

Tulip Care Limited

# Woolston Mead

## Inspection report

4 Beach Lawn  
Liverpool  
Merseyside  
L22 8QA

Tel: 01519283796

Date of inspection visit:  
20 March 2018  
21 March 2018

Date of publication:  
01 May 2018

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

An unannounced inspection took place on 20 & 21 March 2018.

At the previous inspection in August 2017 the provider was found to be inadequate and the service was placed in 'special measures' by CQC. We found that the provider was in breach of 2014 Regulations with regard to meeting nutritional and hydration needs and safe recruitment, as well as Regulation 18 of Registration Regulations 2009, failure to notify of incidents.

The purpose of 'special measures' is to:

Ensure that providers found to be providing inadequate care significantly improve.

Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in 'special measures' are inspected within six months of the publication of the inspection report.

At this inspection we found improvements had been made. This meant the service was no longer rated inadequate and could be removed from 'special measures' by the Care Quality Commission (CQC).

Following the inspection in July 2017 we served an urgent Notice of Decision imposing urgent conditions on the Provider's registration because the provider remained in breach of regulation 12 safe care and treatment and regulation 18 good governance and we found the provider in breach of regulation 15, failure to maintain and ensure that the premises for its intended purpose.

Woolston Mead is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Woolston Mead provides accommodation and personal care for up to 28 people. It is a large Victorian property with accommodation located over four floors. Steps provide access to the front of the building. Level access is available at the rear of the building. The lower and upper floors are accessed via a staircase and a passenger lift. The upper floors can also be accessed using a stair lift. There is a dining area to the ground floor and a lounge. A garden area is located at the front of the building. At the time of this inspection 18 people were living in the home.

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 found that medicines were administered and managed safely in the home. Despite efforts to reduce the temperature in the treatment room, medicines were still stored in a room at was above 25 degrees centigrade. This increased the risk of medicines not working properly if they are stored out of the required temperature range. We have made a recommendation about the safe storage of medicines.

Regular daily stock checks and weekly medication audits were completed and any issues were being addressed promptly. All staff that administered medication received medicines administration training and we saw competency checks were completed every six months.

There were no gaps in records indicating that people in the home were receiving medicines as prescribed. A person had missed five doses of a medicine as it had been returned to the pharmacy in error. This could have been managed better to ensure the person did not miss their doses.

Some medicines have specific instructions to ensure that they are taken properly and at the right time. These instructions were not present on the medicines record or on the dispensing label for a specific medicine. Immediate action was taken to make the information available to all staff.

At our last inspection in August 2017, the registered provider had been issued with an enforcement notice from the fire service and urgent work was required to be completed. Since then the registered provider has worked with the fire service and this work is nearing completion. Safety checks, including fire alarms, emergency lighting and water temperatures were completed each week. Personal emergency evacuation plans (PEEPs) were completed for the people living in the home to help ensure effective evacuation of the home in case of an emergency.

The registered manager had instigated a programme of quality assurance checks, audits and procedures since our last inspection which were used to improve the quality of care provided.

There was a sufficient number of suitably trained and qualified staff on duty to meet the needs of the people who lived at the home. The staff presented as caring, kind and knowledgeable about people's needs.

Safeguarding systems processes and practices helped staff to understand how to protect people from abuse, neglect, harassment and breaches of their dignity and respect. Risk assessments were undertaken to support people safely and in accordance with their individual needs. They were updated each month to reflect any changes in people's needs monthly to ensure they received the appropriate care and support.

The home was odour free, clean and there were provisions for hand sanitizer on the walls. Personal protective equipment (PPE) such as aprons and gloves were available and used when supporting people with personal care and administering medication.

At our last inspection in August 2017, we found that people did not have sufficient choice regarding meals and a varied diet was not provided. At this inspection improvements had been made and people enjoyed a varied diet that met their needs and preferences. Staff were monitoring people's dietary intake and weight. People's food allergies and intolerances, likes/dislikes and requirements were recorded.

Care staff respected and promoted people's privacy, dignity and independence. They were caring and compassionate in their approach and encouraged people to express their views. People were actively involved in making decisions about their care and support. Managers and staff acted in accordance with the Mental Capacity Act and ensured that people received the right kind of assistance to support them in making decisions.

Healthcare professionals were involved in people's care.

People living in the home and relatives were able to share their views and were able to provide feedback about the service. People's concerns and complaints were listened to and responded to.

Staff were aware of the need to support people approaching the end of their life and care planning arrangements were person centred to ensure their wishes and needs were respected.

