

# Tulip Care Limited

# Woolston Mead

## Inspection report

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Date of inspection visit:  
30 January 2017  
31 January 2017

Date of publication:  
25 April 2017

## Ratings

|                                 |                        |
|---------------------------------|------------------------|
| Overall rating for this service | Inadequate ●           |
| Is the service safe?            | Inadequate ●           |
| Is the service effective?       | Requires Improvement ● |
| Is the service caring?          | Requires Improvement ● |
| Is the service responsive?      | Requires Improvement ● |
| Is the service well-led?        | Inadequate ●           |

# Summary of findings

## Overall summary

The inspection took place on 30 and 31 January 2017 and was unannounced.

Woolston Mead Care Home is situated in a quiet residential area and is registered to provide accommodation and personal care for up to 28 people. Accommodation is provided on four floors with two lounges on the ground floor and a dining room on the lower ground floor. A passenger lift and stair lift provide full access to all areas of the home. The home is located close to all amenities and transport links. There were 19 people living in the home on the day of our inspection.

There was no registered manager in post at the home. The last manager had left in January 2017. The previous registered manager to this left their position in August 2016. The current manager had been in post for ten days. 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.

Before the inspection we received some information of concerns from the local Clinical Commissioning Group in respect of the safe management of medicines.

People were receiving their medicines on time, however, people's medication was not always stored and stock recorded in accordance with good practice. The medicine trolleys where the majority of medicines were stored were not secured to a wall or in a locked room as required. This meant that the medicines were more vulnerable to theft. In addition, medicines requiring refrigeration were stored separately in a domestic fridge which was not checked regularly to ensure the temperature was suitable for storing medicines safely.

Some staff did not wear protective clothing when cleaning or giving out medicines, to prevent cross infection. The bathrooms did not always have hand washing facilities.

Safety and quality assurance audit processes were not carried out regularly and were not robust to monitor and improve the safety and quality of the service. The provider was unable to demonstrate effective oversight of the service and had failed to identify a number of issues of significant concern we identified during the inspection.

Safety checks of the environment and equipment were completed regularly. However, repairs to the home and environment were not completed in a timely manner.

Staff were not provided with support to undertake their roles effectively. They had not received supervision for several months. Staff meetings had not taken place.

Some staff had not received any training in line with their roles and responsibility in the home. New staff had not received any training following their appointment and induction.

You can see what action we told the provider to take at the back of the full version of the report.

Most people told us they liked the food but we found there was no choice of meals each day.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

Staff supported people in a timely manner and were visible throughout the home. People who lived in the home and relatives said there needed to be more staff working at during the day and at night.

Recruitment files were dis-organised and not made up to allow documentation to be seen easily. New staff had been employed through robust recruitment procedures to ensure staff were suitable to work with vulnerable adults.

Staff followed the recommendations made by health and social care professionals to make sure people received the care and support they needed.

Staff sought consent from people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

Staff had a good understanding of people's care needs including people's individual preferences which were respected by staff. Care plans provided information to inform staff about people's support needs. Preferences and people's care needs were documented briefly in the care plans.

People living at the home told us they were listened to and their views were taken into account when deciding how to spend their day. They were able to provide feedback about activities through one to one discussions with the activities coordinator. We viewed questionnaires which had been given to everyone in the care home in order to seek their views in 2016. The feedback obtained by a small number of people who completed the questionnaire was positive.

People told us staff were kind, polite and maintained their privacy and dignity. We observed positive interaction between the staff and people they were supporting. However, people's privacy was sometimes compromised as confidential documentation was not always stored securely.

A programme of activities was available for people living at the home to participate in.

A process for recording, investigating and responding to complaints was in place.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special Measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action.

Where necessary, another inspection will be conducted within a further six months and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Medicines were not stored securely.

Repairs to the home and environment were not completed in a timely manner.

Some staff did not wear protective clothing when cleaning or giving out medicines, to prevent cross infection. The bathrooms did not always have hand washing facilities.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed regularly.

There were enough staff on duty to provide care and support to people living in the home.

Recruitment practices were in place to ensure staff had received the appropriate checks prior to them starting to work within the home. However recruitment files were dis-organised and not made up to allow documentation to be seen easily.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Not all staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs. Staff had not received supervision for several months or had an appraisal.

People told us they liked the food and had no choice about what they wanted to eat.

Staff were following recommendations made by health and

social care professionals to make sure people received the care and support they needed.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

Staff had a good understanding of people's care needs.

### Is the service caring?

The service was not always caring.

Confidential documentation was not stored securely to keep information safe from people who did not need to see it.

Most people liked the food but there was no choice of meals each day.

Some people lost their clothing as it was not always returned to them after being cleaned.

People's individual needs and preferences were respected by staff.

People living at the home told us they were listened to and their views taken into account when deciding how to spend their day.

