. We have made a recommendation about this.

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. People told us they felt safe when supported by staff. Risk assessments had been developed to minimise the potential risk of avoidable harm. People were safely supported to receive their medicines as prescribed. The registered manager followed robust safe recruitment procedures.

People gave positive feedback and said staff were kind and caring. People were treated with dignity and respect and their right to privacy was upheld. People's care and support had been planned in partnership with them and their relatives.

Staff had received regular training and supervision to support them in their roles. 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.

People received person-centred care which was responsive to their needs. People's communication needs had been assessed and where support was required these had been met. The registered manager managed people's concerns and complaints appropriately.

The staff team worked in partnership with a variety of agencies to ensure people received all the support they needed. People were happy with how the care and support they received. Staff felt well supported by the registered manager and management team.

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

The last rating for this service was good (published 14 September 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### 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?

Good ●

The service was 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.

# Watson House Rest 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

One inspector carried out the inspection.

#### Service and service type

Watson House Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the home since the last inspection. We sought feedback from the local authority and Healthwatch Blackpool. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with four people who living at the home about their experience of the care provided. We spoke with three members of staff including the registered manager, senior carer and carer.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at variety of records relating to the management of the service, including policies and procedures. We had a walk around the home to make sure it was homely, suitable and safe. We spent time observing interactions between people with staff, and we spoke with staff about their recruitment.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

### Preventing and controlling infection

- We completed a tour of the home found some areas required deep cleaning. Thick dust was found in corridors and in one occupied bedroom. The registered manager told us they were in the process of recruiting a domestic worker.

We recommend the registered manager review current practice and introduce processes to ensure the home remains clean.

- Staff had access to personal protective equipment (PPE) such as gloves and aprons. We saw staff used PPE when appropriate. Staff confirmed there was enough PPE, such as disposable gloves, hand gels and aprons to maintain good standards of infection control.
- The home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the home as 'very good' in relation to meeting food safety standards about good cleanliness, food preparation and associated recordkeeping.

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

- People were safe and protected from abuse and their human rights were respected and upheld. Staff told us training was provided and regularly updated. One person told us, "I feel safe living here."

### Assessing risk, safety monitoring and management

- The registered manager assessed risks to keep people safe. Staff had up to date knowledge of areas of risk to keep people safe. Some care plans did not always clearly identify current risks.
- Staff knew how to support people in an emergency. People had personal emergency evacuation plans which ensured in case of a fire there was guidance on how to support people out of the building.

### Staffing and recruitment

- The registered manager followed safe staff recruitment procedures. All the necessary background checks, including staff's criminal record and previous employment history were carried out. This ensured only suitable people were employed to support people who may be vulnerable.

### Using medicines safely

- People received their medicines when they should. Staff who administered medicines had completed relevant training yearly, and their competence had been assessed through observations.

### Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded. The registered manager reviewed all falls and incidents to look for patterns and themes to minimise the risk of further incidents.

# 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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed before they came to live at Watson House Rest Home. Information gathered during assessment was then used to create people's care plans.
- We saw the registered manager was aware of current legislation and guidance to achieve effective outcomes. This ensured people received effective care which met their needs and protected their rights. Care and support for people was reviewed regularly or when people's needs changed.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. Staff told us they regularly updated their training. Staff told us induction training allowed them to get to know people. One staff member said, "Even though I had done the job before, it was good to get to know routines and to meet people."

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

- People were supported to maintain a balanced diet. Records, when appropriate documented risks with eating and drinking. We saw guidance from professionals was requested when needed.
- Food, drink and snacks were available throughout the day. One person told us, "The food is lovely. I can't grumble, I get plenty." People's preferences were followed. The main meal was served at lunchtime in the dining room. Except one person preferred a light lunch served in their room with a main meal later. We observed this requested being followed. A member of staff said, "We are able to cater for what people want, not what is convenient."

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

- Management worked with health and social care professionals such as GPs, district nurses and therapists to meet people's needs.
- We observed a member of the management team liaising with other agencies to ensure one person's financial support was in place. This showed people were cared for in a way which meant all their needs were taken care of.

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

- Accommodation was accessible, safe, homely and suitable for people's needs. There were adequate spaces for people to spend time on their own or to share with others. Corridors were free from clutter, which promoted people's independence.



- People were able to bring their own items into their rooms and to personalise their rooms as they wanted.

#### 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.

- The management team took the required action to protect people's rights and ensure people received the care and support they needed. Appropriate applications had been made to the local authority for DoLS authorisations. Staff supported people in making decisions and how to offer choice with day to day decisions and activities. We saw consent to care and treatment was routinely sought in people's best interest.

