

Woolton Grange Limited

# Woolton Grange Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

### Overall summary

Woolton Grange Care Home is owned by Hill Care Group. Woolton Grange Care Home provides accommodation and personal care for up to 43 people who have dementia. There were 39 people living at the home at the time of this inspection. This unannounced inspection took place on the 8 December 2014.

During the inspection we spoke with thirteen people who lived at the home, eleven staff, a visiting doctor, and five people visiting their relatives. We spent time with the new manager who is currently registering with the CQC to be

the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting requirements of the law; as does the provider.

We last inspected Woolton Grange Care Home on the 4 July 2014. At the last inspection we found that the service was not meeting all of the essential standards that we

# Summary of findings

assessed. We identified areas of concern as the safety and suitability of the premises, the staffing levels and the monitoring of the service. At this inspection we found that these standards had improved.

At this inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as the provider had failed to protect people against identifiable risks. Staff were not following universal safe hand hygiene procedures and some areas of the home and equipment required cleaning.

The manager told us that the people living at the home, people acting on their behalf, staff and other visiting professionals had been requested to complete feedback about the care and provision.

People using the service told us they felt safe. Staff were knowledgeable in recognising signs of potential abuse and followed the required reporting procedures to inform the manager or senior on duty. Of the thirteen people spoken with eight people were able to tell us they felt safe living at the home and with the staff who supported them. Comments included, "I do feel safe living here" and "The staff are lovely, they make me feel safe".

People were treated with kindness, compassion and respect. The staff took the time to speak to the people they were supporting. We saw positive interactions with staff and the people living at the home.

People living in the home were not stimulated and required more activities and support to be made available to them. We discussed good practice guidelines in providing an environment that was conducive to people's wellbeing with the manager, who agreed that they needed to do a lot more in meeting people's individual needs in relation to their mental wellbeing by providing fulfilling activities.

Although there were some systems in place to assess the quality of the service provided in the home they were required to be more robust in following guidelines for infection control, staff receiving training relevant to ensure they are competent in meeting the needs of people with dementia and in ensuring that people living at the home were having all of their needs met by staff, specifically stimulation to enhance their wellbeing.

# Summary of findings

## 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 required further improvements to make it safer.

Infection control procedures were not being followed by staff. This meant that people living at the home were at risk of acquiring infections.

There were adequate staffing levels in the home and staff were recruited appropriately.

Staff were knowledgeable in recognising signs of potential abuse and followed the required reporting procedures to inform the manager or senior on duty.

Medicine management was following current and relevant professional guidance. Medicines were being administered as prescribed and stored at an appropriate temperature.

Requires Improvement



### Is the service effective?

The service was not always effective.

Not all staff were up to date with their training in areas such as dementia care and the Mental Capacity Act.

The people were supported to attend healthcare appointments in the local community and had medical and other multi-disciplinary professionals visit them at the home. Staff monitored their health and wellbeing.

People were supported to eat and drink appropriately supported by staff who treated them in a dignified way.

Requires Improvement



### Is the service caring?

The service was caring. People told us that staff treated them well and we observed warm and caring interactions between staff and the people using the service.

The people who used the service were supported, where necessary, to make choices and decisions about their care and treatment.

We saw that staff respected people's privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private.

Good



### Is the service responsive?

Some aspects of the service were not responsive. There was a lack of activities and stimulation for people that was not supporting their wellbeing.

People told us staff listened to any concerns they raised. There was a good system to receive or handle complaints.

Requires Improvement



# Summary of findings

The home worked with professionals from outside the home to make sure they responded appropriately to people's changing needs.

## Is the service well-led?

The service required further improvements to be well-led. Although there were systems in place to assess the quality of the service provided at the home, we found that these were not effective in some areas.

There was a new manager employed at the home and staff were supported by the management team.

The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

**Requires Improvement**



# Woolton Grange Care Home

## 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.

We visited the home on the 8 December 2014. The inspection was unannounced and the inspection team consisted of two Adult Social Care inspectors and a specialist advisor with experience and knowledge of dementia care. We focused on talking with the people who lived in the home, speaking with staff and observing how people were cared for. The later afternoon was spent looking at staff records, care plans and records related to the running of the service.