Urgent conditions imposed upon the registered provider's registration had been met; the registered provider and registered manager had completed training relating to governance.

The home was well managed by the registered manager and staff were well supported.

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

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve safety.

We found systems in place to manage medicines were safe but improvements were needed to ensure safe storage.

Risks to people's safety were assessed and control measures were in place to help ensure their safety.

Environmental hazards were identified and measures taken to ensure people lived in a safe comfortable environment.

Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

There were enough staff on duty to ensure people's care needs were consistently met.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Managers and staff acted in accordance with the mental capacity Act and ensured that people received the right kind of assistance to support them to make decisions.

Healthcare professionals were involved in people's care.

People enjoyed a varied diet which met their dietary needs and preferences.

Staff were supported through induction, regular on-going training, supervision and appraisal.

**Good** ●

### Is the service caring?

The service was caring.

Staff were kind, caring and caring and compassionate.

People's privacy, dignity and independence were respected and promoted.

**Good** ●

## Is the service responsive?

The service was responsive.

People received personalised care that was responsive to their needs.

People's concerns and complaints listened and responded to and used to improve the quality of care.

Staff were aware of the need to support people approaching the end of their life and care planning arrangements were person centred to ensure their wishes and needs were respected.

Good 

## Is the service well-led?

The service was well led.

On this inspection the changes being made would suggest the service was actively addressing the concerns we found at the last inspection. We did still find some concerns although not as serious as they were at the last inspection.

Systems and process were more robust and were effective in monitoring the service and driving forward improvements.

Staff sought feedback from people and relatives to gain their views about the home.

There was a registered manager in post and feedback regarding the leadership and management of the service was positive.

Requires Improvement 

# Woolston Mead

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 & 21 March 2018. The first day of the inspection was unannounced.

The inspection team consisted of two adult social care inspectors, a pharmacy inspector, a Medicines Team Support Officer and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information that we held about the service and the registered provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We contacted professionals connected with the service and asked for their views. We used all of this information to plan how the inspection should be conducted.

We observed care and support. We spoke with five people living at the home, two relatives and four staff, including the registered manager. We spent time looking at records, including four care records, four staff files, medication administration record (MAR) sheets and other records relating to the management of the service. We received some feedback from a visiting healthcare professional.

# Is the service safe?

## Our findings

At our inspection in August 2017, we found that the registered provider had failed to provide safe care and treatment. They failed to protect people against the risks associated with the unsafe use and management of medicines and failed to fully assess and manage risks. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made. Storage of medicines was more organised and regular stock checks helped ensure audits carried out regularly had driven improvements.

During this inspection, we looked at how medicines were handled in the home. We looked at how medicines were stored. We inspected ten medication administration records (MAR). At this inspection we found that despite efforts to reduce the temperature in the treatment room, medicines were still stored in a room at was above 25 degrees centigrade. We checked records from July 2017 to March 2018 where staff recorded minimum and maximum room temperatures twice a day. The room was regularly recorded above the manufacturer's recommendation of 25 degrees centigrade. For example in February and March 2018, the maximum temperature was recorded above 25 degrees centigrade on 41 out of 48 occasions. This increased the risk of medicines not working properly if they are stored out of the required temperature range. We discussed the issue with the registered manager and discussed actions that could be taken.

We recommend that the provider seeks advice and guidance from a reputable source to store medicines within manufacturer's recommendations.

We looked at the arrangement for the management of controlled drugs and found that they were stored securely, stock balances were correct and records were maintained in line with legislation. Excess stock of controlled drugs had been returned to the supplying pharmacy and regular audits were being carried out. This was an improvement from the last inspection.

We looked at the MAR for ten of the 18 people in the home. Records were clear and there was evidence that stock checks were being completed. We checked a sample of medicines stocks and these were correct. There were no gaps in records indicating that people in the home were receiving medicines as prescribed. However, there was one occasion where a person had missed five doses of a medicine as it had been returned to the pharmacy in error. This could have been managed better to ensure the person did not miss their doses and this was discussed with the registered manager during the inspection.

Some people in the home were prescribed medicines to be taken 'when required'. Information (protocols) was available for everyone to guide staff how to give the medicines properly. The information was detailed and person centred. Some medicines have specific instructions to ensure that they are taken properly and at the right time. These instructions were not present on the MAR or on the dispensing label. We asked staff about this and they were unsure of the correct administration requirements. They told us the night staff administered this medication to people who required it. A senior care staff member took immediate action to make the information available to all staff.