People told us staff were kind, polite and maintained their privacy and dignity.

We observed positive interaction between the staff and people they supported.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Care plans provided information to inform staff about people's support needs. However the content of the care plans was inconsistent. Different documents had been completed and the quality of information recorded varied, in particular in respect of people's preferences and routines.

A programme of activities was available for people living at the home to participate in.

A process for managing complaints was in place and displayed in

**Requires Improvement** ●

the home. The contact information was out of date and inaccurate.

**Is the service well-led?**

**Inadequate** 

- The service was not well led.
- The service did not have a registered manager.
- Systems and processes were not in place to assess, monitor and improve the safety and quality of the service.
- People living in the home were able to share their views and were able to provide feedback about the service.

# Woolston Mead

## **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 took place on 30 and 31 January 2017 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist pharmacy adviser and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we received some information of concerns from the local Clinical Commissioning Group in respect of the safe management of medicines. We reviewed the information we held about the home. We also looked at the notifications and other intelligence the Care Quality Commission had received about the home. We contacted the commissioners of the service to see if they had any updates about the home.

During the inspection we spent time with 13 people who were living at the home. We also sought feedback about the service and spoke with six relatives and a visiting health care professional. We spoke with a total of nine staff, including the manager, care staff, the activities coordinator, the cooks and the housekeeper.

We looked at the care records for four people living at the home, staff personnel information and records relevant to the quality monitoring of the service. We looked around the home, including people's bedrooms, the kitchen, bathrooms, dining area and lounges.



# Is the service safe?

## Our findings

Before the inspection we received some information of concerns from the local Clinical Commissioning Group in respect of the safe management of medicines. We looked at how the service administered and stored medicines to ensure people received them safely. We looked at Medicines Administration Record (MAR) forms and the sections of the care plans relating to medicines management as well as examination of systems in use for medicines procurement, storage, administration, disposal and record keeping. We found MAR forms and the relevant sections of care plans were correctly completed but there were deficiencies in the way medicines were obtained, stored, administered and recorded.

We noted that medicines were stored in a small room which was cluttered and untidy with an overflowing waste container with loose medicines, papers and a mouse trap (empty) on the floor. The temperature of this room and of the medicines refrigerator within it was only recorded on an infrequent basis and we saw no evidence that temperatures were within the correct ranges. Items other than medicines were also stored in this room e.g. biscuits, chocolates, toiletries and a bottle of gin.

We noted that shelves in the medicines room contained multiple packs of creams and bowel preparation products for several people in the home. The home should ensure that medicines are not overstocked as this can lead to unnecessary wastage.

We saw that some medicines were stored in an unlocked 'treatment room' accessible to visitors, people who lived in the home and unqualified staff. For example, a basket containing three vials of glyceryl trinitrate spray was on an open shelf within this room.

We saw that the two medicines trollies in use were of metal construction. On the day of our visit one of the medicines trollies was kept in the corridor outside the medicines room. This trolley was locked but not chained to the wall when left unattended as required. The second drug trolley was kept in the medicines room and was locked but not chained to the wall. This meant that the medicines were more vulnerable to theft. Medicine boxes within this second drug trolley were not clearly separated between residents to ensure people received the correct medicine.

The Controlled Drugs (CD) cupboard was of metal construction and was locked on the day of our visit but the keys to the cupboard were left in the lock. We were told by the care worker that the keys were always left in the lock of the CD cupboard. All CD medicines were checked against stock levels in the CD Record Book and we noted that the Record Book did not have a correct running total of stock and that stock received was not entered into the book immediately on receipt from the pharmacy. We saw that many pages in the record book did not have a heading to show the name, form and strength of the CD medicine. We noted one box of 'Morphogesic 10mg tablets' with no corresponding entry in the CD register. We were told by the care worker that this was being recorded on a page headed 'MST Tablets 20mg'. The Care Home should ensure that CD stock is entered in the register immediately upon receipt and that pages are clearly marked with the name, form and strength of the CD medicine and that an accurate on-going running total of stock is maintained. The CD cupboard itself was full to overflowing and contained medicines other than CDs e.g. Epilim and

Memantine (i.e. medicines for the treatment of epilepsy and dementia).

Ten non-CD medicines were examined. Eight of these medicines were in-date and stored in the correct cupboards. Two of the medicines were date expired and were removed for safe disposal.

We noted that opened bottles of liquid medicines were not marked with the date of opening. Care staff should record the date of opening for bottles of liquid medicines to ensure that they are not used for longer than the manufactures recommended time period after opening.

We noted that some items were stored in the medicines refrigerator which should have been stored at room temperature as stated on the manufacturer's recommendation on the containers themselves. These items were removed for safe disposal.

