

Purley Park Trust Limited

Watson House

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an unannounced inspection which took place on 03 January 2017.

Watson House is a residential care home which is registered to provide a service for up to seven people with learning disabilities and other associated difficulties. Some people had developed needs relating to the ageing process. There were seven people living there on the day of the visit. The service offers accommodation in a purpose built house which offers ground floor accommodation.

There is a registered manager running the service. A registered manager is a person who has registered with the Care Quality Commission 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.

Staff had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Their knowledge and understanding contributed to keeping people, themselves and others as safe as possible.

People were kept safe because general risks and risks to individuals were identified and action was taken to reduce them as much as possible. There were enough staff on duty to ensure people were supported safely. The recruitment procedures were robust and made sure, that as far as possible, staff were safe and suitable to work with the people who live in the home. Medicines were given safely, in the right amounts and at the right times by trained and competent staff.

People's health and well-being needs were well met by staff who responded very effectively to people's changing needs. The service sought advice from and worked very closely with health and other professionals to ensure they met people's health and well-being needs to a very high standard.

Peoples' human and civil rights were understood, and upheld by the staff and registered manager of the service. The service understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who may not have capacity to do so. People were supported to make as many decisions and have as much control over their lives as they were able to.

People's care was provided by extraordinarily kind, caring and committed staff who were exceptionally attentive and knowledgeable. Individualised care planning ensured the staff team used a highly person centred approach and people's equality and diversity was always respected. People were provided with a lifestyle they thoroughly enjoyed because it was individually designed according to their needs, abilities and preferences.

The service was exceptionally responsive to people and met their needs in a totally person centred way. People were given the opportunity to enhance their lifestyle by participating in a wide variety of activities that they really enjoyed.

People received outstanding person centred care which was overseen by a highly thought of and exceptionally committed registered manager. She listened and responded to people, staff and others and upheld extremely high standards and values. The registered manager was described as totally approachable and always supportive. The high quality of care the service provided was assessed, reviewed, improved and developed to enhance people's lifestyle.

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.

People were kept as safe as possible. Staff had been trained so they knew what to do if they thought people were not being protected from abuse.

Risks to people's health and safety were identified and any necessary action was taken to make sure they were reduced.

Staff were trained to give people their medicine safely.

There were high staffing ratios so there were enough staff to meet people's needs and keep them safe.

Only staff, who had been thoroughly checked and were suitable and safe to work with the people in the service, had been employed.

Is the service effective?

Good 

The service was very effective.

People's individual needs were met by a well-trained and knowledgeable staff team.

People were helped to stay as happy and healthy as possible.

Staff made sure people's rights were upheld and they met the legal requirements if people were not able to make certain decisions for themselves.

People were supported and encouraged to make as many choices and decisions about their daily lives, as they could.

Is the service caring?

Outstanding 

The service was extraordinarily caring.

People were very happy to be living in the home.

People were supported by extremely kind, caring and committed

staff.

People were treated with the greatest respect and dignity at all times.

People's individual needs and lifestyle choices were recognised and respected.

The service made sure that people's communication methods were understood so staff could respond to people in the way they preferred.

Is the service responsive?

Good ●

The service was extremely responsive

Staff helped people with their care in a way which met people's current and immediate needs.

People's changing needs were identified very quickly and action was taken to ensure care was appropriate and up-to-date.

Care was remarkably person centred and took into account people's personal choices and preferences.

Staff worked hard to maintain people's relationships with families and others who were important to them.

People were supported to choose and participate in activities that they really enjoyed.

Is the service well-led?

Good ●

The service was very well-led.

The service was very well managed and staff were supported to achieve high standards and offer the very best care to people.

The registered manager knew people and their needs well and made sure staff met them.

People, staff and others involved with the service were listened to and their ideas and views were acted upon, if possible.

The quality of care the service was providing was monitored and action was taken to develop the service to enhance people's lifestyle.

Watson House

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.

This inspection was unannounced and took place on 03 January 2017. It was completed by two inspectors.

