

Mrs Mary Catherine Webster

# Mrs Mary Catherine Webster - 45 Watson Road

## Inspection report

45, Watson Road,  
Blackpool,  
FY4 2DB  
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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 

### Overall summary

This inspection visit took place on 05 November 2015 and was announced. The registered manager was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day, we needed to be sure someone would be in.

At the last inspection on 28 April 2014 the service was meeting the requirements of the regulations that were inspected at that time.

45 Watson Road is a small home supporting six people with a learning disability. The home is situated in the South Shore area of Blackpool, not far from the Pleasure Beach. All of the bedrooms are large with good views. There are garden areas to the front side and rear of the house where people can sit out in good weather.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

Suitable arrangements were in place to protect people from abuse and unsafe care. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. People we spoke with told us they felt safe and their rights and dignity were respected. One person we spoke with said, "I love it here and feel safe. The staff are very kind."

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required.

The registered manager understood the requirements of the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

We found sufficient staffing levels were in place to provide the support people required. We saw the registered manager and staff members on duty could undertake tasks supporting people without feeling rushed.

We found medication procedures in place at the home were safe. Staff responsible for the administration of

medicines had received training to ensure they had the competency and skills required. Medicines were safely kept and appropriate arrangements for storing were in place.

The home was well maintained, clean and hygienic when we visited. No offensive odours were observed by the Inspector. The people we spoke with said they were happy with the standard of accommodation provided.

The staff members spoken with were positive about working for the registered manager and felt well supported. They said they received regular training to make sure they had the skills and knowledge to meet people's needs.

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were available to them between meals to ensure they received adequate nutrition and hydration.

People who lived at the home had freedom of movement around the home. They were involved in decision making about their personal care needs and the running of the home. We saw no restrictions on people's liberty during our visit.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included annual satisfaction surveys, staff and resident's meetings' and care reviews. We found people were satisfied with the service they were receiving.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The registered manager had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Good



### Is the service effective?

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and had knowledge of the process to follow.

Good



### Is the service caring?

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Good



### Is the service responsive?

The service was responsive.

People participated in a range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

# Mrs Mary Catherine Webster – 45 Watson Road

## 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 checked 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.

This inspection visit took place on 05 November 2015 and was announced.

The inspection was undertaken by an adult social care inspector.

Before our inspection on 05 November 2015 we reviewed the information we held on the service. This included notifications we had received from the provider, about

incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included the registered manager, two staff members and five people who lived at the home. We also spoke to the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

We looked at the care records of three people, the duty rota, training matrix, records relating to the management of the home and the medication records of two people. The service had not recruited any new staff members in the last twelve months.

# Is the service safe?

## Our findings

We spoke with five people who lived in the home. They told us they felt safe and their rights and dignity were respected. They told us they were receiving safe and appropriate care which was meeting their needs. They said they liked the registered manager and staff and wouldn't wish to live anywhere else. Comments received included, "I love it here the staff are brilliant with me. I feel so safe." And, "Very happy thank you and yes I feel very safe here. I wouldn't want to go anywhere else."

There had been no safeguarding alerts made to the local authority or referred to the Care Quality Commission (CQC) about poor care or abusive practices when we undertook this inspection. The five people we spoke with said they were safe and well and had no concerns about their care. Discussion with the registered manager confirmed he was aware of the local authorities safeguarding procedures and these would be followed if required.

When we arrived for our inspection visit people who lived in the home were going about their daily routines. They agreed to speak with us and said they were safe and received the level of support they required when they needed it. One person we spoke with said, "I have lived here for years and I am very happy. We all live together as a family and get on brilliantly with the staff. I love them all." Throughout our inspection visit we saw people enjoyed the time spent with the registered manager and staff. We saw there was lots of discussion and laughter and people appeared relaxed and comfortable in the company of staff.

We looked around the building and found it was clean, tidy and well-maintained. We found equipment in use had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. We spoke with five people who lived in the home. They told us they were comfortable and felt safe. One person we spoke with said, "They have put a ramp outside the front door for me to be able to get out in my wheelchair. I feel much safer now when I go out with the staff."

The service had procedures in place to record accidents and incidents. We saw appropriate action had been taken by the service when one person who lived in the home had experienced a fall.

The service did not use any moving and handling equipment such as hoists. This was because people could be supported independently.

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived in the home. We saw staff were able to spend time with people socially including supporting them with their daily routines. For example one person who undertook voluntary work was provided with transport by a member of staff to his place of work. We also observed people making arrangements with staff to undertake activities outside the home later in the day. All five people spoken with said they were happy with staffing levels and staff were available when they needed them.

