

Tulip Care Limited Woolston Mead

Inspection report

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Date of inspection visit:
14 August 2017
15 August 2017

Date of publication:
06 October 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 14 and 15 August 2017 and was unannounced.

Woolston Mead Care Home 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 in the basement. A passenger lift and stair lift provide full access to all areas of the home. The home is situated in a quiet residential area and is located close to all amenities and transport links. At the time of the inspection 15 people were living at the service.

There was a registered manager. 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.

We completed a comprehensive inspection of Woolston Mead in January 2017. We found that the provider was in breach of regulations with regard to safe care and treatment, meeting nutritional and hydration needs, staffing, premises and equipment and good governance. The service was rated as "inadequate" and was placed in 'special measures'.

We issued two warning notices to the provider which required the service to be compliant with regulations. We received assurances from the registered manager that the actions required by the warning notices had been completed. As part of this inspection we checked to see if the necessary improvements had been made and sustained.

We found that although some improvements had been made, breaches of regulations previously identified had not been met.

A warning notice was issued following the last inspection with requirements related to medicines, which were not safely stored or monitored. During this inspection we found continued concerns regarding the storage of medicines as well as errors in the administration of controlled drugs. We also found errors in the recording of some people's medicines on medicine administration records.

A further requirement of the warning notice related to the lack of audits competed to help ensure safe administration and storage of medicines. At this inspection we found that audits were completed regularly. However the errors found on this inspection had not been identified because checks of all medication stock were not carried out. The breach had not been met.

A second warning notice had also been issued following the last inspection in relation to the lack of any quality audit processes to monitor and improve the safety and quality of the service. On this inspection we saw that improvement had been made. Audits were now in place to check for common themes or trends for

accidents and incidents which had occurred. During this inspection we found evidence that risk had been reviewed as required. Audits were now completed to help ensure the home was kept clean. Audits of the care files had not identified the inaccurate risk assessments because staff responsible for the check were absent from work and this role had not been given to another staff member. The breach had not been met.

A further requirement of the warning notice related to staff recruitment files and staff training. At the last inspection we found that files were not kept in an ordered way for individual staff members so we were unable to determine if proper recruitment had taken place and staff did not receive training, professional development, supervision and appraisal. On this inspection we saw that improvement had been made. The registered manager now had a system in place to ensure staff were regularly supervised and received mandatory training on a regular basis. However we did see that the registered manager had accepted two character references for two members of staff. It is a requirement that employers should request a reference from a person's last employer. The breach had not been met.

At the last inspection we found that people were not routinely offered a choice of meals. At this inspection we found whilst the menus had been changed to offer an alternative meal, for their main meal the alternative offered was always a jacket potato. This meant that some people did not receive a balanced meal to meet their dietary preferences. The breach had not been met.

At the last inspection we found that any repairs that were discovered were not always attended to in a timely way. Despite the absence of a maintenance person the provider now had a system in place to help ensure repairs were completed until the post was filled. The breach was now met.

At the last inspection we found that people's personal records were not stored securely. The medicine and care records for people were now stored in locked cabinets to ensure the contents remained private. The breach was now met.

On this inspection we found that medicines were not always managed safely in the home. We found errors had occurred when administering medication to some people, which meant they did not receive the correct dose prescribed by their GP. Records could not be found to demonstrate staff had applied barrier creams and antibiotic creams regularly.

We found the premises were not checked regularly to ensure they were safe. Checks of fire alarms, emergency lights and window restrictors were not completed. The fire service had visited in July 2017 and issued an enforcement notice requiring urgent repairs and actions were undertaken to ensure the building was safe and equipment and procedures were in place to evacuate people in an emergency.

There were enough staff on duty to provide care and support to people living in the home. 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 were trained to ensure that they had the appropriate skills and knowledge to meet people's needs. They were well supported by the registered manager.

Staff were received support to undertake their roles effectively. They received regular training, supervision and appraisal. Staff meetings took place regularly.

The home was clean and tidy with no odours. Staff wore protective clothing (aprons and gloves) whilst they worked. We observed staff use sanitising gel. Disposable aprons and gloves plus hand sanitisers were available on all floors for staff to use.

Equipment was in place in the bathrooms to assist people with bathing.

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.

People had access to a range of health care professionals to maintain their health and wellbeing.

We observed positive interaction between the staff and people they supported. People at the home had their views taken into account when deciding how to spend their day.