Before the inspection the provider sent us their information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at five care plans, daily notes and other documentation, such as medication records, relating to people who use the service. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

During our inspection we observed care and support in communal areas of the home and used a method called the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We interacted with six people who live in the home and spoke with two. People had limited or no clear verbal communication. We spoke with four staff members, the registered manager and the operations manager. We received written comments from two relatives of people who live in the service, after the inspection visit. We requested information from 12 other professionals and received very positive responses from eight of them (including staff from the local authority).

Is the service safe?

Our findings

People smiled and nodded when asked if they felt safe living in the home. They were relaxed and comfortable to approach staff and/or the registered manager to ask for support or attention. Relatives of people who lived in the service told us they were confident people were safe and well-treated. One commented, "...we have no concerns that [relative] is fully and carefully looked after, with all medications etc. carefully administered in the correct doses, on time. We have discussed and agreed emergency protocols and the staff are fully aware of these." A professional commented, "The residents are all looked after very well." There were no negative comments about the service from external professionals or the relatives and families of people who live there.

People were kept as safe as possible from any type of abuse. The staff team received training in safeguarding adults and were able to describe, in detail, how they would recognise and deal with any concerns. Staff were fully committed to making sure the people in their care were protected. The provider had a whistle blowing policy which staff told us they were confident to use, should it be necessary. However, they were confident that any of the management team would react immediately to any concerns reported. There had been one safeguarding concern since the last inspection in 2014. This had been appropriately dealt with and the relevant authorities had been informed.

The registered manager and her team made sure that anyone living in, working in or visiting the service were kept as safe from harm as possible. Staff were trained in and followed the service's robust and detailed health and safety policies and procedures. General health and safety risk assessments and risk management plans such as chemical safety, use of work equipment and enjoying hot weather conditions safely were in place. An emergency plan for the service had been developed. The service had methods of summoning help from other services on site, if required.

Health and safety and maintenance checks were completed at the required intervals. These included wheelchair checks monthly, legionella and other water safety checks and gas boiler safety checks. The service was awarded a five (very good) rating, for food hygiene, by the environmental health department in March 2016.

Additional protection was offered to people by robust individual risk assessments. A risk analysis matrix had been completed for each person. These indicated what actions, if any, needed to be taken to reduce specific risks identified and how these could be applied whilst still encouraging independence. The detailed care plans clearly illustrated the level of risk and how these were to be managed by staff, during their daily work, to reduce them. Identified individual risks and care plans included areas such as behaviours, bathing, mobility and social isolation. People had a detailed individual evacuation plan in place.

Accidents and incidents were recorded, investigated and analysed by the registered manager. The service learned and took action, as necessary, as a result of investigations into them. It was clear what action had been taken in response to the investigation findings. Care plans showed that learning from accidents and incidents informed the care planning process, where necessary and appropriate.

There were a variety of systems in place to protect people from financial abuse. The service did not keep any personal money for people. If people wanted money they were given it from the organisation and it was then reclaimed. The provider acted as the financial appointee for some people, other's finances were dealt with by families and by the local authority. The registered manager was aware of the financial status of those supported by the provider and had monthly oversight of their accounts. This meant she could assist people to make informed decisions and choices about what money they wanted to spend.

People were supported to take their medicines safely. Staff were trained and competency tested to ensure they were able to administer medicines safely. The service used a monitored dosage system (MDS) to assist them to administer medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. People had guidelines for the use of 'to be taken as necessary' medicines. Any allergies people suffered from were clearly recorded in medicine files and on care plans. Any special medicines were stored safely and the registered manager undertook to check they were recorded correctly. This was completed immediately after the inspection and it was noted that all medicines were recorded appropriately. The register manager told us that the temperature of the medicine trolley was not taken as the place where it was stored never rose above 25 degrees centigrade. The service had reported one medicine error in the preceding year which had been appropriately dealt with. A check on medicines was completed by the pharmacist in October 2016. The registered manager advised that no recommendations were made and no concerns were noted. A written report had not been supplied to the service.

Staff were checked so the registered manager could be as sure as possible they were suitable and safe to work with the people who live in the service. The recruitment processes included safety checks on prospective applicants which were completed prior to appointment. These included Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. Detailed application forms which included full work histories, were completed and references were taken up and verified, as necessary, prior to candidates being offered a post.