During our inspection we spoke with thirteen people who lived in the home, five visitors, a visiting doctor, five care

staff, the maintenance person, one domestic staff, the two cooks, the new manager and the senior regional manager. We observed care and support in communal areas, spoke with people in private and looked at the care records for five people, and five staff records. We also looked at records that related to how the home was managed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we reviewed the previous inspection reports and notifications of incidents that the provider had sent to us since the last inspection in July 2014. We also contacted the local commissioners of the service.

We requested information from the provider after the inspection. The information sent by the senior manager was the staff training matrix and quality assurance audit records.

# Is the service safe?

## Our findings

During most of our time in the home we saw that staff provided the care when people required it. The thirteen people we spoke with who could tell us their views said there was enough staff to provide the support they needed. One person told us “All of the staff are very helpful, lovely and obliging”. Another said “I do feel safe the girls are very good, they do take good care of me at all times”. A relative we spent time with said “My mum is really cared for here; there is always enough staff available to assist her”.

People we spent time with told us that they felt safe living at Woolton Grange, one person told us “I do feel safe” another person said “My daughter comes to see me and my friends daily and we think it’s a lovely safe place to live”. We asked the five relatives we spent time talking with if they thought the home was safe, all said it was.

People were not always safe in the home because they were not always protected as the staff did not follow universal safe hand hygiene procedures. We observed staff throughout the day providing care and support to people. We saw that there were not sufficient soap dispensers within the corridors for staff and visitors to have the opportunity to wash or disinfect their hands appropriately. There were two in each of the corridors on the three floors. We observed three staff in the home not following hand hygiene procedures where they attended to people without washing their hands. There was no audit of hand hygiene completed by the provider. This was a concern as there was an outbreak of vomiting and diarrhoea at the home in November 2014.

We found problems with the cleanliness and hygiene in the dining/lounge areas. We saw three zimmer frames that had dried in food and other debris on them. We saw stained carpets in all communal areas of the home. The décor throughout was in need of updating and not dementia friendly for the people living there. All areas were painted in the same colour and was not easy to differentiate corridors or bedrooms.

These were breaches of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as the provider had failed to protect people against identifiable risks.

At our previous inspection we had concerns with Regulation 15 HSCA 2008 (Regulated Activities) Regulations

2010 Safety and suitability of premises. At this inspection we saw that improvements had been made. We spent time in all areas of the premises and could see that a downstairs office has been reverted back into a toilet for the people living there. There were two nurse call bells in the lounge for staff to use if they require support in an emergency. We did not smell any meladrous odours in any areas of the home.

However we did note that the lower ground floor corridor had uneven flooring and could be a potential health and safety risk to the people living there and staff. There was no signage informing of the change in the floor levels. There was also mould on the walls at the bottom of the stairwell on the lower ground floor.

Health and safety had been checked through various risk assessments and audits. Fire risk assessments had been recently reviewed and we saw a fire drill record and tests for alarms/lighting records had taken place. There was a designated member of staff who was responsible for checking the environment. We saw records of audits that had taken place daily, weekly and monthly.

Safeguarding notifications were reported to the Care Quality Commission (CQC). We spent time talking to the manager and looking at safeguarding incident notifications. There were two notifications which had been reported to the local safeguarding team and the CQC. There was a copy of local safeguarding protocols in place. Staff spoken with were aware of reporting incidents to the manager or senior member of staff on duty. There were up to date policies and procedures to follow when there was an incident.

The eleven staff we spent time talking with were all aware of the whistleblowing policy and procedure and told us they were aware of how to report any concerns. All of the staff told us they thought they provided good care to the people living at the home and would report any bad practice or mistreatment.

We discussed the staff recruitment with the manager and were told that they had employed new staff recently to work at the home. We looked at five staff personnel records including two latest staff files which we saw had the correct evidence, with their qualifications and that references and

## Is the service safe?

appropriate checks such as Disclosure and Barring Scheme (DBS) records that had been checked. The provider had a disciplinary procedure and other policies relating to staff employment.

At our previous inspection we had concerns with Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010. Staffing. At this inspection we saw that staffing levels were seen to be appropriate for the care and support of the people, their needs and enabled adequate time for safe, individual and care to be provided. We looked at the staffing rotas for October and November 2014, where sufficient staffing levels were recorded for each shift. We saw that each person was treated as an individual and that the staff members on duty during our visit gave people appropriate attention and support.

