

Mr Robert Francis Webster

45 Watson Road

Inspection report

South Shore
Blackpool
Lancashire
FY4 2DB

Tel: 01253341436

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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

This inspection visit took place on 25 June 2018 and was announced.

This is the first inspection at 45 Watson Road following the new providers registration with the Care Quality Commission (CQC) on 23 April 2017.

45 Watson Road is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care home can accommodate six people in one adapted building. The home has six single bedrooms. Communal space comprised of a lounge and kitchen/dining room located on the ground floor. Off street parking is available for people visiting the home. At the time of our inspection visit there were six people who lived at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The registered provider was an individual who also managed the home on a day to day basis. Registered providers 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.

People who lived at the home told us they were safe, well cared for and enjoyed living at the home. Comments received included, "It's brilliant here I am so happy." And, "I really like living here we all get on so well."

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

We found sufficient staffing levels were in place to provide support people required. People who lived at the home told us staff were always available to support them with their daily activities.

There had been no new staff recently recruited by the service. Procedures for recruiting staff remained safe as we found at previous inspections.

We found staff had been appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required.

We saw there was an emphasis on promoting dignity, respect and independence for people supported by the service. They told us they were treated as individuals and received person centred care.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

The design of the building and facilities provided were appropriate for the care and support provided.

The service had safe infection control procedures in place and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care and support had been planned with them. They told us they had been consulted and listened to about how their care would be delivered. Care plans were organised and had identified care and support people required. We found they were informative about the care people had received. The care plans were person centred and documented all aspects of the person's needs including how they wanted their care and support to be provided, their wants, needs, likes and dislikes.

People told us they were happy with the variety and choice of meals available to them. Meal times were relaxed and organised around people's individual daily routines. We saw people had access to the kitchen to make snacks and drinks as they wished.

People were supported to have access to healthcare professionals and their healthcare needs had been met.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The service had information with regards to support from an external advocate should this be required by people they supported.

We saw people who lived at the home enjoyed a variety of activities both individually and as a group. One person said, "We are all enjoying watching the football together. We are so excited about England."

The service had a complaints procedure which was made available to people and their family when they commenced using the service. The people we spoke with told us they were happy with the service and had no complaints.

The service used a variety of methods to assess and monitor the quality of the service. These included regular audits and satisfaction surveys to seek their views about the service provided.

Further information is in the detailed findings below.

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.

The service 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.

Assessments were undertaken of risks to people who lived at the home, staff and visitors. 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.

We reviewed infection prevention and control processes and found suitable systems were in place.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received mandatory training.

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

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

Is the service caring?

Good ●

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.

Is the service responsive?

Good 

The service was responsive.

People's end of life wishes had been discussed with them and documented.

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

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

Is the service well-led?

Good 

The service was well led.

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

The service 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.

45 Watson Road

Detailed findings

Background to this inspection

We carried out this comprehensive 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 25 June 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the service was a small care home for adults who are often out during the day, we needed to be sure someone would be in.

The inspection team consisted of an adult social care inspector.

Before our inspection on 25 June 2018 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 contacted the commissioning department at Blackpool Council and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with a range of people about the service. They included six people who lived at the home, the registered manager and two support workers. We also observed care practices and how the staff interacted with people in their care.

We looked at care records of two people, staff training and supervision records of two staff and arrangements for meal provision. We also looked at records relating to the management of the home and the medication records of six people. We reviewed the services staffing levels and checked the building to

ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

We asked people who lived at the home if they felt safe in the care of staff. Feedback was positive with people telling us they had no concerns about their safety. Comments received included, "I have lived here for years and have never felt unsafe. The staff are lovely with me." And, "I feel really safe here. The staff are my friends and we get on really well."

There were procedures and systems in place to protect people from abuse and unsafe care. Staff had received training and knew what action to take if they became aware of or suspected a safeguarding issue. They understood what types of abuse and examples of poor care people might experience. They were able to describe safeguarding procedures which needed to be followed if they reported concerns to the registered provider. They told us they were confident if they reported concerns to the registered provider these would be dealt with appropriately.

Care plans seen had risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when they delivered their support. These included nutrition support, medical conditions, mobility, fire and environmental safety. The assessments had been kept under review with the involvement of each person to ensure support provided was appropriate to keep the person safe.

We saw personal evacuation plans (PEEPS) were in place for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

We reviewed the services duty rota, observed care practices, spoke to people who lived at the home and staff on duty. We found the number and skill mix of staff was sufficient to meet people's care plan requirements. We saw the duty rota reflected the needs of people who lived at the home and care and support was provided in a relaxed and timely manner. People who lived at the home were independent and required minimum support with their care. This enabled staff to support people with their daily routines and pursue activities of their choice. Comments received from people who lived at the home included, "There is always someone in the house with us. I like helping them by doing a bit of cleaning and gardening." And, "Always someone to support me when I want to go out."