People's needs were met safely because there were good staffing ratios. Staff members commented, "There are always enough staff around to make sure people are safe." There were a minimum of three staff during the morning and two staff in the afternoon, with one waking night staff. The waking night staff were able to request immediate support in emergency situations from other services on the same site. The registered manager told us that staffing levels were more often five staff in the morning and four in the afternoon. The rotas for December 2016 showed that staffing did not drop below the minimum levels. The registered manager regularly assessed people's needs and was able to adjust staffing numbers according to people's current requirements. Any shortfalls of staff were covered by staff working extra hours and on rare occasions by agency staff.

Is the service effective?

Our findings

People received high quality, individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Professionals made a number of positive comments about staff's knowledge and professionalism. Comments included, "The staff team are always professional, friendly, positive and knowledgeable on the clients' condition, and all the residents are very well cared for." "I have always found the staff at Watson House to be both friendly and professional" and "The staff and management are extremely professional and dedicated to caring for the residents, good knowledge of the patients when visited." A family member told us, "The staff at Watson House all know [relative] well and seem to understand [their] many needs."

Plans of care were of a very high quality and included the appropriate information to ensure staff knew how to meet people's individual identified needs. They gave step by step guidance for staff on how to meet each area of the person's needs. For example on an eating and drinking care plan pictures of the required eating utensils were provided along with choices to be offered and how to offer them. The care plan file included a one page health at a glance summary, to inform staff of any vital health needs such as epilepsy.

People's health needs were met very effectively. People had a separate medical file which included a detailed health action plan. These included a record of treatment, consent and capacity to medical treatment and a hospital passport. The hospital passport contained information the hospital staff would need to provide appropriate care for the individual.

Referrals were made to other health and well-being professionals such as psychiatrists, dietitians and specialist consultants and their advice and treatment was always implemented. Other professionals told us, "I have always had a good response from staff at Watson House. They always get in touch if they have any concerns about anyone in their care, The staff team will always contact us for advice and support" and "When we supply physiotherapy advice and exercises they are always warmly received and acted upon." Another said, "The Manager is extremely conscientious and follows our guidance closely." One professional commented, "I receive excellent cooperation from the staff to any suggestions I may advise or regular treatment or care which I recommend" and "Residents are fortunate to be looked after in such a lovely place with such dedicated staff." A family member commented, "She (the registered manager) has always proved extremely thorough in attending to [relative's] medical needs and in ensuring that [relative] is fully checked out subsequently, just in case."

People were helped to make as many decisions and choices as they could. A professional told us, "Residents are always encouraged to make their own choices." People's individual plans of care included a specific one for decision making. This described the five key principles of mental capacity as noted in the Mental Capacity Act 2005(MCA). It noted that people must be assumed to have capacity unless there is evidence to suggest the opposite. Additionally, they included a detailed decision making profile which advised staff how to present the question, the best time to ask it and how the individual communicated their decision. A staff member described, in detail, how they encouraged people to make their own decisions.

People's legal rights were upheld by staff who understood issues of consent and the MCA. The 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 the least restrictive option. Staff had received Mental Capacity Act 2005 and Deprivation of Liberties Safeguards (DOLS) training and were able to explain what action they would take if consent issues arose.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called DoLS. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. The registered manager had made six DoLS referrals, two of which had been authorised by the local authority (the supervisory body). Four applications were being considered. Applications were made appropriately and met legal requirements. Best interests meetings were held, as necessary and records were kept of who was involved in the decision making process.

The service met the needs of people who had behaviours that may cause distress or harm to themselves or others. They developed detailed behaviour plans which supported staff to help people to reduce the anxiety and distress which may result in such behaviours. The support measures made it clear why they were in place and what was expected from them. The service used minimal physical restraint and staff were trained in the use of such methods. The nationally recognised training was regularly updated to ensure staff were as confident as possible in the use of restraint techniques. Physical restraint was used as a last resort as the training focussed on using early intervention and distraction techniques. Robust records were kept of any interventions and staff used such incidents as a learning opportunity.