We observed that the current temperature for the medicines refrigerator had been recorded in a written log on only three occasions in January 2017. The minimum and maximum temperatures were not recorded. It is important that the minimum and maximum temperature range is recorded daily to provide assurance that medicines are stored within the required range of 2 and 8 degrees Centigrade. We noted that the medicines refrigerator was last tested for electrical safety in January 2015. Electrical appliances should be checked for safety on an annual basis. Other appliances in the home had been checked in April 2016. We asked the home manager to check if the fridge had been omitted from the test. We did not receive this information.

We noted that the ambient room temperature in the medication room had been recorded on six occasions in January 2017 but not the maximum and minimum temperatures. The minimum and maximum temperature range in areas where medicines are stored must be recorded daily to provide assurance that medicines are not stored above 25 degrees Centigrade according to manufacturer's recommendations. On the day of our visit care staff were unable to show us evidence that medicines storage room or refrigerator temperatures had been recorded in previous months.

We noted that the service did not have a written procedure to ensure that ambient room temperatures and medicines refrigerator temperatures were recorded. Appropriate procedures should be in place to cover this.

We saw evidence that staff had received medicines management training in March 2015 but not since. We were told by two care workers that they did receive such training in June 2016 but we did not see any recorded evidence of this either on a training matrix or in the staff members' personal files. We saw no evidence that competency assessments had been performed on care staff involved in administration of medicines. Competency assessments should be carried out annually to help ensure the staff are administering medicines safely.

We were told that medicines were prescribed by people's General Practitioners (GPs) and supplied by a pharmacy contractor who delivered directly to the home. Deliveries were signed for by care staff and stored within a locked medicines room and a refrigerator within this room. We observed that keys to this room were kept on the person of the care worker in charge or their deputy (senior care worker).

We observed medicines administration to six people in the home and noted that there was a good rapport between them and the staff and that recording of administration in the MAR chart was carried out correctly and to a high standard. We saw that the care worker remained with the person to ensure that they had taken their medication and signed the MAR after medicine administration.

We noted that during the medicines administration round the carer became concerned regarding the health of one of the people who lived in the home and made immediate arrangements to contact their general practitioner. The person was transferred to hospital via ambulance later in the day.

We examined the MAR forms for each person who lived in the home and saw that allergies and sensitivities to medication were clearly marked on all but one of the charts. Records of administration and reasons for non-administration of medicines were clearly recorded on all MAR charts.

Procedures were in use to ensure that people who required topical administration such as creams and ointments received them at the appropriate time and as per the prescription on the MAR form. We noted that topical emollient creams were applied by care staff and we observed that appropriate records of administration were recorded on the MAR charts.

We saw no evidence that protocols were in place to ensure that the site of administration of analgesic skin patches was recorded using a body map and the site changed frequently.

A sample of two people's care plans were examined which showed that any allergies and sensitivities were clearly marked in the file and the appropriate warning was also recorded on the person's MAR form.

This is a breach of Regulation 12(2) (c) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the home to be clean and tidy. On arrival on our first day the home did have a strong musty smell in the hall way. We visited people's bedrooms and communal living areas and bathrooms.

An Infection Control policy was in place. The last infection control audit had been conducted in September 2016. The local authority Infection, Prevention and Control team had carried out an inspection in October 2016. They reported poor hygiene in the home and found it very dirty. A score of 72% was awarded. However a return visit in December 2016 found a much improved situation. A housekeeper had been employed since October 2016 and was responsible for cleaning the home and the laundry. We found the home to be clean.

However, no records or cleaning schedules were in place to ensure all work and areas were cleaned. The housekeeper had not received any training in infection control or COSHH (Control of Substances Hazardous to Health) and did not wear any protective clothing (aprons and gloves) whilst they worked. We observed staff did not wear any protective gloves or use sanitising gel whilst dispensing medication. Disposable aprons and gloves plus hand sanitisers were available on all floors for staff to use. The use of protective clothing is advised to prevent cross contamination and promote good hygiene.

On arrival at the home we found the home to have a strong 'musty' smell. Whilst most of the home appeared clean, the main stairway carpet required vacuuming. We spoke with ancillary staff who told us the current vacuum cleaner was not able to clean the stair carpets to a good standard.

On the first day of our inspection we found all of the communal bathrooms and toilets had no soap or bins to put used hand towels in after use. We were informed that the bottles of liquid soap had probably been taken by a person who lived in the home. The manager did not know why there were no waste bins in the bathrooms or toilets. During our inspection they found out that the previous manager had ordered wall soap dispensers but the wrong ones were delivered. The manager informed us that 31 soap dispensers had now been re ordered and that they were to purchase 16 bins to the bedrooms, bathrooms and toilets. We have referred our findings to the local authority Infection, Prevention and Control team.