We spent time with a senior carer who was one of three dedicated staff who were responsible for medication at the home and a supernumery member of staff who had been working at the home. They had been assigned by the

provider to audit medication and ensure the correct procedures were being followed. We saw that medicines were stored safely in the medication room in locked cupboards and records were kept of medicines received and disposed of. We looked at the Medication Administration Records (MAR) for six people. The MAR charts were correctly filled in, accurate and all had been signed and dated with the time of administration. We looked at the controlled drugs records and medication. We saw that all of the controlled drugs had been administered appropriately. There was one person administering their own medicines as they had been assessed as being able to do this safely. The procedure was in place that staff monitor and count the medication daily; however this had not been done for four days.

All of the care plan and medication records and the medicines held at the home were kept in the medicines room or the manager's office, both of which were secure and lockable for security.

# Is the service effective?

## Our findings

We asked three people about the skills of the staff and if they were competent in their roles. Comments received included; “Yes very good and know what they are doing” and “They are really good at their jobs and lovely too”. One person commented “I have lived at another home and the staff here put them to shame, they are good at what they do”. A relative told us “Staff here know how to look after my relative and have training and experience in supporting people with Parkinson’s disease”.

We looked at staff training. Staff were not up to date in training for providing care and support for people with dementia. The manager told us that 33% of care staff had completed dementia training and the remaining staff would be attending dementia training over the next few weeks. We looked at the training material and information and saw that the training was basic awareness training (anything between 1.5 – 2.5 hours duration) that gave limited knowledge. The training was delivered in-house by a senior carer who said she had attended a course for train the trainer.

The eleven staff we spent time talking with were not fully aware of the Mental Capacity Act 2005 (MCA). Five of the staff spoken with had completed training and were aware of what the MCA was and what the Deprivation of Liberty Safeguards (DoLS) procedure meant if implemented. There was one DoLS application at Woolton Grange at the current time. In discussion with the manager we were told that she was in process of applying for all of the people living at the home. This was because people were assessed as being at risk and could not leave the home without staff support. All of the people living at the home were also constantly monitored by staff. The manager told us that she had liaised with the local authority and they were aware of the applications being made.

We were sent the training matrix from the senior manager that showed gaps in the training records for all staff working at the home including MCA, Challenging behaviour, Dementia awareness, and Equality and diversity. The provider must ensure that staff are skilled and competent to provide care and treatment to the people living at the home. We asked the provider to ensure that the training was made available for all staff.

The staff we spoke with had completed the provider’s mandatory training for required areas. There was an induction programme that mainly included shadowing other staff. The manager and senior manager informed us that they were updating the training and induction programme to meet good practice guidelines. We looked at the records of staff training which showed that all staff had completed a range of training relevant to their roles and responsibilities. Staff spoken with told us that they had also completed or were in the process of completing a Health and Social Care qualification.

There was an annual appraisal procedure that had been implemented for staff. We were told by all of the eleven staff spoken with that they had received an annual appraisal from the previous manager or a senior member of staff. The staff spoken with told us that they were appropriately supported.

We observed staff interacting with people throughout the day and evening. Staff were seen to have a good knowledge of each person and how to meet their needs. Staff were very supportive and were heard throughout the inspection confirming comments made by people, supporting people to make decisions and being very patient. The people who lived in the home were constantly encouraged by staff to be independent. People we spoke to informed us that staff met their individual care needs and preferences.

People were supported to have sufficient food and drink. People had access to food and drink throughout the day. The staff were very keen on promoting healthy eating and we saw that hot, home cooked food was served at lunchtime. We spent time in the dining room at lunchtime observing the support provided to people by the staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We were present for the lunch meal that was soup, macaroni cheese, vegetables and apple pudding for the desert. The staff were seen to ask people what they wanted, people were asking for alternatives if they did not want the food offered. A variety of sandwiches were provided. The specialist advisor tasted the food and informed us that it was good. Comments from people were that the food was, “Very good most of the time”, “We have choices”, “Quite good I do get a bit fed up though, but that’s



## Is the service effective?

because I am fussy". One person was less complimentary and commented "There is not enough choice I don't like most of it". The majority of people had their meals in the dining room; there were fourteen people in the dining room, two people in the conservatory, six people in the lounge with their meals served on a tray at their request. The staff were seen to be supporting five people to eat. They did this in a calm manner and were heard talking and telling the people what they were having to eat and drink. The support observed was dignified and respectful. We were told that five people were being cared for and supported to eat and drink in their bedrooms.

The provider checked people's weight regularly and made recommendations about their diet. There were special diets including soft diets and nutritional supplements. We observed two observational records for people who were being monitored for food and fluid intakes. However these observational records were not always completed appropriately.