There had been no new staff members recently recruited to work at the home. We discussed recruitment procedures with the registered manager. We were satisfied safe recruitment procedures were in place and appropriate checks would be made before new staff commenced their employment.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided clear instructions for staff members when delivering their support. We also saw the registered manager had undertaken assessments of the environment. Where potential risks had been identified the action taken by the service had been recorded.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records for five people following the morning medication round. Records showed all morning medication had been signed for. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed.

We observed one staff member administering medication during the lunch time round. We saw the medication cabinet was locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered

## Is the service safe?

Medicines were safely kept. Storing medicines safely helps prevent mishandling and misuse. The five people we spoke with told us they were happy their medicines were managed for them. They confirmed they received their medicines when they needed them.

# Is the service effective?

## Our findings

Five people who lived at Mrs Mary Catherine Webster - 45 Watson Road had lived in the home for a number years. They received effective care because they were supported by people who had an understanding of their needs. We were able to establish through our observations and discussions they received effective, safe and appropriate care which was meeting their needs and protected their rights. One person said, "I have lived here a long time and the staff know me very well. I love the staff they are very kind to me."

We spoke with the registered manager and both staff members. We did this to establish their understanding of people's care needs and the support they required. We found they were able to describe the individual needs and support that each person required. Observations throughout the inspection visit confirmed people were happy with the care and support they received.

Records seen confirmed staff training covered a range of subjects including safeguarding, moving and handling, health and safety, infection control. Both staff members had received medication. They told us they had been assessed to ensure they were competent before they could support people with their medicines. Both staff members confirmed they had been provided with training to develop their skills and help provide a better service for people they supported.

Our observations confirmed the atmosphere was relaxed and people had freedom of movement around the building. One person said, "We all do our own things in our rooms. I like watching my television and playing on my games console. We also get together in the lounge to watch something on television which is nice."

The five people we spoke with told us they enjoyed the food provided by the service. They said they received varied, nutritious meals and always had plenty to eat. The service did not work to a set menu and people were asked daily about meals and choices available to them for the day. The main meal was served in the evening as people were quite often out during the day. One person said, "We have our main meal at tea time and we all sit together as a family. We are always asked what we would like. I enjoy meal times."

Lunch was served at 1pm and we saw people requesting their preferred choice of meal. One person asked for soup and others had sandwiches or cheese on toast. We observed lunch was a relaxed and unhurried experience. People sat at the table and engaged in conversation with each other and staff. We noted people were given time to eat their meal without being hurried. Drinks were provided and offers of additional drinks and meals were made where appropriate. We heard people informing the staff how much they had enjoyed their meal.

We spoke with both staff members about meal preparation and people's nutritional needs. They confirmed they had information about people's dietary needs and personal preferences and these were being met. They told us this information was updated if somebody's dietary needs changed. We observed people had unrestricted access to the kitchen/ dining room where the drinks were prepared for them. One person said, "The staff are always making drinks for us. You only have to ask."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager understood the requirements of the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

We found people's healthcare needs were carefully monitored and discussed with them as part of the care planning process. Care records seen confirmed visits to and from General Practitioners and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.



## Is the service effective?

We saw one person who lived with diabetes had recently attended their annual diabetic review at their General

Practitioners practice. The outcome of the review was that the person's diabetes had been well managed. We saw advice had been given that the person should continue to remain active and eat healthily.

# Is the service caring?

## Our findings

During our inspection visit we spent time observing interactions between the staff and people in their care. This helped us assess and understand whether people who used the service received care that was meeting their individual needs. We saw staff were responsive and attentive. They were observed being polite, respectful and kind and showed compassion when supporting people. We spoke with five people about their care. They told us they were happy and couldn't receive better care anywhere. One person said, "I am very happy here and wouldn't move anywhere else. The staff are lovely and look after me really well."

Throughout the inspection visit we saw people were able to make decisions for themselves. We observed routines within the home were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge area. The home had a relaxed atmosphere.

The people we spoke with told us they were supported to express their views and wishes about all aspects of life in the home. We observed staff enquiring about people's comfort and welfare throughout the inspection visit and they responded promptly if people required any assistance.

We looked at care records of three people. We saw evidence they had been involved with, and were at the centre of developing their care plans. The people we spoke with told us they were encouraged to express their views about how their care and support was delivered. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed by staff members were up to date and well

maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify how staff supported people with their daily routines. We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. This ensured staff had up to date information about people's needs.