This is a breach of Regulation 12(2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a process in place to attend to repairs, to keep people who lived in the home safe and ensure the home was in a good condition. A maintenance person was employed by the provider. However we found that any repairs that were discovered were not always attended to in a timely way. Relatives we spoke with told us of delays in repairs being attended to. For example one person had a large crack in the window in their bedroom, which had not been addressed, despite the person's relative reporting the matter a few weeks earlier. They said they had not received any response or any idea when the repair would be made. Other people reported the need for new light bulbs in bedrooms and a lounge which had been reported a few weeks earlier.

This is a breach of Regulation 15 (1) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Arrangements were in place for checking the environment to ensure it was safe. Hot water temperatures were tested on a monthly basis. Health and safety audits were completed on a regular basis but were last carried out in December 2016 and in a very basic format by the previous manager. This audit did not detail the different checks that had been completed.

Fire checks were carried out on a regular basis to help ensure doors, fire alarms, emergency lighting and fire fighting equipment were in good working order. However the paperwork was difficult to follow as it was recorded and kept in different files and in different formats. A comprehensive fire safety audit was last completed in August 2016. A fire risk assessment had been carried out. We noticed this was ten months overdue for a review. We saw personal emergency evacuation plans (PEEPs) were completed for the people resident in the home to help ensure effective evacuation of the home in case of an emergency. There was no signing in book kept at the front door to record visitors to the home. This would help ensure an accurate record of people on the premises in case of an emergency such as fire.

We checked safety certificates for electrical safety, gas safety, legionella and kitchen hygiene and these were up to date. This helped ensure good safety standards in the home. The kitchen had achieved a three star (generally satisfactory) rating in June 2016.

We asked people who lived in the home if there were enough staff working in the home to meet their needs. Their comments included, "Not sure if there is enough staff, but they are very good" and "There are only two night staff on. If they are upstairs you have to push the emergency button if you need them."

Some of the relatives we spoke with felt there was not enough staff at times. Their comments included, "If [name] asks for something and they say I'll be back in 5 minutes, but they don't come back for ages", "The staff always seem pushed; it would help them (the staff) if there were more of them." Another relative said there seemed enough staff and, "Overall, [name] is well looked after here and is very happy. Care is usually good but staff don't always have time to stop and talk, but they do the best they can."

There were three care staff on duty on the day of our inspection, as well as the manager, cook, activities coordinator and housekeeper. Care staff worked a two week rota, which gave them alternated weekends off. Each shift had a senior care worker. The manager informed us they intended to work across seven days, to provide a management presence and support over weekends. Two waking staff worked each night. The manager felt there were enough staff to meet the current number of people in the home but said they would look at increasing staff numbers should any more people be admitted to the home. No dependency

assessment scale was in place at the time of the inspection. This meant there was no system in place to assess the staffing levels needed to meet the care needs of the people living in the home.

The manager told us that agency staff were not used. They said the provider had two regular 'bank' staff who covered shifts. However they said there was very little absence from care staff and any additional cover was provided from the existing staff team. We looked at staffing rotas and found there were consistent numbers of staff working each day, including at the weekend.

We observed staff being alert and responsive to people indicating that they wished to use the lift or needed help to go to the toilet. We observed the call bell being used throughout the inspection and it appeared to be answered in a timely way.

We looked at how staff were recruited and the processes undertaken to ensure staff were suitable to work with vulnerable people. We found information was not stored in staff files. There was no index or clear system being followed in staff files for us to see all steps had been taken to ensure staff were recruited appropriately. We found copies of application forms and references. The manager gave us evidence to confirm that all staff currently employed to work in the home had been subject to a Disclosure and Barring (DBS) check, to ensure they were entitled to work in the UK and police checks that had been carried out. We found they had all received a clear Disclosure and Barring (DBS) check. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. We did see that only one DBS check had been completed when staff had commenced work at the home. We were unable to find the provider's policy for this process. It is good practice to renew a DBS every three years. We discussed this with the manager. They informed us they had recently agreed with the provider (owner) to repeat the DBS process for some people, whose DBS check was several years old.

We spoke with two staff who had been recently recruited. They both confirmed they had completed applications forms and formally applied for an advertised vacancy. They confirmed they had waited to commence their employment until the DBS check had been returned. This helped to ensure the provider followed a recruitment procedure.

We looked at a number of care records which showed that a range of risk assessments had been completed to assess and monitor people's health and safety. We saw risk assessments in areas such as mobility, falls, nutrition, personal care, medication, pressure area care and moving and handling. These assessments were reviewed each month to help ensure any change in people's needs was reassessed to ensure they received the appropriate care and support. Some people had risk assessments in place to manage any behaviour that may challenge, to enable staff to keep the person safe and respond to support them in a consistent way. We spoke with three staff and found were not all as familiar as they could have been with one person and how to support them when they became distressed and anxious. However we did find they knew about a specific type of therapy in use with the same person.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to senior managers. Training records confirmed new staff had not undertaken safeguarding training. Staff were aware of whistleblowing procedures to use if they felt people were at risk or they had concerns about another member of staff.