# 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 has remained the same. 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 caring and respectful staff. One person told us, "They [staff] are all nice. I have been here three years, they are all right kind." We saw positive feedback that included, 'Thank you for everything you did for [person]. We are all sure she was very happy with you.'
- We observed people were comfortable in the company of staff and actively sought them out. People were actively included within conversations taking place. One staff member told us, "It's small here [Watson House] we have more time with the residents."

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

- People and relatives were consulted about care and supported to make decisions when required. Staff encouraged people to make daily choices and involved them in doing so.
- The culture at Watson House Rest Home was caring, kind and compassionate. This reflected the attitude of staff and the management team. We observed staff accommodated and supported people's individual routines.

Respecting and promoting people's privacy, dignity and independence

- The staff team provided effective support which ensured people's privacy, dignity and independence were maintained. We saw staff knocked on people's bedroom doors before entering. We noted people's personal private information was stored securely. There was no personal information left visible for visitors to read.
- People were supported to project a positive image of themselves through the clothes they wore and the personal care they received. Staff addressed people by their preferred name they were polite, very friendly and cheerful when supporting people.

# 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 has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were personalised and written with people's and relative's input as much as possible. However, some care plans did not contain information about people's current needs. For example, how to manage one person's anxiety was not documented. There were also no rescue strategies to manage an ongoing health condition. However, staff knew people well and had up to date knowledge on people. We discussed this with the registered manager who stated they would review the information recorded about people's care.

We recommend the provider review people's care plans to ensure all relevant information is included.

- The management team completed an assessment of people's needs before they could move into Watson House Rest Home. This ensured the home was right for the person and their care needs could be met.
- Staff were responsive to people's needs. Staff knew people's likes, dislikes and preferences and used this information to care for people in the way they wanted. This included prompting people to change TV channels as their favourite programmes were on.

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.

- People's communication needs were part of their initial and ongoing assessments. Staff recognised the importance of giving people time to respond. Staff knew how best to communicate with people who may be anxious. Staff supported people to attend appointments that supported effective communication. Staff prompted people to wear aids to promote positive interactions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to take part in activities to socialise and build on their living skills and independence. One person had continued to attend their day service after moving into the home.
- People said their families and friends were made welcome and people were encouraged to maintain relationships outside of the home. One person told us, "My daughter comes every day." One family member who lived abroad emailed photographs and the registered manager printed and discussed these with the person before the relative telephoned.

#### Improving care quality in response to complaints or concerns

- There were processes to ensure all complaints would be dealt with appropriately. People told us they were happy with the care and had no reason to complain. Everyone we spoke with said they were very confident if they ever had any concerns these would be dealt with professionally.

#### End of life care and support

- People were supported, where possible, to remain in their home as they reached the end of their lives. The registered manager said they supported people to remain at the home so they could be supported by staff they were familiar with. The registered manager had links with specialist services they could access for advice and support if people required specialist care at the end of their lives.
- People's end of life wishes including their resuscitation status had been recorded in their care plans.
- Staff had received training in supporting people who required end of life care. Staff understood the importance of providing good care at the end of people's lives. One staff member told us, "I enjoyed the training we did." And, "It is about caring for people after they die. We ensure people look nice."

# 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 has 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.

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

- People had completed questionnaires and action plans were completed based on their responses. However, we noted the action plans did not contain strategies to respond to some areas of concern. Due to people completing the forms anonymously it was difficult to gather further feedback. The registered manager told us they would review how they gather people's views.
- Staff told us they could contribute to the way the home was run through team meetings and supervisions.
- The registered manager worked with other organisations to ensure people's physical and emotional needs were met. These included healthcare professionals such as GPs, district nurses, and specialist health professionals based out of the area.

Continuous learning and improving care; Working in partnership with others

- The registered manager had audits to monitor how the service delivered. Some audits were reviewed and updated during the inspection process.
- The registered manager received electronic updates on best practice within adult social care. They had links with local social care providers who could provide help and guidance regarding local authority and regulatory requirements.

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

- The management team were working to promote a positive environment for people, relatives and staff. The registered manager told us, "Recruitment is hard, you can't just take anybody. They have to fit in."
- The home was well-organised and there was a clear staffing structure. The registered manager received positive feedback. One staff member said, "[Registered manager] she is one of the best bosses. You can talk to her about anything. She does a lot more than she should." The registered manager commented. "If I have happy staff, I have a happy home."

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 management team knew how to share information with relevant parties, when appropriate. The registered manager understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law. The previous inspection rating was noticeably displayed in the home.

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

- It was a small staff team, the registered manager and staff worked alongside each other to provide good care and support. There was a daily handover meeting to update staff on people's needs and plan the daily support people required.