People enjoyed their food and were encouraged to be involved in food preparation and choice, where possible. If people had any specific needs or risks related to nutrition or eating and drinking, these were included in care plans. The service sought the advice of dietitians or speech and language therapists, as necessary and followed any advice given. Health professionals said, "The food is tailored to the individual's needs, tastes and any special requirements." "Home cooked and good quality food is offered." Another commented, "Home cooked food and every client's needs and wishes are taken into account." A family member said, "This is the only home [relative] has been in where all the food is always home-cooked from fresh produce." To ensure people were provided with the most appropriate food in the best way the service had appointed a member of the care staff to oversee all their food requirements and nutritional needs. They also ensured all staff understood people's eating and drinking requirements. This innovation showed very good practice.

People's needs were met by well trained staff who were supported and encouraged to develop the skills and knowledge they needed to meet people's needs. Staff told us they had, "Very good training opportunities." They said they received training up-dates at the correct intervals and could request training in areas where they felt they needed more knowledge. Specific training was provided to support staff to meet people's individual diverse needs. This included dementia and end of life care. New members of staff received a comprehensive induction which equipped them to work safely with people. The service used the care certificate framework (which is a set of 15 standards that new health and social care workers need to complete during their induction period) as their induction tool.

People were cared for by a staff team who were well supported by a registered manager and management team. Staff received one to one supervision approximately four times a year. Staff confirmed that they were

supervised regularly and received an annual appraisal. Staff told us they felt very well supported by the registered and deputy managers in their day to day work.

Is the service caring?

Our findings

People were exceptionally well supported by a caring, committed and dedicated staff team. People told us or indicated by smiling and hand gestures that they liked living in the home. A family member told us, "In most of the houses [relative] has been in, there has been a mix of good and bad staff, but Watson House is the only home [they] have been in where we can honestly say that we are impressed by all the staff." They added, "This is the first placement where [relative] has actually requested to go back when we have had [them] out, and [they] are happy to return." Another family member commented, "We are delighted with the quality of care at Watson House. Our [relative] is looked after with loving care and respect." "The care is exemplary; it is as near a happy family home as circumstances allow." Professional's comments included, "The care is first rate." "I am extremely impressed by the care, support, respect and affection show to the residents in Watson House" and "The care of the residents at Watson is excellent."

A further comment made by several individuals was, "They definitely go the extra mile for every client." This comment was illustrated by several examples such as the registered manager arriving within five minutes of a person being taken seriously ill, even though she was not on duty. We were told that this calmed and reassured the person and ensured they felt safe. This meant they were able to cooperate with the care they needed and it reduced the amount of stress they felt during and after the trauma. Another example was some people had developed illnesses which required regular blood testing. Some people found it difficult to tolerate their blood being taken by people they were not familiar with. The registered manager obtained recognised training to enable her to take blood. The GP was satisfied that she was competent to complete this procedure and she took blood from anyone who was not able to co-operate with external professionals, This had resulted in people's illnesses being diagnosed more accurately and the best treatment being offered much more quickly. People did not find blood tests performed by the registered manager upsetting or distressing. A further example was one person was supported to take actions to help them to grieve for a close family member who had died. They were helped to ensure they had a special place to remember their loved one. The individual was delighted to be able to make particular acts of remembrance and was able to grieve and begin the recovery process.

People had excellent communication care plans to ensure staff understood them and, as far as possible, they understood staff. The plans clearly described how people made their feelings known and how they displayed choices and preferences. For example plans listed the words an individual used for specific things, hand gestures and body movements and what these meant. They also noted how staff would know when people were displaying particular emotions and states of well-being or distress. For example if people felt relaxed, happy, sad or angry. A photograph which showed what specific care plans were about was included. The service worked with the speech and language therapy team with regard to people's communication methods. The team can now verbally communicate with people who were unable and/or reluctant to communicate before. We were advised by the registered manager and families that some people's speech was much clearer and they were much more willing to communicate than previously. This made people much happier and involved in their home.

The service ensured they were able to provide exceptionally caring and compassionate end of life care to

people. The registered manager and team worked with other professionals from the primary health care team and a local hospice to ensure people could be as pain free and comfortable as possible during their final days. The service had a specific care plan entitled, "How to support people whose health is deteriorating". One family wrote, "It was our dearest wish that [relative] could end their life where they would settle and be happy and I would like to thank Emma (registered manager) for making this wish come true." Another said, "My brother and I cannot thank you all for taking such good care of our [relative]. It was so nice and comforting that he was in such good hands, especially in his dying days."