Accidents and incidents were accurately recorded, sufficiently detailed and included reference to actions taken following each accident or incidents. However, there was no indication that records had been analysed to see if there were any patterns or lessons to be learnt since August 2016. An analysis of accidents and incidents helps to look for common themes and trends with people and identify when professional help

is required form, for example the GP or the Falls team. The manager informed us it was their intention to carry out an analysis of all accidents and incidents each month.

## Is the service effective?

### Our findings

We asked people who lived in the home about the food served at Woolston Mead. Their responses were mostly positive. Their comments included, "The food is a bit bland here. I do like the fish and chips and the roast on a Sunday is lovely", "I think the food is good, but then I'm easy to please", "Food is fine, but it's not always hot", "It's alright here, the food is very good."

A person reported the lunch and evening meals to be good but the breakfasts poor. Their comments included: "Cheapest cornflakes, thinnest, awful white bread and a scraping of jam. Tiny bit of milk for both tea and cereal." We asked one of the cooks if people could chose to have a cooked breakfast. We were told, "They weren't offered it."

A member of the team took their lunch in the dining room with people using the service and found the atmosphere appeared relaxed and friendly. The dining room was downstairs with not a lot of natural light and appeared a bit dark. The tables were laid with cutlery and place mats but no cloths, decoration or napkins. Lunch was a three course light meal. Tea was offered as a drink after lunch but no cold drink or water was available during the meal. People were asked if they wanted more tea.

We saw there were several members of staff serving people their meals. Staff were attentive and no-one was rushed to finish the meal. Some people chose to have their lunch in the lounge. Their meals were served on a tray. Whilst there was no alternative meal offered, one person had requested sandwiches. Care staff told us that people could have a choice in what they had to eat on a daily basis but alternative meal options were not provided as routine.

People were served their main meal in the evening. There was no choice of meal offered.

We spoke with two of the cooks on each day of the inspection. There were four cooks who worked in the kitchen to provide cover over seven days. There were no menus for staff to work from. People were not told what meals were being offered and only one meal was made, except for people who were vegetarian when an alternative was offered. We saw the provider's catering policy and procedure which stated, 'Residents should be offered a minimum of two meals plus an alternative'. It further stated that, 'Residents should complete a menu choice form', and 'A record should be made of residents' choice of meals'. We found that this was not being carried out.

We were told that staff working the previous day took food out for the next day, for the cook to use. They then decided what to make. This meant that there was the chance people would not be offered a varied diet and choice of meals. For example on the first day of our inspection people had a savoury beef mince dish with mashed potatoes and on the second they had beef stew. One staff member told us that a planned menu had not been used for a number of months, a decision made by the previous manager.

There was no information recorded in the kitchen regarding people's dietary needs and preferences. This would have been helpful for the new member of staff who had no knowledge of this and relied on the



availability of care staff for information. The other staff member had worked in the home for a couple of years and had a good knowledge of people's dietary needs and preferences. They made particular meals liked by people who were vegetarians, where as other staff were not aware and told us they were advised to cook them 'egg and chips'.

We looked in the store room, fridges and freezers. The store room did not contain a great amount of food and sundries. We were informed that one of the cooks completed on line order at a large local supermarket. In one of the fridges we saw that people had bought their own foods, such as jams and sauces. They had labelled them with their name.

We observed tea, coffee and biscuits were available in the morning and afternoon. Tea was available after the midday meal. We observed two people with a drink of water in the lounges. Cold drinks were not readily available in the lounges and bedrooms throughout the day.

We found menu boards on the wall in both the dining room and hall way area. However the board in the hallway was blank and the board in the dining room had pictures of a meal that had been offered on a different day.

We informed the manager of the issues and differences in working practices we had found. They confirmed they had arranged to meet with all the kitchen staff on 10 February 2017 to discuss these matters. After the inspection the manager sent us the minutes from this meeting to confirm it had taken place and the action to be taken to address the issues.

This is a breach of Regulation 14 (4) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the training and support in place for staff. Staff we spoke with told us they enjoyed their job. They said they completed training courses. We saw from evidence given to us that all care staff had completed the Care Certificate in 2016. The Care Certificate was introduced by the Government in 2015. It requires new staff to complete a programme of training, be observed in practice and then signed-off as competent by a senior colleague.

The new manager was unsure how training was delivered and did not know how staff knew what was required. During the inspection they told us that training was sorted through 'head office'. We were unable to find out if there was a system in place to ensure staff completed the required training. However we found that some staff had not completed regular annual updates since 2015 and two new staff had not received any training in mandatory subjects at all. This was of particular concern as one new staff had not worked in the care industry before.