There had been no new staff recently recruited by the service. All staff had worked at the home for a number of years under the previous registered provider and their recruitment had been assessed as being safe. Discussion with registered manager confirmed procedures he had in place for recruiting staff would be safe.

People told us they felt staff supported them with medicines as prescribed and at the correct time. We saw medicines were ordered appropriately, administered as prescribed, stored and disposed of correctly. Medicines records identified if people had any allergies. We found the service had audits in place to monitor medicines procedures. This meant systems were in place to check people had received their medicines as prescribed. Audits confirmed medicines had been ordered when required and records reflected support

people had received with the administration of their medication. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the service had systems to protect people from unsafe storage and administration of medicines.

We looked around the home and found it was clean, tidy and maintained. All staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by the staff member whilst undertaking their duties. This meant staff were protecting people who lived in the home and themselves from potential infection when delivering personal care and undertaking cleaning duties.

We checked a sample of water temperatures and found these delivered water at a safe temperature in line with health and safety guidelines. The fire alarm and fire doors had been regularly checked to confirm they were working. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Legionella checks had also been carried out.

We looked at how accidents and incidents were managed by the service. There had been few accidents. However, where they occurred any accident or 'near miss' was reviewed to see if lessons could be learnt and to reduce the risk of similar incidents. For example, after one person trapped their finger in their bedroom door a finger door guard was installed to prevent further injuries.

Is the service effective?

Our findings

We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights. Comments received from people who lived at the home included, "The staff are brilliant. I wouldn't want to live anywhere else." And, "It's a fantastic place to live."

We looked at care plan records of two people who lived at the home and found they contained a full assessment of their needs. Following the assessment the service had provided a holistic approach towards providing person-centred care. Each person had been fully involved in the development and review of their care and support plans. We saw they had signed consent forms confirming they agreed with the support to be provided. We found the records were consistent and staff provided support that had been agreed with each person.

We looked at how the home gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). People had choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's mental capacity had been considered and was reflected in their care records. 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). We saw people's mental capacity had been assessed and applications for DoLS had commenced.

We spoke with staff members and viewed their training records. We saw they had completed national care qualifications and had access to ongoing training to assist their personal development. Training provided by the service covered a range subjects including safeguarding, health and safety, Mental Capacity Act (MCA) 2005, moving and handling, food hygiene, infection control and medication. Staff had received dementia care and learning disability awareness training and were knowledgeable about how to support people in their care. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills. One staff member said, "We have lots of mandatory training and are also supported if we want to undertake training for our personal development. Lack of training is not an issue here."

The service provided equality and diversity training to all staff and this was refreshed annually. The training taught staff to respect people's individual beliefs including religion, culture and sexuality. This confirmed the service was able to accommodate diversity in the workplace and create a positive and inclusive environment.

Staff had received supervision and appraisal and told us they felt well supported. One staff member said, "I feel well supported and receive regular supervision. I find these really useful as it provides opportunities to discuss training opportunities and my personal development."

People told us they were happy with the variety and choice of meals available to them. Meal times were relaxed and organised around people's individual daily routines. We saw people had access to the kitchen to make snacks and drinks as they wished. They told us they were fully involved in assisting with shopping and food preparation. Comments received included, "I love helping out in the kitchen with meals. You can have what you want to eat." And, "I am often out during the day and can have my meal when I come home. Sometimes I eat out and just have a snack when I get back."

On the day of our inspection visit we saw breakfast was served to meet the individual preferences for each person. There was no set time and people were given breakfast as they got up. We noted a variety of cereals and drinks were on offer along with fresh fruit if requested. People with special dietary needs had these met. These included one person who had their diabetes controlled through their diet. The registered manager also had information about people's likes and dislikes and people told us these were accommodated.

The kitchen was clean, organised and stocked with a variety of provisions. Staff told us and training records confirmed they had received training in food safety and were aware of safe food handling practices. The Food Standards Agency, a regulatory body responsible for inspecting services which provide food had awarded the home their top rating of five in relation to meeting food safety standards about cleanliness, food preparation and associated record keeping.

The service shared information with other professionals about people's needs on a need to know basis. For example, when people visited healthcare services staff would assist with the visit to provide information about the person's communication and support needs. This meant health professionals had information about people's care needs to ensure the right care or treatment could be provided for them.

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. Each person had an annual health check with their GP. The records were informative and had documented the outcome of each check. We saw one person had been told during their health check they were fit and healthy and had been encouraged to maintain their current health levels.

The service had considered good practice guidelines when managing people's health needs. For example, we saw people had hospital passports in place. Hospital passports are documents which promote communication between health professionals and people who cannot always communicate. They contain clear direction as to how to support a person.

