

Tulip Care Limited

Woolston Mead

Inspection report

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Date of inspection visit:
14 July 2022

Date of publication:
15 August 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Woolston Mead is a residential care home providing accommodation and personal care to up to 28 people. The service provides support to older people aged under and over 65. At the time of our inspection there were 23 people living at the home.

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

People did not always receive their medicines safely and as prescribed. Some parts of the environment needed refurbishment, repair and/or redecoration. The registered manager confirmed immediate improvement works had been started following our inspection to address these environmental issues and a longer-term refurbishment plan was also in place.

The home had scored poorly in a recent audit carried out by the local infection prevention and control (IPC) team. However, the most recent IPC audit found improvements had been made. Longer-term refurbishment works were needed to make further progress in this area. During our inspection the home was clean and hygienic. Enhanced cleaning schedules in response to COVID-19 were in place. Staff followed the relevant guidance and best practice in relation to IPC and wore the required levels of PPE.

People and relatives explained they felt safe at the home. One relative said, "[Relative] is safe because the staff can calm her, they know what to do immediately. They are marvellous." There were systems in place to effectively record and respond to accidents, incidents and safeguarding concerns.

There were enough staff at the home to meet people's needs. Staffing levels were assessed and planned based on people's dependency levels. People and relatives' feedback about staffing levels at the home varied, some felt there were enough staff, but others felt there could be more staff. Staff were visible around the home and were available to assist people when needed. New staff were recruited safely.

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

Systems to assess, monitor and improve the quality and safety of service being provided were not always effective. Issues we found during this inspection had not been effectively identified or addressed.

The registered manager, along with other staff at the service, were open and responsive to feedback given during this inspection. They also demonstrated a clear commitment to driving the necessary improvements at the home. There was a kind and caring culture amongst staff at the service. Staff were knowledgeable about the people they were supporting and had a good rapport with them.

People and relatives told us staff at the home, including the registered manager, were approachable and

communicated well with them. Comments included, "[Registered Manager] is very good and comes around and has a chat. I would speak with [Registered Manager] if I had any concerns or worries. I have no complaints" and "[Registered Manager] is approachable and always willing to have a chat. I get on well with all the staff and I know any of them would act if I said there was a problem."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 April 2019).

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

This focused inspection only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woolston Mead on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines management and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Woolston Mead

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector, a medicines inspector 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.

Service and service type

Woolston Mead is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Woolston Mead is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who lived at the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, care workers and other staff.

We used 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 with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to safe recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always given as prescribed. Electronic medicines administration records (eMARs) were not always completed accurately and medicines counts did not all match the expected amounts.
- Topical cream applications were not clearly recorded.
- Records were not always completed to document where topical medicine patches had been applied, which meant staff were unable to effectively rotate the positioning to safely to reduce the risk of skin irritation.
- 'As required' (PRN) medicine protocols were not readily available to staff on the eMAR system at the point of administration to guide staff on administering these medications safely.
- Quality assurance processes had failed to effectively identify and address the issues identified during this inspection.

Systems in place had failed to ensure medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed changes had been made to implement additional quality checks and they were working with their eMAR system provider to improve staff proficiency with the system.

- Staff administering medicines were trained and had their competency assessed.

Assessing risk, safety monitoring and management

- Some parts of the environment needed refurbishment, repair and/or redecoration.
- The front of the home was poorly presented with an overgrown garden littered with disused furniture and rubbish. Similarly, there were various piles of rubbish and/or disused items around the exterior of the home.
- There were several storage rooms in the home that were cluttered with old documentation, equipment and other items.
- The registered manager confirmed immediate improvement works had been started following our inspection to address these issues and a longer-term refurbishment plan was also in place.
- Required safety checks were carried out on the utilities and equipment in the home.
- Fire detection and fighting equipment was regularly checked and maintained. Staff had received fire safety training and regular fire drills were carried out.
- Plans were in place to keep people as safe as possible in the event of an emergency.