People were treated with the greatest respect. Staff interacted extremely positively with people, communicating with them at all times, throughout the duration of the visit. People were spoken to as equals and encouraged to join in with the daily activities of the service. For example one person was encouraged to reminisce with staff and the inspector about events they had enjoyed and people they had known. They very much enjoyed this and appeared to feel valued and animated by the exercise. They communicated by using speech, laughter and gestures.

Staff used appropriate humour and physical touch to communicate with and comfort people, as necessary. Plans of care included positive information about the person and included areas such as, "What's important to me and for me" and "What people like and admire about me." Professionals told us, "Staff always appear friendly, polite and professional and are extremely respectful towards the residents in their care." "Staff are attentive and respectful towards the people who live there, treating them as individuals for whom they have genuine care and concern." "The patients I have visited have always been treated with respect and dignity and their feelings are respected. They are reassured and complimented by the staff."

Staff had built exceptionally strong and caring relationships with people who they knew very well. One staff member told us, "One of the first things we are supported and encouraged to do is build a relationship with people. That is one of the most important things we do." Staff were able to describe, in great detail, what support each person needed and how they gave that support. For example one staff member told us about the new activities one person was participating in and how it helped them with other needs. They described how the person was prepared for the activity, what the person needed to take with them, how many staff were needed and how long staff needed to complete preparations for the activity. People were very comfortable with staff and were able to express or display their needs and preferences to them. A comment received from a family member illustrated people's relationship with the staff team. The family member wrote, "No wonder [they] always ask to go 'home', after being here for a while. You are all part of their family as far as [they] are concerned.

People were encouraged and supported to be as independent as possible. The environment was adapted to ensure people remained independent and their privacy was respected. For example one person was provided with an automatic door so they could enter or leave their room completely unaided. This strongly promoted people's independence and afforded them privacy because staff did not need to know where they were or why. Unusual, unobtrusive door locks were fitted to area such as the laundry and kitchen. People for whom this posed no risk were able to use the code system to enter the rooms while others needed the assistance of staff, as appropriate.

People's privacy and dignity was maintained at all times. Examples included staff discreetly asking people if they needed to meet personal care needs. Care plans included how staff should support people's privacy and dignity when offering care. Visitors to the home said, "We have never seen any residents treated or addressed in anything other than a dignified, respectful and caring manner."

Staff understood and knew how to meet people's equality and diversity needs. They ensured each person's

diverse physical, emotional and spiritual needs were met in the way that suited them best. A specific care plan described any special needs people had to support their culture, religion or other lifestyle choices. For example the appropriate spiritual advisors were approached to provide support to people with specific religious beliefs. A religious adviser told us, "I have been asked on more than one occasion to help Watson House make contact with people of other denominations so that their spiritual care preferences can be met, and have been pleased to do so to the best of my ability." They also described how they run a service in Purley Park to enable people who are not able to attend church to participate in religious events. The minister commented, "At their request (Watson House) the service is in a blend of styles – some parts are very traditional in keeping with how people may have experienced church since their childhood, while some parts are tailored to make them more accessible to people with learning disabilities."

Is the service responsive?

Our findings

The staff team were exceptionally responsive to the needs of people who lived in the home. They were able to immediately recognise when people needed or wanted help or support, however the need was expressed. We saw staff responding to body language and behaviour as noted in people's communication profiles. For example when one person made particular gestures staff responded by sitting on the floor to help them with an activity. We saw that the team's responsiveness had reduced some people's need to behave in a way that was potentially harmful and distressing. Professionals commented, "Watson house is the best as the manager Emma and her staff are well tuned to the needs of the residents" and "They are very tuned to detect subtle behaviour changes that warrant further attention."

The service ensured that as far as possible anyone moving into the service was compatible with the other people already in residence. People, relatives, social workers and other relevant services were involved in an initial assessment of the person prior to them moving into the service. A family member commented, "Arrangements for admission, moving in, settling in and ongoing care have all been of an extremely high standard – we are happy and our [relative] is happy. I would particularly compliment Emma O'Connor and her team as having a particularly warm, welcoming, caring and 'can do' approach - nothing is too much trouble." Professionals said, "we have always had a good response from staff at Watson House, Nothing is too much trouble for the staff team."