Care plans were completed which provided information to inform staff about people's support needs, routines and preferences. Risk assessments had been undertaken to support people safely and in accordance with their individual needs. However we found risk assessments for two people had not identified their recent weight loss.

A limited programme of activities was available for people living at the home to participate in. People told us they were bored. People were supported to access the community for pre-arranged visits.

People living in the home and relatives were able to share their views and were able to provide feedback about the service in monthly 'residents and relatives' meetings.

People knew how to raise a concern or make a complaint. A process for managing complaints was in place. No complaints had been received.

Systems and processes were in place to assess, monitor and improve the safety and quality of the service. However some checks completed by the senior staff and registered manager were not robust to find the issues we found during the inspection. The audit completed by the provider each month failed to address the issues relating to medication addressed by the CCG in their audit to ensure changes were implemented. The lack of fire safety checks was not addressed to ensure the work was carried out to ensure the safety of people living in the home. The provider had failed to notify CQC of a recent fire safety Enforcement notice that had been issued despite having the opportunity to do so.

The service had a registered manager. Feedback from people, relatives about the manager and staff was complimentary.

The overall rating for this provider is 'Inadequate'. This means that it remains in '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.

The concerns we identified are being followed up and we will report on any action when it is complete.

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 safe.

Medicines were not managed safely in the home.

Safety checks of the environment and equipment were not completed regularly.

The provider had recruitment procedures in place. However references from previous employers had not been requested for two staff to ensure they were suitable to work with vulnerable adults.

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.

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

Is the service effective?

Inadequate 

The service was not always effective.

People did not have sufficient choice regarding meals and a varied diet was not provided to all people living at the home.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs. They were well supported by the registered manager.

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.

People had access to a range of health care professionals to maintain their health and wellbeing.

Is the service caring?

Requires Improvement 

The service was not always caring.

Although staff were caring in their approach given our observations, the findings associated with safety, meeting nutritional needs and the lack of an environment to support people with dementia did not always demonstrate the service adopted a caring approach

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

People at the home had their views taken into account when deciding how to spend their day.

Is the service responsive?

The service was not always responsive.

A limited programme of activities was available for people living at the home to participate in. People were supported to access the community for pre-arranged visits.

Care plans provided information to inform staff about people's support needs, routines and preferences.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

Requires Improvement

Is the service well-led?

Inadequate

The service was not well led.

Systems and processes were in place to assess, monitor and improve the safety and quality of the service. However checks were not robust enough to identify the issues we found during the inspection. The provider also failed to tell us about an enforcement notice that was served by the fire service as legally required.

There were continued breaches of regulations and a failure to meet safe standards of care.

The service had a registered manager.

People living in the home and relatives 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 15 August 2017 and was unannounced.

The inspection team consisted of three adult social care inspectors, a pharmacy inspector and an Expert by Experience with expertise in mental health. 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 reviewed the information we held about the home. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service and other intelligence the Care Quality Commission had received. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service.

The provider had completed a Provider 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 any improvements they plan to make.

We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with nine people who were living at the home and a relative. We spoke with a total of five staff, including the registered manager and cook. We also sought feedback about the service from a visiting health care professional.

We looked at the care records for five people living at the home, four staff personnel files, staff training records, and records relevant to the quality monitoring of the service. We looked round the home, including the kitchen, bathrooms, dining area and lounges. We used a short observational framework for inspection

tool (SOFI) to observe the engagement of people using the service and the quality of staff interactions.

Is the service safe?

Our findings

We had previously visited this home in January 2017 and found the home to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice with requirements related to medicines. At the previous visit, medicines were not always stored securely; the medicine trolley had not been locked to the wall and the keys for the Controlled Drugs (CDs) cupboard were left in the lock unattended. A controlled drug is a medicine controlled under the Misuse of Drugs legislation and must be securely stored; keys to the CD cupboard must be secure at all times. Fridge temperatures were not always recorded, which meant that there was no way of knowing whether some medicines requiring fridge storage had been stored safely.

At this inspection, there were 15 people living in the home, two of whom were in hospital. We checked the medicines and records for seven people and spoke with the registered manager and deputy manager. Since the last inspection, the medicines trolley had been moved into a designated medicines room, which was clear, tidy and well organised. The medicines room, however, did not have adequate ventilation or air conditioning to keep the temperature below 25°C and the temperature recorded was constantly over 25°C, which is above the recommended temperature to store medicines. This increased the risk of medicines not working properly if they are stored out of the required temperature range.