People were supported to attend healthcare appointments in the local community, the manager informed us that most healthcare support was provided at the home. Staff monitored their health and wellbeing. Staff were also

competent in noticing changes in people's behaviour and acting on that change. There were discussions throughout the inspection about people's health checks. Records we looked at informed the staff how to ensure that people had the relevant services supporting them. A doctor visited in the morning to attend to a person who had taken poorly. They were escorted with the person to their bedroom for privacy. We spent time talking with the doctor who had not visited the home before, however we were told that he was given the correct information and staff knew the person very well and had explained the change in their health to him. The doctor said that the home would contact the surgery to request a visit when they were concerned about an individual. The manager told us that the doctors visited the home as required.

People had been enabled to personalise their own rooms, we were shown four peoples rooms by the staff. All of the thirteen people told us they were happy with their rooms and if they had an issue with their rooms, they told us they would report it to the manager or the provider. We looked at the maintenance records that informed that any issues were dealt with promptly.

# Is the service caring?

## Our findings

The thirteen people we spoke with told us that staff treated them well and comments included, “Lovely girls, very kind”, “Couldn’t be happier, they’re very nice to me”. “No complaints, we have been surprised at how good it’s been, staff are the same whether visitors here or not. They will do anything for you”. We observed caring interactions between staff and the people using the service. The people who used the service were supported where necessary, to make choices and decisions about their care and treatment.

We saw a member of staff sitting with a distressed person who was worried about being somewhere else. The member of staff was compassionate and respectful to the individual. We observed that they frequently went over and spent time with the person informing other staff to also reassure the person.

We spent time talking with five relatives of the people living at Woolton Grange. All were very positive about the care and support provided. We were told that they all visited different times of the day and evening and that staff were always welcoming. Comments made included “We chose this home for our aunt and we are all very pleased as the staff take really good care of her” another commented “The staff are wonderful, they will inform me of any issues with mum day or night”.

We saw that staff respected people’s privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private either in their own rooms or in the conservatory. A doctor visited the home and was escorted with the person to their bedroom to discuss the medical issue in private.

We observed people being listened to and talked to in a respectful way by the manager and the staff members on duty. People were constantly seen to ask questions and wanted actions by the staff. Staff were all seen and heard to support the people, communicating in a calm manner and also reassuring people if they were becoming anxious. It was clear for the content of the conversations that such matters were often discussed and their views sought and respected. The relationship between the staff members and the manager, with the people at Woolton Grange was adult, calm and confident.

We saw one member of staff patiently encouraging one person to have their nails painted with nail varnish. The member of staff told us that the person got anxious so they found different ways of doing things with her to try and quell her anxiety.

Some people could not easily express their wishes and had no family/friends to support them to make decisions about their care. Through the provider, there was an effective system in place to request the support of an advocate to represent their views and wishes. We were told by the manager that no one had recently utilised this service but that they accessed this service on behalf of people if they thought it was required.. The information for advocates was displayed on the notice board by the main front door.

Most people were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen.

# Is the service responsive?

## Our findings

We spent time talking to people about activities and were told by three people that there were none. Comments included “Not a lot of activities here” another comment “We don’t really go out, there’s nothing to do” and “I don’t do anything”. There were members of staff around the lounge/conservatory area, however they were attending to people’s care needs and were not initiating any activities. There was a café in the basement that had been converted for the people living at the home and any visitors. The café was pleasant, however extremely cold. We were told by two people that they had tea and cake there and it was really nice.

During our inspection we saw that people would go to the office and speak to the manager and senior manager expressing any concerns they had privately and confidentially. Also, staff were seen and heard to confirm and encourage people living in the home in their decision making judgements. We heard staff talking through issues with the manager and contributed to actions required. This demonstrated that they followed the provider’s procedures and reported any concerns in relation to the people to the appropriate person.

We looked at seven people’s care plans. These contained personalised information about the person, such as their background and family history, health, emotional, cultural and spiritual needs. Although people’s needs had been assessed and care plans developed the information was difficult to find. The records did not fully inform about the person’s emotional wellbeing and what activities they enjoyed. Staff were very knowledgeable about all of the people living at the home however we did not see many interactions for activities or stimulation for people with dementia.