At the end of the inspection we were told that mandatory training was to be carried out on 22 and 28 February 2017, which included, Health & Safety, Infection Control, Food Hygiene, Safeguarding, MCA/DoLS, Moving & Handling, First Aid, Dignity & Respect and Person Centred Care. From the information we were given we saw that most training was provided through online training courses. Records seen showed staff had completed training in other subjects such as, fire safety, dementia care, diet and nutrition, privacy and dignity, basic life support and mental health awareness. Senior care staff completed additional training courses in medication administration. However this had not been repeated with staff since 2015.

We found evidence that staff had received an induction when they started working at the home. We spoke with two staff that had started work in the last few months. They confirmed this to be the case. Their



induction had included shadow shifts. However a more experienced carer said they had not received an induction.

This is a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who lived in the home their views on the service. Their comments included, "The good thing about this place is if anything goes wrong they are very quick to get an ambulance or the paramedics. It's very reassuring", "I can ask staff for anything and it gets sorted", "I had a corn and showed them. They got a chiropodist pretty quickly." A relative told us, "They (staff) are fabulous at getting [name] ready for hospital appointments or anything else like that", and added "They always get the GP if needed."

Woolston Mead had been adapted to enable people with mobility difficulties to access it without difficulty. However we found there was no ramp at the front of the building. People with mobility difficulties accessed and exited the building from the rear. There was a passenger lift and stair lifts were in use which gave people access to all areas of the home. Doorways were wide to enable people using wheelchairs or walking aids to mobilise easily throughout the home.

The décor throughout the home appeared tired and in need of replacement. The paint covering the outside of the property had peeled off and was in need of redecorating. The manager told us that the provider had informed them this was to be done in the spring. There were no pictures of clocks on the walls or any signs with the date and time which would serve as reminders to people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the provider had followed the requirements in the DoLS and had submitted applications to the relevant supervisory body for authority to do so. We saw the applications for seven people and saw the applications had been made appropriately with the rationale described.

We looked to see if the home was working within the principles of the Mental Capacity Act, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found requirements were being met and people who lacked capacity to make certain decisions were assessed appropriately. Applications had been authorised for two people. We discussed with the new manager the importance of familiarising themselves with these people and the details of the authorisation. We found that best interest decision meetings had taken place to make decisions for two people whose care records we looked at.

Staff we spoke with were familiar with the principles of the MCA and best interests decisions. Staff we spoke with could not recall having any training on this topic. The manager confirmed that MCA and DoLS training was to be held in February 2017.

We looked at people's care records which confirmed they were supported to attend health appointments

and the health care professionals were called when required. People regularly saw a GP, district nurse or chiropodist. Staff told us that communication between them about people's needs had improved. Communication books were used for the general day to day events as well as the senior staff books which documented significant information in relation to people's external appointments, district nurse appointments, medication changes. Daily evaluations sheets were completed for each person who lived in the home, at the end of each shift. Staff handovers took place throughout the day, at the end of each shift, to ensure staff coming on shift were fully aware of people's needs and any change in circumstances.

## Is the service caring?

### Our findings

People spoke positively about the staff and their approach to the provision of care. One person living at the home said, "Best thing is the carers are excellent, you can talk to them about anything". Another person said, "Staff are very kind; they help me. They sorted out my chest infection." Other comments included, "Staff are very kind here and I trust them", "Things are very good, staff are excellent" and "They keep a good eye on you; they check your weight on the scales."

We observed staff to be respectful. All appeared to treat the residents kindly and always had time to have a few words and addressed them by their name. Comments heard from staff included, "Are you Ok?", "It's Ok take your time, there's no rush", "Would you like your nails done today, we'll make them look lovely for you". We observed a person who lived in the home was visibly distressed and said to a staff member, "Don't leave me", to which the staff responded, "Don't worry, I'm not going to leave you, I'm right here." We saw that files containing people's MAR charts and other files containing details of care given to each person by staff were kept on an open shelf in a corridor accessible to visitors and non-qualified staff. Confidential documentation should be stored securely to keep this information safe from people who do not need to see it.

This is a breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed staff supporting people around the home, accessing toilets, giving medication and drinks and snacks. Staff appeared attentive and patient particularly with the people with dementia. Care was given kindly and promptly and staff interaction with service users indicated familiar and mutually respectful relationships.

Staff explained how people's privacy and dignity needed to be preserved and maintained as well as explaining how 'choice' was important for people. Staff explained how they would help support people to choose the clothing they wished to wear by showing them a range of different outfits as well as helping to support people with their meal, their 'likes/dislikes' and general independence. However during our inspection we noticed a man wearing trousers which were very short in the leg and too short for him. A member of the ancillary staff also noticed this and told the person they would sort out a different pair of trousers for them as they were 'clearly not theirs'. We informed the manager of our observations.