CDs were stored in a small CD cupboard, which was full. We checked the quantities of CDs stored in the cupboard and register and found errors on two CDs. A higher strength of one CD had been found in the lower strength box, which increased the risk of an incorrect dose being administered to a person. One CD had six tablets over of the higher strength and eight tablets less of the lower strength than what was recorded in the CD register. The deputy manager investigated the discrepancy on the first day of our inspection and found that two doses of the lower strength had not been recorded out of the register, which is not in accordance to the Misuse of Drugs legislation. Six doses of the lower strength CD had also been given to people when it should have been the higher strength.

One person who had been prescribed a medicine to relieve anxiety was being given a higher dose than what was prescribed by the doctor. A senior carer told us that the label was different to what the doctor had said, however there was no record of what the doctor had said in the home and the doctor's records showed the lower dose. The quantity of this medicine left at the end of the month was not carried forward on the Medicines Administration Record Sheet (MARS), which made it difficult to tell how much medicine should have been present in the home.

A second person was prescribed an antibiotic, which had been given but not signed for. This same person was at risk of developing a pressure sore; however the relevant risk assessment had not been completed since February 2017. The person was prescribed creams to prevent pressure sores and to reduce inflammation, although there was no record of the barrier cream and an antibiotic cream being applied regularly.

This is a continued breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Shortly before this inspection the provider had been issued with an enforcement notice from the fire service and urgent work was required to be completed within a six week period. At the last inspection we found that a fire risk assessment had been carried out but was overdue for a review. We saw from the fire service enforcement notice that a risk assessment was required to be carried out by a qualified assessor, not the registered manager, who had been asked by the provider to update it. The provider informed us that this would be completed the day after the inspection.

We found that some fire safety checks to help ensure doors, fire alarms, emergency lighting were in good working order had not been completed since the end of June 2017. The manager told us this was because they had been unable to recruit a maintenance person. After the inspection the manager informed us they had appointed someone to the post of maintenance person, subject to them having a clear Disclosure and Barring Service (DBS) check. This is a check which helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults.

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

We looked at how staff were recruited and the processes undertaken to ensure staff were suitable to work with vulnerable people. At the last inspection we found information was not stored in staff files. There was no index or clear system being followed in staff files to show all steps had been taken to ensure staff were recruited appropriately. At this inspection we found each individual staff member had a personal file, which contained their recruitment information, training logs and supervision and appraisal document. We could now easily find all the relevant recruitment documentation and saw that each staff member had an up to date DBS check. We did find that references for a last employer were not requested for two staff but rather two personal and character references were on their files. The provider must request an employer's reference to be assured of a person's competence, skills and ability and attendance at work. Where a person has previously worked with vulnerable adults the provider must be able to verify the staff member's reason for leaving their employment. The registered manager agreed to contact these employers for references.

This is a breach of Regulation 19 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 and in accordance with their individual needs. We saw risk assessments in areas such as mobility, smoking, dementia, pressure are care, absconding, self-harm, falls and behaviour. These assessments were reviewed monthly to ensure they received the appropriate care and support.

People living at Woolston Mead were weighed regularly but weight loss trends were not always identified and responded to promptly. We examined two care plans for individuals who were at risk of weight loss. Staff completed monthly weight charts however nutritional screening risk assessments were not always scored accurately. This appeared to relate to confusion regarding the metric used in the weight chart (kilograms) compared to the metric used in the nutritional screening tool (pounds). This meant that those at risk of weight loss may not be identified and measures put in place to manage the risk may not be sufficient. The manager took remedial action to rectify this error on the inspection day. They told us new risk assessments to be introduced would reduce the chance of such an error reoccurring.

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

One person who displayed some behaviour that challenged because of their dementia had a number of risk assessments completed in their care records. We found the risk assessment to advise staff how to support this person was robust and comprehensive, to help keep the person safe and reduce their anxiety when required.

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. Since the last inspection a signing in book had been put in place to record visitors to the home and to ensure an accurate record of people on the premises in case of an emergency such as fire. Staff completed a 'head count'; an accurate check of each person in the home at that time at the beginning of each shift. We were told this was carried out in case of a fire to ensure staff knew how many people were in the home.