- Risks associated with people's care had been assessed and plans were in place to manage these risks.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- The home had scored poorly in a recent audit carried out by the local infection prevention and control (IPC) team. However, the provider had engaged with the IPC team and staff had been given additional training.
- The provider's most recent IPC audit found improvements had been made. However, longer-term refurbishment works were needed to make further progress, such as installing additional sinks, replacing some flooring and carpets and repairing and/redecorating other surfaces in the home.
- During our inspection the home was clean and hygienic. Enhanced cleaning schedules in response to COVID-19 were in place.
- Staff had received training in infection prevention and control (IPC), and followed the relevant IPC guidance and best practice. Staff wore the required PPE and disposed of used PPE safely.
- The home had a COVID-19 testing programme in place for people living at the home and staff.
- The provider had systems in place to ensure it was supporting visiting to take place in line with the relevant guidance.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong;

- People and relatives explained they felt safe at the home. Comments included, "You feel safe because there are staff about 24/7 who you can call on" and "[Relative] is safe because the staff can calm her, they know what to do immediately. They are marvellous."
- There were systems in place to effectively record and respond to accidents, incidents and safeguarding concerns.
- The registered manager regularly reviewed this information to identify any patterns or trends and ensure appropriate action had been taken.
- Staff received safeguarding training and understood their role and responsibilities managing safeguarding concerns.

Staffing and recruitment

- There were enough staff at the home to meet people's needs. Staffing levels were assessed and planned based on people's dependency levels and were regularly reviewed and amended when needed by the registered manager.
- People and relatives' feedback about staffing levels at the home varied, some felt there were enough staff, but others felt there could be more staff. Comments included, "Always seems to be staff around and always someone to speak with if I need to. Odd agency staff used but generally seem the same faces" and "There are not enough staff about, they are worked too hard. If I use my call bell they come as quickly as they can."

- Staff were visible around the home and were available to assist people when needed.
- New staff were recruited safely following a range of pre-employment checks to ensure they were suitable to work at the service.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems to assess, monitor and improve the quality and safety of the service being provided were not always effective.
- Quality assurance processes had failed to effectively identify and address the issues we found relating to medicines management and the environment during this inspection.
- Similarly, IPC issues raised in recent audits carried out by the local IPC team prior to our inspection had not been identified and addressed through the provider's own quality assurance processes. We noted the registered manager had acted on this feedback and started making improvements.

The provider's governance and quality assurance systems were not always effective. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a registered manager in post and ratings from the last CQC inspection were clearly displayed as required.
- There was a range of regularly reviewed policies and procedures in place to help guide staff.
- The registered manager, along with other staff at the service, were open and responsive to feedback given during this inspection. They also demonstrated a clear commitment to driving the necessary improvements at the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a kind and caring culture amongst staff at the service.
- We observed caring and supportive interactions between people living at the service and staff.
- Staff were knowledgeable about the people they were supporting and had a good rapport with them.
- The manager understood their responsibility regarding the duty of candour and promoted a culture of openness and transparency.

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

- People and relatives told us staff at the home, including the registered manager, were approachable and communicated well with them. Comments included, "[Registered Manager] is very good and comes around

and has a chat. I would speak with [Registered Manager] if I had any concerns or worries. I have no complaints", "[Registered Manager] is approachable and always willing to have a chat. I get on well with all the staff and I know any of them would act if I said there was a problem" and "[Registered Manager] is brilliant, she is doing her utmost to get the home back to normal after COVID-19. She goes above and beyond for the residents. She is caring and dedicated, she calls the residents her family."

- Staff involved people and their relatives in making decisions about their care.
- Staff told us they felt well-supported in their roles.
- The registered manager organised regular staff meetings to support staff and provide necessary updates.

Working in partnership with others

- Staff worked in partnership with other health and social care professionals to support and improve people's health and wellbeing. This included making referrals and seeking advice from other professionals when needed.
- The registered manager and other senior staff demonstrated a willingness and ability to listen and act upon feedback from other stakeholders to help improve the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment Systems in place had failed to ensure medicines were managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance and quality assurance systems were not always effective.