Some people living in the home were prescribed regular topical medicines, applied to the skin during personal care, in the form of creams, ointments or gels. The records for two people, who required regular applications, had not always been signed to show that the medicines were given as often as prescribed.

Where people wished to self-administer their medication, staff had completed an assessment to ensure that it was safe for them to do so. This showed that care being provided was person centred.

We saw evidence that regular daily stock checks and weekly medication audits were being completed and any issues were being addressed promptly. All staff that administered medication were given initial medicines administration training and we saw evidence that competency checks were completed every six months.

At our last inspection in August 2017 the registered provider failed to protect people against the risks associated with weight loss. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made to help ensure that weight loss trends were identified and responded to promptly. New risk assessments had been introduced.

At our last inspection in August 2017, we found that the provider had been issued with an enforcement notice from the fire service and urgent work was required to be completed. Since then the provider has worked with the fire service and work is nearing completion. We spoke with a representative from the fire service who told us they were satisfied with the quality of the work carried out and it was likely the Enforcement notice would be lifted on the date given.

At our last inspection we also found that some fire safety checks were not completed due to the lack of a maintenance person. This was a breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found that safety checks, including fire alarms, emergency lighting and water temperatures were completed each week. The registered manager and other staff recorded any requirements, such as replacement light bulbs, or repairs to help ensure the home was safe. We saw from the records kept that issues when identified had been addressed. We were informed by two people in the home that they had broken windows in their bedrooms. We checked this out and reported this to the registered manager. They told us they were unaware of this and would address the matter.

We saw personal emergency evacuation plans (PEEPs) were completed for the people living in the home to help ensure effective evacuation of the home in case of an emergency. At the time of our inspection a person was staying at Woolston Mead for a period of respite care. We checked if a PEEP had been completed for them and found it had. A signing in book was 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.

People who lived in the home told us they felt safe by the support staff gave. They felt there were enough staff. Their comments included, "Its ok, but at night time there's only two staff", "Yes on the whole". Staff we spoke with felt there were enough staff on each shift to support people safely. From our observations we found that call bells were being answered in a timely manner and people received support when they required it. There were three care staff, including the senior carer working each day, with two care staff at night. Ancillary staff including domestic and kitchen staff worked across seven days. The registered manager worked mainly Monday to Friday, but was available via the telephone in an emergency. The manager was in the process of employing more staff; an agency worker was on duty for the two days of our visit. The registered manager told us they used the same agency staff, where possible, for consistency purposes, so they knew the needs of the people living in the home.

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 that references for a last employer were not requested for two staff but rather two personal and character references were on their files. At our last inspection in August 2017 the registered provider failed to protect people against the risks associated with safe recruitment of staff. This was a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The registered provider must request an employer's reference to be assured of a person's competence, skills and ability and attendance at work. At this inspection we found that improvements had been made. We found that full pre-employment checks were carried out prior to a member of staff commencing work. This included ensuring each person had two references and identification on file. Disclosure and Barring Service (DBS) checks were completed for each member of staff. A valid DBS check is a check for all staff employed to care and support people within health and social care settings.

We looked at a number of care records which showed that a range of risk assessments had been undertaken to support people safely and in accordance with their individual needs. They were updated each month to reflect any changes in people's needs monthly to ensure they received the appropriate care and support. Completed risk assessments included falls, pressure area care, moving and handling, personal safety and for using bedrails.

We looked at how incidents and accidents were managed at the home. We saw that there was a process in place to analyse the number of incidents which occurred over the month. Monthly audits of accident and incident reports showed incidents occurring around 2-3 times per month and consisted of incidents such as skin tears, bruises, non-serious falls, none of the incidents recorded resulted in any serious injury. There was an action plan attached to each audit. This meant that any themes and trends could be identified to prevent further occurrence.

Staff had completed training in safeguarding vulnerable adults and we were aware of the action they would take to ensure actual or potential harm was reported.

We asked a person who lived in the home if they thought the home was clean and tidy. They said, "Yes they're always cleaning and hoovering all the time."

We checked the process for preventing the spread of infection in the home. The home was odour free, clean and there were provisions for hand sanitizer on the walls. Personal protective equipment (PPE) such as aprons and gloves were available and used when supporting people with personal care and administering medication. We spoke with the housekeeper who advised us of the daily and weekly cleaning schedules. Laundry and kitchen audits were completed monthly. This included checking the cleanliness of wheelchairs, toilets, bedrooms and laundry rooms. The home had received a food hygiene inspection on 29 November 2017 and received a 4 star (Good) rating, which was a good improvement.