People who lived in the home told us they felt safe by the support staff gave to people. They felt there were enough staff. Their comments included, "Generally, its ok during the day, but at night time there's only two staff", "They only have minimum staff, and they use agency staff" and "Generally, yes its ok."

Staff we spoke with felt there were enough staff working in the home on each shift to support people safely.

During the inspection we used a short observational framework for inspection tool (SOFI) for 50 minutes to observe the engagement of people using the service and the quality of staff interactions. We found staff interacted in a positive and helpful manner and were present to support people when required.

We saw there was enough staff on duty to provide care and support to people living in the home. There was a senior carer and two care staff on duty each day from 8 am to 8pm. Two care staff worked each night. There were ancillary staff such as, a cook and domestic cover who worked each day. The registered manager worked most days. A deputy manager worked 24 hours a week. Both were supernumerary to the care staff on duty. There were some staff on long term absence and some on maternity leave. We saw the manager had recruited additional staff to cover the absences. Some care staff had worked additional hours, whilst others had taken on additional responsibility. However as a short term measure some agency staff had to be used, given the number of vacancies.

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 confirmed they had completed safeguarding training and would not hesitate to report any concerns they had.

We found the home to be clean and tidy with no odours. We visited people's bedrooms and communal living areas and bathrooms. Since the last inspection new flooring had been fitted to replace the old, musty smelling carpets. An Infection Control policy was in place. At the last inspection we found that infection control audits were not completed and cleaning schedules were not in place. At this inspection we found improvements had been made. The housekeeper completed regular audits and had a cleaning schedule in place to ensure all work was completed and areas were cleaned. Housekeeping staff now worked each day. However during the first day of our inspection one of the housekeeping staff left their employment at the home part way through their shift. We saw arrangements being made by the senior housekeeper and registered manager to ensure the home remained clean by rearranging work schedules and extending working hours until a replacement could be found.

We found staff wore protective clothing (aprons and gloves) whilst they worked. We observed staff use sanitising gel. 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. Since the last inspection soap dispensers had been fitted in all communal bathrooms and toilets and waste bins purchased. We found one bathroom without a soap dispenser, which appeared to have been taken off the wall. We found the dispenser in the maintenance office, waiting to be refitted onto the wall. We pointed this out to the manager.

The home had received a food hygiene inspection on 24/05/2017 and received a 2 star (Improvement necessary) rating. We saw work had been undertaken to make the required changes.

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. At the last inspection we found that despite having a maintenance person repairs were not always attended to in a timely way. On this inspection despite the absence of a permanent maintenance person the provider had put temporary arrangements in place to ensure repairs were completed.

Is the service effective?

Our findings

At the last inspection we identified concerns regarding the lack of choice of meals and found the provider to be in breach of Regulation 14 HSCA RA Regulations 2014. During this inspection, we found that some improvements had been made. We saw that the kitchen now had a folder outlining people's likes and dislikes, needs and preferences. We saw that people were asked to choose what meals they would like to eat in advance. We saw that hot and cold drinks were available throughout the day and fresh fruit was available for people. However, we found some of the concerns identified at the last inspection had not been fully addressed and there remain concerns regarding the lack of choice and variety of the food available to people living at Woolston Mead.

We asked people living in the home about the food. We received mixed feedback regarding the quality and quantity of the food. People's views on food varied; some people said they did not really have much choice. One person commented, "They use ice cream a lot here, we very rarely get any hot puddings."

We looked in the fridges and freezers at the home and saw some evidence of fresh salad but we were told and also saw that there was a reliance on frozen desserts and frozen vegetables. We saw that pictorial menus on display in the communal areas were not reflective of the daily menu. This could lead to confusion for people living in the home, some of whom were living with dementia.

One of the inspection team joined people for lunch in the first day of the inspection. The meal served was minestrone soup; the portion served amounted to just a few spoonfuls. A ham salad was served on a small plate and consisted of a very small portion of chopped lettuce, cucumber, quarter of a tomato, half of a small boiled egg and four small pieces of wafer thin ham. We found the meal to be very basic and unappetising. Desert was ice cream dessert or vanilla ice cream. The portion size was also very small. On the second day people were offered and accepted second helpings of soup. On the second day also we heard a member of staff saying to a person, "You don't like salad do you [name]; I remember your [relative] telling me." They gave them an alternative snack.