Detailed and extremely person centred care and support plans were developed for individuals. For example the eating and drinking plan of care for one person included pictures of different meals and food choices the person liked. Photographs of the special utensils the individual needed to eat their meals and a picture of the apron they used. Additionally the plan included detailed guidance of how staff helped people to make their food choices and clear descriptions of how people expressed their decisions. Each person was allocated a key worker. A key worker is a named member of staff who was responsible for ensuring people's care needs were met. Care plans were reviewed a minimum of annually and whenever the need arose. For example, where people were ageing and their needs were changing quickly. The service responded to any newly identified or changed needs and care plans were amended promptly. A professional commented, "We are invited to reviews and will attend if relevant" and "The Manager is extremely conscientious and follows our guidance closely."

The service responded exceptionally quickly to people's developing needs. For example some people were developing dementia. This had been quickly identified and external support had been sought. Additionally, the registered manager had sourced training in this particular area for the staff team. Adaptations and special activities had been designed for people living with dementia. This had resulted in people's distress and confusion reducing and them being able to remain in their home with appropriate support and care.

People were extraordinarily well supported to maintain and develop relationships with people that mattered to them. Care plans included important past and present relationships. Staff responded to people's needs very effectively in this area. Contact with families was proactive, positive and beneficial to the care and well-being of people. A family member commented, "We feel we have become part of a wider

family. We have never had any concerns about communications with staff – either in person or by telephone or e-mail as necessary." Another family wrote, "In helping [relative] you also helped us and allowed us to finally become sisters to [them] and we could love and enjoy [their] company."

People's activities programmes were designed to meet their specific needs. Some people's programmes responded to their choices, moods and well-being, on a daily basis. Others had an organised weekly activities plan. Activities were provided within and outside of the service. People were taken for shopping trips and to participate in community activities, as they chose. People's needs were changing quickly and the service was unusually responsive to people's altered abilities and interests. For example some people did not like to leave the home regularly. However, on occasion they spontaneously asked to go to the shops or out into the community. The staff responded immediately, ensured there were additional staff, if necessary and took people out for as long as they choose. The service also provided a 'tuck shop' run by people so that those who were not able or chose not to go out could buy snacks and treats. Staff ensured that carrier bags from the shops people particularly liked were provided for when they shopped on-site. People really responded to this detail, which enhanced their shopping experience.

One person had very limited social interactions with others. Their activities programme included activities completed with another person. Both people's social interactions and enjoyment of social situations had and continued to improve. People were consequently enjoying their life and experiences much more. One person's distressing behaviours had decreased drastically. This was because of the staff team found activities they wanted to be involved in and changed them if the person became bored or wanted to try new things. Another person was supported with a physical activity that they had not done before. Initially they found it quite difficult but with staff support persevered and they now thoroughly enjoy themselves. This promoted a sense of achievement and supported the person's physical well-being. A professional commented, "The staff and management are extremely professional and dedicated to caring for the residents and enabling them to live fulfilling, enjoyable and healthy lives, offering a multitude of activities both inside the house itself and on site."

The service had a robust complaints procedure which was accessible by people, their friends and families and others interested in the service. An easy read version of the complaints procedure was available to people and gave them the best chance to understand the process. It was clear that people would need support to express a complaint or concern. Staff were able to identify if an individual was unhappy or distressed and investigate the cause. The service had not received any complaints during the preceding 12 months. Relatives of people told us they had, "Had never had any reason to complain". Another said, "The registered manager and any of the staff team would listen to any concerns and act immediately to rectify any issues. We have never had any concerns."

Is the service well-led?

Our findings

People received extraordinarily high quality care because the staff team were led by a very experienced, qualified and exceptionally committed registered manager. Other professionals made comments such as, "The Manager is extremely conscientious" and "the staff and management are extremely professional and dedicated to caring for the residents." Another said, "The home is very clean and led by an excellent caring manager." A family member said, "First and foremost, in our opinion, is the quality and experience of the Manager, and in Emma O'Connor Watson House has the optimal leader."