Some people we spoke with told us they were unhappy with the laundry. They told us that clothes seemed to go missing. One person told us, "Even with your name on it, it doesn't always come back." We discussed this with the housekeeper and saw that there was a system in operation to try to prevent clothes going missing. People did have their names in their clothes and individually named baskets were in the laundry for clean clothes to go into when they were ready to be returned to people's rooms.

We saw from information given to us that 'Resident and Relatives' meetings used to be held on a monthly basis. The last one took place in March 2016. The manager told us they had arranged a meeting for 22

February 2017. We saw that people were involved in deciding any activities or outings they wished to take part in. The activity coordinator was a visible presence and we saw they made time to speak to people. They told us they had spent time with each person living in the home to ask what their wishes were for 2017, in relation to any trips or places they wished to go to.

## Is the service responsive?

### Our findings

Staff engaged well with people in the home and were very caring, kind and compassionate. We saw staff demonstrated their skills and knowledge about people when supporting people who were distressed and anxious.

People living at the home had individual care plans. These contained information and guidance for staff regarding people's health and social care needs. The content of the care plans we looked at was inconsistent. Different documents had been completed and the quality of information recorded varied, in particular in respect of people's preferences and routines. This information was important so that staff support is provided in a way the person wants and needs. Daily records of the care given by the staff and input from external health and social care professionals to oversee people's health and wellbeing were completed.

We found that people were weighed on a regular basis to help ensure they maintained good health. We saw that when people with specific health conditions had lost or gained weight, the appropriate healthcare professional was contacted and any advice given was implemented. People's care records were updated to reflect this new information. This showed good attention to people's health care needs.

We saw care plans for areas of care which included mobility, nutrition, personal care, continence care and medicines. Each person had their night care needs recorded clearly, including their routines. Clear and detailed care plans are important to ensure consistency of approach and to ensure people's needs are met. The care plans we saw provided this assurance.

We saw that some people had specific care plans to support them with anxiety relating to dementia. The level of detail varied in each of the care plans we looked at. We found staff were aware of the responses required when the person became anxious.

Care plans were reviewed regularly. We saw that some reviews reflected a change in care or treatment and had been updated accordingly.

We asked people in the home and relatives if they were involved in their care. A relative we spoke with told us, "I have discussed [name] care with the manager. Another told us, "Yes we have been through the plan with staff". Documents we saw in people's care records had been signed by the individual to show they had been involved.

We asked people in the home if they felt they had a choice in their daily activities. All responded positively. A variety of activities were provided throughout the week, with entertainers from outside the home visiting each month. A dedicated activities coordinator worked 15 hours a week over four days. We saw they had explored what people liked to do, what they wished to take part in and how they could be as creative and innovative as possible with the resources they had. The activities co-ordinator demonstrated a very person centred approach to the care they offered at Woolston Mead and dedicated their time ensuring that as many

people were involved in the activities as much as possible. Regular activities included, board games, bingo, cake making, a film afternoon, afternoon tea parties, flower arranging, sing a longs, memory work/activities and nail and hair care. The day's activities were displayed on a notice board in the hallway.

The activities coordinator explained how they had got everyone involved in Christmas baking. People also attended the local cinema as they had recently started having dementia friendly cinema showings. They told us of a piece of work they had completed with each person living in the home to identify people's wishes for the coming year so they had some choice in the different activities they wished to get involved with. The activities coordinator also spent time on a one to one basis with some people who lived in the home.

The activities co-ordinator told us they had set up 'Friends of Woolston Mead' who supported with fundraising and generated donations from the local community. Funds raised funded the various activities which incurred a cost. This helped people to take part free of charge.

We spoke with people who lived in the home about the activities provided. Some people had concerns about not going out and getting any exercise as they had no friends or relatives to take them. Some people said they watched football in their rooms, but it would be nice to watch games with other (male) company in a lounge. Some people stated they left the home on occasions. One went in a taxi to the supermarket to supplement the food provided. Another said they were taken out by friends every week to a local restaurant for lunch. Others reported being taken out by family on occasion. However, several people said they could only go out with help as they had no relatives to take them. Some reported the activities coordinator had taken them to the park opposite the home, which they found very enjoyable. They hoped this could be repeated when the weather improved.

We were shown many photographs which had been taken of the various activities that had taken place, particularly at Christmas time. However none of the photographs had been printed off and displayed to remind people of what they had done or to show visitors the activities that took place in the home.

During our inspection we observed the activity coordinator asked their views about future activities. They also liaised with a librarian from the local library to order new books.

The home had a complaints procedure in place. We found a copy in one of the bedrooms we visited. A copy of the policy was also displayed on the notice board in the hall way. However the contact information on both documents we found was out of date and inaccurate. People were advised to contact a manager who left in 2015 or their replacement, who had now left. The information also stated to contact the Care Quality Commission (CQC) if people were unhappy about the response they received to their complaint. This information is inaccurate as CQC does not deal with individual complaints. We informed the manager of this. We did not find a file with any complaints that were being investigated or had been dealt with. The new manager was not able to tell us if there were any outstanding or on-going issues being investigated.