The dining room was in the basement of the building. We found the room to be quite dark with no background music/radio playing. Tables were not set and there were no condiments or napkins available. We found there was little or no engagement from staff to the residents who were eating. However on the second day staff engaged well with people, offering assistance with meals and asking if they wanted more to eat. Some people chose to eat in the lounges upstairs; we found these rooms bright and airy.

Staff we spoke with knew of people's likes and dislikes and these were recorded within both care files and within a kitchen folder for chef reference. However one person told us, "I have stated on numerous occasions I don't particularly like sandwiches for lunch but these are given to me on most days." We discussed this with the manager who informed us there was always a second choice for lunch but was also aware that this person always chose to have sandwiches. We looked at the menu and people did have a choice of soup, sandwiches or a salad for lunch. We saw evidence of meat substitutes such as Quorn mince in the kitchen to cater for vegetarians; however this was not done consistently and vegetarians were not

regularly offered a nutritionally balanced meal. At the last inspection this was not the case; we saw that particular vegetarian meals were bought to satisfy people's dietary preferences. We discussed this with the registered manager. After the inspection the registered manager told us they had discussed the matter with the chef who confirmed that vegetarian meals were bought but the person started sending them back as they didn't want them. The registered manager said they would review this and look at offering the person a balanced meal of their liking in the future.

We found that people did not have sufficient choice regarding their evening meal. We saw that the only alternative option for those who did not want the main evening meal was a jacket potato with either butter, cheese or beans. This continued to go against the provider's own catering policy which outlined that, 'Residents should be offered a minimum of two meals plus an alternative'.

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

At the last inspection we identified concerns regarding the lack of support for staff including supervision and appraisals. We found that not all staff had completed mandatory training. During this inspection, we found that improvements had been made to staff training, supervision and appraisal. Staff reported feeling well supported in their role and felt that they had the skills and knowledge they needed to carry out their roles effectively. Staff we spoke with told us and records we viewed showed that staff received regular supervisions and an annual appraisal. Staff told us that the manager was approachable and that they were happy working at Woolston Mead.

Staff we spoke to told us they received an induction when they began their employment which involved e-learning and covered topics such as safeguarding. The manager described the induction they ensured staff completed when they started work at the home. This included, shadow shifts as well as familiarising themselves with the provider's policies and people's care files.

Staff understood people's care needs and how they liked their care delivered and were able to give examples of people's likes and dislikes. Staff signed each care file to confirm they read and understood people's care plans. This ensured people are supported by staff that have the knowledge to meet their needs.

The service provided training based on the principles of the Care Certificate and covered areas such as moving and handling and pressure area care. The Care Certificate is a nationally recognised set of fifteen standards that care staff are expected to meet as part of their role. This is particularly important for staff who have not worked in the care profession previously. This helps to ensure that staff that have the necessary skills to meet people's needs and support them safely.

We looked to see if the service was working within the legal framework of the Mental Capacity Act 2005 (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 make 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 are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had applied to the local supervisory body for the relevant DoLS authorisations for

those people who lacked capacity. We saw evidence that the service had used a screening checklist based on the principles of the 'acid test' to consider whether to apply for DoLS authorisation for people. The 'acid test' allows people can be deprived of their liberty if they are under 'continuous supervision and control' and are 'not free to leave'.

We looked at the care records for two of these people and found that the DoLS authorisation or application was clearly recorded within them. We saw evidence that the service had implemented recommendations such as a Missing Person procedure in each file with information regarding the likely whereabouts of the person if they were to go missing. We saw that the service had identified potential triggers for one individual which would alert staff that they may attempt to leave the home. We saw risk assessments were in place to prevent absconding.

We looked at a further five care records. We saw evidence that consent was sought for various aspects of the care plan including consent to have photographs taken and to share information. We saw that when people were unable to provide consent, staff completed mental capacity assessments and used the best interest process to make decisions through consultation with relevant people. We saw evidence of best interest decision meetings within care files which involved consultation with family members. These meetings covered decisions relating to issues such as the administration of medication. The details of people's lasting power of attorney were recorded within the care files.

We saw that people living at Woolston Mead were supported to maintain their physical and mental health in conjunction with a range of healthcare professionals. We looked at care files and saw that people had involvement with the relevant health professionals in accordance with their individual needs. This included access to GP's, district nurses, podiatry services and the optician. We spoke with a visiting health professional who told us that the staff were responsive and took prompt action for those people who needed input from health services. We saw that care plans contained a hospital transfer form to ensure communication of people's needs when they were admitted to hospital and to promote consistency between services. This was colour coded to ensure that health professionals understood people's most important needs such as health conditions and allergies.