We observed at this inspection that communication was explored with each person to find the most effective way of engaging with them. However the people were mainly in the lounge/conservatory area throughout the day and evening with little activities being provided. The activities person had organised a Christmas shop to come in and offer goods to the people living at the home to purchase, this was set up after lunch. The TV was on and a couple of people were watching it.

We observed 15 people in the lounge/conservatory area for four hours before lunch was being served. People were seen to be falling asleep in chairs, or walking around by the dining room and lounge areas effectively, doing nothing. We discussed one to one stimulation and activities and people’s aspirations and was told by the manager that they do get entertainers in and have an activity coordinator who works Monday to Friday 9am to 4:30 pm. The manager said that people do go out to local shops with staff support at their request. We discussed good practice guidelines in providing an environment that was conducive to people’s wellbeing with the manager, who agreed that they needed to do a lot more in meeting people’s individual needs in relation to their mental wellbeing by providing fulfilling activities.

All of the people required varying amounts of support from staff in respect of their personal care. The manager told us that people were always supported and encouraged to attend to their own personal care, however staff would mainly assist and support. There was male and female staff available for people to choose the support from. We heard staff praising people in their appearance and also encouraging others to attend to their personal appearance in a respectful dignified manner.

People’s needs were formally reviewed annually or more frequently, if required. There were monthly comments on the care plan records to inform staff had assessed as being the same care provided. People when asked about their reviews of care were not very interested in discussing this with us, or did not understand what we were asking. One person and their relative told us that they were involved in the care review process and that the care provided was what was agreed.

People told us staff listened to any concerns they raised. There was one complaint raised by a person living at the home. The records showed what actions the staff had taken and the outcome of the investigation. The complaint was handled appropriately and followed the complaint procedure in place at the home. We were provided with the complaints policy and procedure. People spoken with told us that if they were not happy they would talk to the manager or staff.

The manager told us that they had a residents/relatives meeting in October 2014. People visiting relatives that we spent time with told us that staff were good at communicating with them. We did hear numerous

## Is the service responsive?

telephone calls from family members contacting the home to see how their relatives were doing. Staff took the time to inform the person how the individual was and if there were any issues.

The home worked with professionals from outside the home to make sure they responded appropriately to

people's changing needs. We observed conversations taking place and telephone calls being made to professionals requesting they attend to people's treatments for their health and wellbeing.

# Is the service well-led?

## Our findings

The manager and the staff had a good understanding of the culture and ethos of the home, the key challenges and the achievements, concerns and risks. Comments from staff were, “It’s a great place to work, I love working here”, and “We do provide really good care here, we care”.

Another comment was “I love the staff here, I tell people outside. It’s really important”. The professional we spoke with from the Liverpool local authority had no concerns about the care being provided. The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Although there were some systems in place to assess the quality of the service provided in the home they were required to be more robust in following guidelines for infection control, staff receiving training relevant to ensure they are competent in meeting the needs of people with dementia and in ensuring that people living at the home were having all of their needs met by staff, specifically stimulation to enhance their wellbeing.

Monitoring records looked at for two people were not thoroughly completed by staff and had gaps in the entries. Staff have not signed or collated the information required to be gathered for the individual’s food and fluid intake. We also noted some concerns in the care plans we looked at. The manager and senior regional manager informed us that the care plan records were being updated and they were in the process of initiating auditing the records.

There was a manager or a senior member of staff always on duty to make sure there were clear lines of accountability and responsibility within the home. The local authority informed us they had not yet met with the new manager; however appropriate action was taken in response to any incidents or concerns raised at Woolton Grange.

The leadership was visible and it was obvious that the manager was getting to know the people who lived in the home. Staff were able to tell us that they had a good relationship with the manager and senior regional manager. They told us that their relationships with them were positive and supportive and they listened. We observed staff interactions with both the manager and the senior manager which was respectful and light hearted.

The manager and the provider had a system of supervision with staff. We were told that supervision meetings were taking place by all eleven of the staff we spent time with and they said they felt supported. We saw and heard that staff were comfortable with the manager and were confident to tell her of any problems. The manager told us that supervision meetings were taking place with staff and that she was setting dates for future meetings.

The provider had recently supported the home by introducing a new medication procedure and implementing a new monitoring tool. We saw an action plan for the outcomes of the medication audit, the actions that were required and how the manager and staff were in the process of implementing them.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 CQC (Registration) Regulations 2009  
Statement of purpose

**How the regulation was not being met:** The Provider must ensure that there is an appropriate standard of cleanliness and hygiene in relation to the premises.

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.