We looked around the home and found it was accessible, homely and suitable for people's needs. All bedrooms were single occupancy and people had personalised their rooms with belongings reflecting their personality and interests. Communal areas consisted of a large lounge and kitchen dining room. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Doorways into communal areas, corridors, bedrooms, bathing and toilet facilities offered sufficient width to allow wheelchair users access. People who lived at the home had access to the rear grounds which were enclosed and safe for them to use. This provided people with the opportunity to exercise and receive exposure to sunlight which is vital for wellbeing.

Is the service caring?

Our findings

During our inspection visit we spent time observing interactions between 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 caring and attentive. They were polite, respectful and kind and showed compassion to people in their care. We saw people were relaxed in the company of staff and enjoyed the attention they received from them. People who lived at the home told us they were happy, well cared for and enjoyed living at the home. Comments received included, "I am very happy living here. The staff are great." And, "I am getting the best care possible. I love it here."

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

Care plans seen and discussion with people who lived at the home confirmed they had been involved in the care planning process. The plans contained information about people's needs as well as their wishes and preferences for their care delivery. Daily records described the support people received and the activities they had undertaken.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. The service had information details for people and their families if this was needed. 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. The registered manager told us advocates had supported people who lived at the home when they attended their care reviews with the local authority.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way and were kind, caring and patient when supporting people. We observed they demonstrated compassion towards people in their care and treated them with respect. Our observations confirmed people were encouraged to retain their independence and undertake tasks for themselves where safe to do so.

Is the service responsive?

Our findings

People we spoke with told us staff were responsive to their care needs and were available when they needed them. We observed staff undertaking their duties and being attentive to people in their care. People said they were happy with their care and the attention they received from staff. One person said, "The staff are brilliant. They support me when I go out."

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the services assessment procedures identified information about whether the person had communication needs. These included whether the person required easy read or large print reading, brail or audio books.

The service had technology to assist people to have contact with family members or friends if they wished. A hand held computer was available for people to use in their rooms to communicate through skype which is an internet based communication service. The registered manager told us people who lived in the home were aware this service was available if needed. The registered manager said people often accessed the internet to play computer games and research areas of interest.

We saw people who lived at the home enjoyed a variety of activities both individually and as a group. People who live at the home were supported to go on holiday with staff members. When we did our inspection visit two people were leaving for a holiday in the Lake District. One person said, "I am so excited."

Each person had their own interests which they liked to follow. These included going to computer and art classes, the gymnasium, playing computer games, shopping, going out for meals and going for walks. Two people had paid employment and one person enjoyed undertaking voluntary work. People we spoke with told us how much they enjoyed watching England playing in the world cup. One person said, "It's been great. We all sit down together and get really excited. We are having a lot of fun." Another person said, "I have a very active life. I am out most days shopping, going to college and church. I also like helping out around the house cleaning and gardening."

The service had a complaints procedure which was on display around the home for people's attention. The procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. People who lived at the home told us they knew how to make a complaint and would feel comfortable doing so without fear of reprisals. None of the people we spoke with said they had ever felt the need to complain about anything.

Care plans seen confirmed people's end of life wishes had been recorded so staff were aware of these. The registered manager told us the service had not previously provided end of life care. They said if an end of life situation arose they would liaise with healthcare professionals to ensure the person received the appropriate care. All staff had received end of life care training.

Is the service well-led?

Our findings

People who lived at the home told us 45 Watson Road was run as an ordinary domestic house. They told us they were fully involved in decisions about the home and routines which were discussed openly and agreement reached. One person said, "We have regular house meetings where we are asked where we want to go on holiday and anything we want to change in the house. We are all happy with the way things are."

We found the service had clear lines of responsibility and accountability. The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. They understood the legal obligations, including conditions of registration from CQC and those placed on them by other external organisations. Discussion with staff on duty confirmed they were clear about their role and between them provided a well run and consistent service. Both staff spoken with were committed to providing the best possible service. One staff member said, "I feel we have a well organised and well led service and I love working here."

The service had systems and procedures in place to monitor and assess the quality of their service. Regular audits had been completed reviewing the services medication procedures, care plans, infection control and staffing levels. Actions had been taken as a result of any omissions or shortcomings found so continuous improvement could be maintained. Staff told us they were able to contribute to the way the home was run through staff meetings, supervisions and daily handovers. They told us they felt supported by the registered manager.

House meetings had been held on a regular basis. We looked at the minutes of a recent meeting. We saw topics discussed were people's satisfaction with the service, activities provided, holiday destinations and fire safety. We saw the registered manager had received positive feedback about the service provided.

Satisfaction surveys completed by people who lived at the home confirmed they were happy with the standard of care, accommodation, meals and activities organised. They also said they felt consulted and involved in the running of the home which was well managed.

The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GP's, practice nurses, opticians and chiropodists. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care to receive the appropriate level of support. They learnt from incidents that had occurred and made changes in response to these to improve care and safety.

This was the first rated inspection of 45 Watson Road with the current provider. Providers are expected to place on display in the conspicuous area of their premises and their website their CQC rating once received. This has been a legal requirement since 01 April 2015.