We found that the layout of Woolston Mead largely met the needs of people living there. There was no ramp at the front of the building; people with mobility difficulties accessed and exited the building from the rear. The décor of the home was in need of improvement in order to better meet the needs of those living at the home. The décor was not 'dementia friendly' and we advised the service regarding the use of heavily patterned carpet which can be confusing for people who are living with dementia. We observed that there was no time or date display in communal areas for people to refer. We advised the registered manager about the benefits of visual aids such as display clocks and calendars to improve orientation for those living with dementia. The garden and patio area at the front of the building was well maintained and flower pots decorated the patio area. Patio furniture was available and we saw people sitting outside enjoying the sunny weather.

We recommend that the service reviews its approach to adapting the home, suitable for people living with dementia.

Is the service caring?

Our findings

At the last inspection we found 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. We found on this visit that personal information was now kept securely in locked cabinets to remain confidential.

Although we found staff were caring in their approach, our findings during the inspection associated with safety of the building, people's nutritional needs not always being met and the lack of an environment to support people with dementia did not always demonstrate the service adopted a caring approach.

People spoke positively about the staff and their approach to the provision of care. One person living at the home said, "Staff are generally nice & helpful". Others told us the staff were generally caring, looking after them well.

People in the home described the staff as respectful. They told us they were treated with dignity, respect, kindness and compassion. One person told us, "Yes - they are very good." We observed staff speaking in a quiet manner to people when they needed support with personal care to maintain the person's dignity.

We observed staff supporting people around the home, to access the toilet, supporting with meals and giving drinks and snacks. We found staff responded to people's needs and were caring and attentive. Most of staff we observed always used people's first names when speaking with them. Other staff appeared compassionate and engaging in genuine and friendly conversations with people.

The home gave people opportunity to express their views and to be involved in decisions about their care in the home. 'Residents and relatives' meetings were held each month to encourage people to be involved with the day to day matters and change anything they did not like. Minutes of these meetings were taken and we saw that many people attended and were able to give an opinion. Family members were encouraged to meet with the registered manager to discuss their relative's care. We saw evidence some meetings had taken place. Care records were updated by people's key workers who had knowledge of any changes in care and health needs.

People and their relatives had been supported to make decisions and arrangements for the end of their life. Whilst the manager or the staff had not completed an end of life training course we found them to be very caring and supportive to people and their relatives at this time. This was evidenced by an email we received from a relative, commending staff for the care they gave their family member during their last days. They said, "Staff ensured that [Name] was comfortable and clean without inflicting unnecessary disruption and pain. Care was given in a caring, sensitive and respectful manner, was appropriate and of a very high standard. [Manager] and the staff were sensitive, respectful and maintained [name]'s dignity. Staff also offered considerable support to the family and this was greatly appreciated."

Is the service responsive?

Our findings

We saw care plans for areas of care for people which included personal hygiene, people's routines, medicines, continence and mobility. Clear and detailed care plans are important to ensure consistency of approach and to assure people's needs are met. The care plans we saw provided this assurance. They recorded personal detail regarding their day time routines, night care and preferences. This information is important so that staff support can be provided in a way the person wanted. Records showed the care plans were regularly reviewed and updated to reflect people's current needs. However we did find two people had not had their information reviewed since June 2017 and their weight loss had not been noted or addressed. We discussed this with the manager. They informed us that the staff member responsible for reviewing these particular people was on long term absence from work. We asked that they be reallocated to another staff member to help ensure their information was accurate and their needs met. They informed us after the inspection that they had done this.

Handover meetings were held at the beginning of each shift change to update staff starting their work. This ensured they were fully aware of any changes in people's wellbeing. All information regarding each person who lived in the home, for example changes in health, medical appointments were recorded in the daily diary.

People living in the home reported there was very little in the way of activities but were very complimentary about the activities that did take place and commented they would like more. Some of comments included, "There's not many things to do, it's quite boring most of the time", "There's very little to do", "There's not much to do", "[Name of activity coordinator] is very good, she's quite artistic but I think she only does 15 hours a week."