People told us their privacy was respected when they wanted to spend time in their rooms. One person said, "I like to spend time on my own in my room. I am left to watch my television or play on my games console. They will call me if they need me for anything. No one enters my room unless invited to do so."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed. We saw one person who lived at the home had recently received an award from empowerment advocacy services. This was in recognition of her excellent listening and patient skills and ability to speak up and self advocate with support.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and we received some positive feedback from them about the care being provided. They told us they had no current concerns about the service.

# Is the service responsive?

## Our findings

People were supported by an established and stable staff team who had a good knowledge of their individual needs. People told us staff were responsive to their needs and were available to support them when they needed them. They told us they were encouraged to pursue personal interests and had no restrictions placed upon them with their daily routines. One person had part time paid employment. They told us they enjoyed their work and the money they earned enabled them to undertake activities of their choice outside of the home. The person said, “My wages go directly into my bank and I manage my own money. I can spend my money on what I want.”

We looked at care records of three people to see if their needs had been assessed and consistently met. We found each person had a care plan which detailed the support they required. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible, regularly reviewed and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People had their weight monitored regularly.

The daily notes of three people showed they had recently been supported to attend an annual health review with their General Practitioner (GP). During the review they had their weight and blood pressure monitored. We saw one person had been advised by the GP their weight was above safe government guidelines. The service had responded by supporting the person to eat a healthy diet and encouraged them to undertake cardiovascular activities when they attended the local gymnasium. The person's notes had documented a weight loss since the review.

People informed us they participated in a range of activities which kept them entertained and stimulated. The activities

were undertaken both individually and as a group. Activities arranged varied from shopping outings, pub lunches, horse riding, swimming and attending the gymnasium. One person said, “I have a very active social life. I attend art and computer classes and enjoy shopping with the staff. We also go out as a group quite often for pub lunches.” Another person said, “I keep myself busy with work and like to chill out going to the gym and playing on my games console. We also do things together as a group which I enjoy.”

People told us they enjoyed a group holiday every year. One person said, “We have had two holidays this year. Both were in the Lake District and we had a great time as always.”

People were enabled to maintain relationships with their friends and family members and take part in activities which were of particular interest to them. We saw people discussing with staff the activities they wanted to undertake and making the arrangements to do so. One person said, “Christmas is coming and I like shopping.”

The registered manager had a complaints procedure which was made available to people on their admission to the home. We saw the complaints procedure was also on display in the hallway for the attention of people visiting. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

The manager told us the staff team worked very closely with people and any comments were acted upon straight away before they became a concern or complaint.

We spoke with the five people who lived at the home. They told us they were aware of how to make a complaint and felt confident these would be listened to and acted upon. Comments included, “Never complained and never will. I love it here.” And, “No complaints about anything. I am very happy.”

# Is the service well-led?

## Our findings

We found the service had clear lines of responsibility and accountability. The registered manager shared shifts on the duty rota and worked alongside staff supporting people in their care. Both staff members told us the registered manager was contactable when he was off duty. This meant staff had someone they could speak with for advice in the event of an emergency situation happening at the home.

The registered manager and staff were knowledgeable about support people in their care required. They were clear about their role and were committed to providing a good standard of care and support to people who lived at the home. People we spoke with said the registered manager was available and approachable if they needed to speak with him. Throughout the visit we saw people were comfortable and relaxed in the company of the registered manager and staff on duty.

We found systems and procedures were in place to monitor and assess the quality of their service. These included seeking views of people they support through house forums, annual satisfaction surveys and care reviews. We saw house forums were held monthly and any comments, suggestions or requests had been acted upon by the registered manager. This meant people who lived at the home had been given as much choice and control as possible into how the service was run for them.

We looked at the satisfaction surveys which had been completed by people who lived at the home. These were produced to get the views of how people thought the service was run. They also provided the opportunity for people to suggest ways to improve the running of the service. We saw people said they were happy with the service they received, enjoyed the meals provided, the activities organised by the home and liked the staff who supported them. We noted there were no negative comments recorded. Positive comments recorded included, 'Very happy. I like my room, the staff and the meals.' And, 'I feel safe here. I have a good social life and spend my time doing the things I like.'

People we spoke with told us they attended the house forums arranged by the registered manager. They said they were encouraged to express their views about any improvements or changes they would like to see made to the service they received. They told us they were happy and didn't feel improvements needed to be made. One person said, "I don't want anything to change. I like it here just the way it is."

Staff meetings had been held to discuss the service being provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included training available to the staff team. We also saw the registered manager had discussed the standards he expected from the staff team for compliance with future CQC inspections.