Staff told us that the management team were extremely supportive and that the registered manager had exceptionally high standards which all staff were expected and supported to meet. On the day of the inspection we saw that staff adhered to the visions and values of the service, in their daily practice. One staff member told us, "The level of care here is outstanding and the culture is open and inclusive." Another staff member reflected the views of other staff, professionals and family members when they said, "I have so much respect for her (registered manager), she's so good." One staff member told us, "We have all the time in the world, the manager tells us to take as much time as we need to give residents the very best care." They said this really added value to their work as residents are happy and could always be involved in their care.

We observed the registered manager working with people and 'modelling' the high standards of care she expected from the staff team. For example we saw that she treated people as equals, was patient and extremely respectful. People knew her very well and had an excellent relationship with her. She was able to communicate with people very effectively and used the methods as described in people's plans of care. People were extremely comfortable in her company which appeared to encourage their engagement and interest in the daily activities.

The registered manager had a variety of strategies for ensuring staff adhered to her high standards whilst enjoying their work and maintaining their high morale and commitment. Examples included, staff's skills and interests being recognised and used to value individual staff and add interest to their work, whilst benefitting people. For example a staff member had particular skills in one area of care which was becoming more of an issue in the home. They were therefore given further training and their working hours were used specifically to improve the way people's needs were met in that area. Additionally staff were involved in external projects such as helping the registered manager to present end of life care training.

The service had a number of ways of listening to people, staff and others with regard to what they thought about the service and care offered. A staff member said, "Service users are the focal point of all our work, everything is discussed with them." Another told us there was excellent communication in the team and with people and their families.

People had regular reviews which were held whenever needed. These recorded people's views about the service and what outcomes had been achieved. People did not effectively participate in resident meetings so the service had developed monthly key worker meetings where people could express their views. Key

workers knew people well and were able to interpret and understand their various methods of communication and behaviours to accurately gather their opinions. People's views, opinions and reactions were recorded in the key worker session notes and on people's daily records. For example people's reactions to activities were carefully recorded so that staff could ascertain whether people were enjoying them or not. Activities programmes would be changed or amended if people appeared not to be benefitting from the activity they were participating in.

People's families, friends or advocates were asked for their views, via an annual questionnaire and collected informally when contact was made with the service. The last questionnaire sent in 2016 to people, families and other professionals resulted in very positive feedback. The report written from the analysis of the questionnaire did not highlight any actions for improvement.

Staff views and ideas were collected by means such as monthly staff meetings, one to one supervisions and daily handovers. A communication book was used in addition to the other methods of gathering staff views and ideas. Staff told us they felt valued and listened to by the registered manager. They said she would consider any ideas that were of benefit to people who live in the service. One staff member described Watson House as having, "A very proactive team with a management who constantly listen to new ideas." Actions taken as a result of listening to people and staff included changing the bath to one that suited everyone and incorporated a Jacuzzi and waves, installing tracking hoists to increase people and staff's comfort and feeling of security and changing to more appropriate flooring.

People benefitted from living in a service which provided exceptionally high quality care. The quality of the service was monitored and assessed to make sure the care offered was maintained and improved. There were a variety of auditing and monitoring systems in place. Examples included health and safety checks, regular financial audits and medicines checks. A quality audit was completed every three months by the operations manager. Additionally a registered manager from another service completed a quarterly quality check. The three monthly audits highlighted any areas of improvement needed and when it had to be actioned by. Actions taken as a result of the audit system included improving the availability of important paperwork and addressing a trip hazard in someone's bedroom.

People's records were of extremely high quality, accurately reflected their individual needs, were detailed and up-to-date. They clearly informed staff how to meet people's needs according to their specific needs, choices and preferences. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were, accurate and up-to-date. All records were well-kept and easily accessible. The registered manager understood when statutory notifications had to be sent to the Care Quality Commission and they were sent in the correct timescales.

The service worked very effectively in partnership with community services such as primary health care teams and social care professionals. For example they worked closely with a local hospice and an end of life care practitioner to ensure they provided the best possible end of life care. The registered manager and her team were asked to be involved in end of life training, to share their good practice with other learning disability services and to support some who were providing end of life care. Other professionals involved in study days sent thanks and other positive feedback about the input of the Watson House team. Additionally staff worked with the local community to enhance people's lifestyle. For example staff had introduced people to the local village social club and other local facilities.