The provider employed a dedicated activities coordinator for three days a week. They organised a programme of activities when they visited the home, both in and outside in the community. These included monthly trips to the local cinema for dementia friendly films, nature walks, games, hairdressing and pamper sessions. We informed the registered manager about people's feedback about the activities. They agreed to discuss them with the activities coordinator.

The home had a complaints procedure in place. A copy of the policy was also displayed on the notice board in the hall way. We found a copy of the 'Service User handbook' in each person's bedroom, which contained a copy of the complaints procedure. People in the home told us if they had any complaints or worries they felt they could speak with the staff or the manager. We saw that no complaints had been received.

Is the service well-led?

Our findings

At the last inspection we identified concerns regarding the lack of effective governance and leadership and found the provider to be in breach of Regulation 17 HSCA RA Regulations 2014. We issued a warning notice in relation to the lack of any quality audit processes to monitor and improve the safety and quality of the service.

Since the last inspection the manager had registered with the Commission and had put a range of systems and checks in place. A range of audits were completed within the home, such as infection control, health and safety, care planning, catering audit and medicines. We saw that some identified actions were addressed and signed off when completed. However the governance systems in place had not highlighted all of the issues we identified during this inspection and also those identified by the fire service. This included those relating to the environment, care planning and medicines management. This meant that systems in place to monitor the quality and safety of the service were ineffective.

At the last inspection we could not find any records to demonstrate any provider visits had been made 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. We saw that the provider was visiting monthly but the audit they completed did not look at or identify risks related to medication or the health and safety of the building. For example we found no record of the provider addressing the external audit by the CCG (Clinical Commissioning Group); we found the actions recommended by the CCG had not been completed and the provider had not addressed this with the registered manager. The provider audit, dated 8 August 2017, commented on the lack of safety checks being completed but did not ensure they were completed to assure the safety of the people living in the home. An effective system of audit by the provider helps ensure people receive care that is safe and protects their health, safety and welfare.

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

Neither the provider nor the registered manager had notified CQC of an incident that had occurred at the home in accordance with our statutory notifications. This meant that CQC were not able to monitor information and risks regarding the fire enforcement notice that had been issued on 2 August 2017. We met with the provider and the local authority prior to this inspection which was after the fire enforcement notice was served. The registered provider had opportunity to disclose this to us but we were not made aware of this concern.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We found that some improvements had been made since the last inspection. For example, improvements around confidentiality and safety of the records and systems for supporting staff such as individual, one to one, supervision and staff meetings.

The registered manager now held monthly staff meetings, with minutes of the meetings being taken as a written record for staff who were unable to attend to read. Staff received supervision five times a year; we saw evidence to confirm this.

At the last inspection we found a small number of people living in the home had completed a questionnaire in April 2016 and there was no feedback from relatives or staff to help monitor the quality of the service. The registered manager sent out questionnaires in May 2017 and had received responses from most people in the home and two relatives. We saw that the registered manager had looked into the issues people had raised to improve the service.

The service was displaying its current inspection rating as required.

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 18 Registration Regulations 2009 Notifications of other incidents The provider did not notify the commission about the enforcement notice from the fire service.
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs People were not routinely offered a choice of meals to meet their dietary preferences
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered manager had not requested a reference from a person's last employer for two members of staff.

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>Failure to assess risks to service users' health and safety and in turn do all that is reasonably practicable to mitigate any such risks, exposes service users and other persons to the risk of harm. Controlled drugs were not always administered or stored safely. There were errors in the recording of some people's medicines on medicine administration records.</p>

The enforcement action we took:

We served an urgent Notice of Decision imposing urgent conditions on the Provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>Failure to maintain and ensure that the premises, Woolston Mead, is suitable for its intended purpose, in terms of the carrying on the regulated activity of accommodation and personal care, exposes persons to the risk of harm – service users, staff and visitors and professionals, attending the location. Another Regulatory Body (in addition to the Care Quality Commission) the FSA, has had to serve an Enforcement Notice, based on fire risk concerns and non-compliance.</p>

The enforcement action we took:

We served an urgent Notice of Decision imposing urgent conditions on the Provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Failure by the registered manager and provider to have in operation by way of good governance and oversight, systems and processes as to governance and oversight, that are regularly</p>

assessing, monitoring and improving the quality and safety of services provided at Woolston Mead and in turn the registered persons are evaluating and improving practices thereafter.

The enforcement action we took:

We served an urgent Notice of Decision imposing urgent conditions on the Provider's registration.