## Is the service effective?

### Our findings

At the last inspection in August 2017 we found concerns around nutrition and hydration. This was a continued breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the regulation was now met. A more varied menu was now in place. A vegetarian option was offered for each meal. We saw evidence of meat substitutes such as Quorn mince and sausages.

People's comments were mixed from those who were able to give an opinion. They included: "Its excellent", "Sometimes the portions are small", "Portion sizes a bit small sometimes", "It's not bad but I'm not fussy, like some of the meals", " The food's bearable", " It's not sparkling but I eat it".

People made their choice of main meal the day before but were able to request alternative snacks not on the menu. For example, on the first day of our inspection someone requested a cheese sandwich and it was provided for them. The home operated a three week rolling menu and this included a three course lunch and two course main meal. Hot drinks with biscuits were served throughout the day. People's food allergies and intolerances, likes/dislikes and dietary requirements were recorded in their care files and within the kitchen folder for chef reference. A document was available which both the chef and the registered manager had signed to say this had been done. On inspection the food pantry and freezers were well stocked; the kitchen area and food storage areas were clean and well organised.

Meals were served in the rear lounge. This room was a much brighter room than the dining room which was used. Hot and cold drinks were served throughout the meal. There were condiments and sauces on the tables and paper napkins were provided. Meal times appeared to be a pleasant and social time, with chatter and laughter between staff and people in the home.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs. We saw from the staff training matrix that the majority of staff had completed all 15 modules of the care certificate. The registered manager told us that all staff, irrespective of their experience, were required to complete the Care Certificate. 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.

Staff had completed the mandatory training in topics such as fire safety, first aid, moving and handling, infection control, moving and handling of people, safeguarding and COSHH (Control of Substances Hazardous to Health). Staff had completed other training to assist them to support people in the home, such as dementia training, dignity in care, Mental Capacity Act and challenging behaviour. Senior care staff had completed a medication course on 2 March 2018. All staff training records were up to date and showed that staff had received the appropriate training for their role.

We asked people who lived in the home their opinions of the staff. Comments included, "Some of the staff

are very good" and "Some of them are I think". Staff were well supported by the registered manager. 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 registered manager was supportive and 'available'. One staff member said that they were very happy working with this registered manager at Woolston Mead.

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. They used a checklist as a reminder when they made applications and when they were due for renewal .

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. The details of people's lasting power of attorney were recorded within the care files.

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

We contacted a health care professional after the inspection for their views on the home. They told us, "The manager has made positive changes since they have been there; the home is a lot cleaner and the manager is more organised with the paperwork. They seem to be managing [name of person in the home] care; I have had no calls from them."

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. Since the last inspection some improvements have been made to the environment in respect of redecoration. New pictures had been put up, as well as photographs of people enjoying some activities. At the last inspection we made a recommendation regarding adapting the home, suitable for people living with dementia. White boards displayed the date, as well as the menu for the day and there were clocks in both lounge areas. The registered provider and registered manager told us of their plans for further improvements, which included adapting the lower ground floor for people living with dementia.

Work was on-going to make the necessary requirements of fire safety; for example, all doors were being replaced to meet fire standards. Some signage was in place around the building for bathrooms and toilets; people's bedrooms were identified by their photograph. Much of the patterned carpet had been replaced with plain flooring; the registered manager hoped that the remaining carpet on the main stair case and downstairs lounge would be replaced in due course. The garden and patio area at the front of the building was well maintained and flower pots decorated the patio area. Wooden benches and patio furniture were available and used by those who smoked.

## Is the service caring?

### Our findings

People spoke positively about the staff and their approach to the provision of care. We observed positive interaction between the staff and people they supported. A relative told us, "Seems to be ok and the staff are kind and caring" Another said, "They never seemed to stop working. They always have something to do and do it with a kind smile." A visitor told us their relative was able to move to bedroom on a lower floor when one was available to make lift journeys shorter as they didn't like using the lift.

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. We saw staff interacted with humour and there was lots of chatter.

People at the home had their views taken into account when deciding how to spend their day. The registered provider 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 displayed in the hallway for people to read.

People in the home described the staff as respectful. They told us they were treated with dignity, respect. One person said, "They always knock before I tell them they can come in." We observed staff treating people in a kind and caring manner. Personal care was carried out in a discreet and timely way when requested. People were appropriately and smartly dressed.

People's communication needs were recorded in their care records and support plans were written for people who had hearing and visual impairments. This was to remind that staff to ensure a person was wearing their hearing aids or glasses to promote their communication and dignity.