We asked relatives about how the home dealt with complaints. They all responded positively. One said, "If we mention anything we are concerned about it is usually dealt with". However another relative we spoke with said repairs were not always attended to swiftly.

On the first day of our inspection there was a particularly 'happy' atmosphere in one of the lounges in the afternoon as a CD of music from musicals was played. People in the home appeared to enjoy this. During the morning in both lounges the TV was on. We observed no one seemed to be watching. There were subtitles, but the screen was rather small compared to the size of the room. The subtitles were difficult to read, even when up close.

People's spiritual needs were met. We spoke with the local minister who told us they came every Monday to give communion to people who lived in the home.

## Is the service well-led?

### Our findings

There was no registered manager at the home. The last registered manager had left in August 2016. Another manager had been recruited to the post. They had left the position in January 2017. The current manager had been in post for ten days. The relatives we spoke with knew there was a new manager. Two had spoken to them about their relative's care since they took up the post.

We looked at the quality assurance systems and processes to monitor how the service was operating and to drive forward improvements. A range of audits and checks had been undertaken; however these had not been completed since June 2016. Infection control audits had not been completed since September 2016. Concerns raised by the local commissioning group during an audit of medication in October 2016 had not been actioned. We found no improvements had been made to systems and the storage of medication.

Records relating to the administration of medicines were kept in a non-secure room, on a corridor frequented by people in the home, staff and visitors. Confidential records should be stored securely to prevent any breaches of confidentiality and safety of the records.

Clear systems for staff recruitment could not be established as we found that files were not kept. All paperwork was stored in a filing cabinet but in no clear order.

We found no evidence that any staff meetings had taken place since July 2016. There was no evidence that staff supervisions had been carried out on a regular basis. Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion of on-going training needs.

We were informed that staff at 'head office' managed staff training. However we found that three staff had not completed any online training. We were informed that head office told the manager that a particular member of staff was still completing the training. We noted they had been told to start their training in 2015. The system used to monitor staff training needs had not been effective to identify this. There had also been two new staff who had not been asked to complete any online training following their induction. An effective system was not in place and therefore did not identify the issues we found during the inspection. Regular supervision and appraisal meetings with staff would have identified their training needs.

We found four people who lived in the home had completed a questionnaire in April 2016. The feedback they gave about the home and the service provided was positive. This number represented a small percentage of all people living in the home. No feedback from relatives or staff could be found.

We were informed that the provider visited the home on a monthly basis. However there were no records of any provider visits to monitor performance or check on the service. It was clear that there had been no structured review of progress or oversight of the service. An effective system of audit above registered manager level should be in place to ensure people receive care that is safe and protects their health, safety and welfare.



This is a breach of Regulation 17(2) (a), (d) (i) & (ii), & (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was not displaying its current inspection rating as required. We checked with the manager after the inspection. They told us the ratings were now displayed.

This is a breach of Regulation 20(A) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home maintained records of notifications to the Care Quality Commission, albeit in low numbers. Records were completed after incidents and accidents relating to people who lived in the home. We checked these records and did not feel that notifications were required to be submitted for these incidents. We discussed with the new manager the requirement to complete and submit notifications to CQC in relation to serious injuries and DoLS.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs<br><br>People were not offered a choice of meals.<br>Regulation 14 (4) (c)                                  |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA RA Regulations 2014 Premises and equipment<br><br>Premises were not properly maintained as repairs were not carried out in a timely manner.<br><br>Regulation 15(1) (e) |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>People's MAR charts and care files were not stored securely.<br>Regulation 17 (2) (c)  |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>Staff did not receive training, professional development, supervision and appraisal.  |

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not safely stored because the medicine' trolley was not secured as required, the refrigerator used for storing medicines was not operating correctly and the temperature had not been monitored. Medicines arriving into the home were not recorded immediately to ensure their safe storage and correct use. Competency assessments had not been carried out on staff involved in administration of medicines and staff had not received annual training in medicines management.</p> <p>Regulation 12 (2) (g).<br/>Staff did not wear protective clothing to prevent the spread of infections.</p> <p>Regulation 12(2) (h).</p> |

### The enforcement action we took:

Warning notice issued

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to provide an effective oversight of the service.</p> <p>Audits had not been completed regularly and failed to identify significant concerns. Information relating to the recruitment of staff could not be found and there was no support for staff in supervision, appraisal. Not all staff had completed mandatory training.</p> <p>Regulation 17 (2) (a), (d) (i) &amp; (ii), (e) &amp; (f).</p> |

### The enforcement action we took:

warning notice issued