People were encouraged to be as independent as possible. We saw that a person had been referred to have a change in walking aid due to a deterioration in their mobility; with the new walking aid they were still able to mobilise around the home. Staff supported them to use the new aid as they had difficulty adapting to it. We saw they were encouraging and caring.

We were told that a local church minister visited the home each Sunday to meet people's religious needs. Whilst no service was held the registered manager told us the minister visited people in their rooms, which was their preference.

## Is the service responsive?

### Our findings

We found that person centred care was provided at the home. For example, a person told us, "Sometimes I like a lie in and they don't bother me." Some people chose to stay in their rooms rather than sit in the lounge during the day. We asked people if the staff knew them well. Comments included, "Some of them know what I like" "They know I like biscuits and things and that I like sugar in my tea", "They definitely know my likes and dislikes" and "The staff aren't always here that long so how can they know me?".

Care plans provided information to inform staff about people's support needs, routines and preferences. Assessments were completed prior to a person coming to live at Woolston Mead. This helped to ensure staff could meet a person's needs and be aware of their support requirements.

We saw from the care records we looked at that there was a personal history and social page which gave details about a person such as work life, marriage, children, family members, hobbies. On most records we found this information was brief.

Support plans recorded a person's requirements for personal care, eating and drinking, toileting, skin care, personal safety and if a person was at risk of falls. Night care needs were also documented and there was sufficient information to know people's care needs. 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. Care records were regularly reviewed and updated to reflect people's current needs.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint. The complaints policy was displayed in the entrance hall. We found that no concerns or complaints had been made formally since 2016. The registered manager operated an open door policy and said they preferred to address any issues directly and quickly. Relatives we spoke with did not raise any complaints with us during the inspection.

Since the last inspection the activities coordinator had left their post. The manager told us they had recruited two other staff to replacement since then, but they had not stayed in the post. The registered manager told us they had recently interviewed another person to do the role. We received confirmation after the inspection that this person commenced work at the home on 3 April 2018. They would work 16 hours, 1-5pm, four days a week. Activities included arts and crafts, reminiscence, music and movement, flower arranging and bingo. Some people told us that they went out with friends and family to visit local places of interest of cafes.

With regards to the provision of end of life care there were no people who were being cared for at the home on a plan for end of life care. Where appropriate we saw that people had DNAR (Do not attempt resuscitation) authorisations in place. In addition end of life plans had been completed with the person and their family members which demonstrated people's wishes.

## Is the service well-led?

### Our findings

We previously visited this home in August 2017 and found the registered provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was concerning the quality and effectiveness of the governance system in place. At this inspection we found that improvements had been made and the breach had been met.

We had imposed urgent conditions on the registered provider's registration. We asked the registered provider and registered manager to address our concerns by completing some training relating to governance. We asked the registered provider to submit evidence to CQC within a required timescale that they had completed the required training. Evidence was submitted within the required timescale.

Since the last inspection the manager has become a registered manager with the Commission. They held day to day responsibility for the home and were supported by a deputy manager and senior care staff. A range of systems and processes were now in place to assess, monitor and improve the safety and quality of the service. Checks were completed within the home, such as infection control, health and safety, care planning, catering and medicines. We saw that identified actions were addressed and signed off when completed.

The registered provider visited once per month and undertook their own review such as building maintenance and improvement, cleanliness and staff numbers. They had last visited on 8 March 2018; we saw the audit document that was completed following that visit. In addition the registered provider had employed a consultant to visit and support the registered manager. The registered provider told us they would visit at least once every two months to do independent audits on their behalf and assist the registered manager with the governance of the home.

People living in the home and relatives were able to share their views and were able to provide feedback about the service. Meetings for both residents and relatives took place on a monthly basis. Questionnaires were given out randomly throughout the year. Comments and scores from the questionnaires were generally good with ratings of good and average for topics such as cleanliness, activities, privacy and dignity respected, and remarks such as the staff were kind and there was a good choice of food. There were also professional questionnaires and the quality of care had been rated as good and fair.

We saw that staff meetings were held each month within the home, with the next one due on 29 March 2018. However the registered manager informed us that because of the small staff team at Woolston Mead it was often difficult to get staff to attend these meetings. In these situations the registered manager discussed the issues directly with the staff unable to attend the staff meetings in their supervision meetings. This ensured important information as shared with all staff members.

The Care Quality Commission (CQC) had been notified of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Woolston Mead.

From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The service was displaying its current inspection rating as required.