

Tulip Care Limited

Woolston Mead

Inspection report

4 Beach Lawn
Liverpool
Merseyside
L22 8QA

Tel: 01519283796

Date of inspection visit:
26 March 2019
27 March 2019

Date of publication:
10 April 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Woolston Mead is a residential care home that was providing personal and nursing care to 20 people aged 65 and over at the time of the inspection.

People's experience of using this service:

We received positive feedback about the quality of care people received and the overall management of the service.

People told us that they felt safe living at the service. Care records provided detailed information around people's individual risks in order for staff to keep them safe from avoidable harm. Person centred care was delivered, giving people choice over their daily routines in line with their preferences.

Staffing levels were appropriately managed and people received care from consistent, regular staff. Enough staff were employed each day to meet people's needs and keep them safe. People and their relatives told us that care was provided in a safe and timely manner.

Recruitment processes were robust. The necessary pre-employment checks were completed and people received care from staff who were suitable to work in adult social care environments.

People received their medicines when they needed them from trained and competent staff.

People's overall health and well-being was effectively assessed and managed. Referrals were made to external healthcare professionals accordingly.

People were offered a variety of meals and snacks each day to meet their dietary needs and preferences. People received support to eat their meals when required.

People were supported in a kind, caring and compassionate manner. Staff were familiar with the support needs of the people they were supporting.

The registered provider had a complaints policy in place. People and relatives knew how to make a complaint if they needed to. However, no complaints had been made.

People were encouraged to participate in a programme of activities. Some people received Holy Communion in the home each week. There were no restrictions for relatives and friends to visit. Visitors were made welcome.

The home was mostly clean and hygienic. Health and safety measures were in place to ensure people lived in a safe, well-maintained environment. A programme of redecoration and refurbishment was in place and underway.

Rating at last inspection: Requires Improvement (Report published 1 May 2018). At this inspection we found the overall rating had improved.

Why we inspected: This was a planned comprehensive inspection based on the ratings at the last inspection. It is CQC methodology to re-inspect Requires Improvement providers within a 12-month timescale.

Follow up: No concerns were raised within this inspection. We will therefore aim to re-inspect this service within 30 months. We will continue to monitor the service through the information we receive. If any concerning information is received we may inspect sooner.

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

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below

Good ●

Woolston Mead

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

Day one of the inspection was conducted by an adult social care inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. Day two of the inspection was conducted by an adult social care inspector.

Service and service type:

Woolston Mead is a care home. People in care homes receive accommodation and nursing or personal care. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager in post. They had started the application process with the Commission to be the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

Day one of the inspection was unannounced and day two was announced.

What we did:

Prior to the inspection we reviewed the information we held in relation to Woolston Mead. This included the statutory notifications sent to us by the registered provider 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. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The provider had

completed a Provider Information Return (PIR). The PIR is information providers must send us to give us key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

We also contacted the local authority to get their opinions of the service. We also considered any information received from the public and professionals. We used this information to plan our inspection.

During the inspection we spoke with the manager, a senior carer, one member of the care staff, the cook, one domestic staff, five people who lived at Woolston Mead and four visitors. We looked at four people's care files, three staff recruitment files, medicine administration processes, incident records, and other records relevant to the quality monitoring of the service.

We undertook general observations of the home over the course of the inspection, including the general environment, décor and furnishings, bedrooms of some people who lived at Woolston Mead, bathrooms and lounge and dining areas.

Is the service safe?

Our findings

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Individual risks to people had been assessed. Care records provided detailed information around people's individual risks in order for staff to keep them safe from avoidable harm.
- Regular safety checks were completed on the environment to ensure it remained safe.

Assessing risk, safety monitoring and management

- Systems and processes were in place to keep people safe from abuse.
- Staff had good knowledge of safeguarding, how to report concerns and how to keep people safe.
- People told us that they felt safe living at the service. Comments included, "I feel safe because staff are nice and will come if I need them."

Staffing and recruitment

- Enough suitably qualified and trained staff were employed each day to meet people's needs and keep them safe. The manager completed a dependency needs assessment each month to ensure staffing levels were enough to meet people's changing needs.
- Recruitment was safely managed. All necessary pre-employment checks were carried out. People were receiving care from staff who had been deemed fit to work with vulnerable people.
- Our observations showed that people using their call bell for staff assistance were attended to in a timely way.
- A relative told us, "Staffing is adequate and they are very good. I have no concerns."

Using medicines safely

- Medication processes and systems were in place. Staff received the necessary training and regularly had their competency assessed.
- Medication was safely stored in locked trolleys and cabinets, were administered in conjunction with guidance and instructions; medication administration records (MARs) were appropriately completed.
- Routine medication audits were completed. Audits ensured that medications processes were assessed and areas of risk were identified and improved upon.

Preventing and controlling infection

- Domestic staff worked each day to ensure the home remained clean.
- Staff had received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control. Staff used personal protective equipment (PPE) where required.
- The home appeared mostly clean throughout.

Learning lessons when things go wrong

- Records were kept of any incident or accidents that occurred and were reviewed regularly to identify any patterns or trends. The information was used to re-evaluate people's assessed needs.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's care needs were completed in good detail and included people's needs and choices. A comprehensive assessment was completed prior to people receiving support and used to help plan effective care for people.
- Care records were reviewed and updated following a change in need, for example, following a fall or deterioration in physical health.
- Staff knew people well and how to best meet their needs.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled and carried out their roles effectively. Newly recruited staff completed a comprehensive induction which included shadowing other more experienced staff. This gave them the opportunity to get to know people's needs and behaviours before working with the person.
- Training was provided for staff throughout their employment to maintain up-to-date skills and knowledge.
- Staff received regular supervision and an annual appraisal.
- Staff they told us they felt supported on a day to day basis by the manager and senior staff. A carer told us, "There is always someone available to talk to."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy balanced diet and were provided with regular food and drinks throughout the day. Staff were knowledgeable of people's individual dietary needs and preferences and meals and snacks were provided accordingly.
- People were protected from risks associated with poor nutrition, hydration and swallowing difficulties; such as weight loss, dehydration and choking risks. Meals were served to meet their needs. For example, pureed, fork mashed and fortified with butter and cream. Some people required a thickening agent added to their drinks to prevent choking. Staff showed good awareness and recorded what was given.
- Staff supported people who needed assistance to ensure they ate meals and drinks. Support was given with respect and close attention to the person. Staff spoke kindly and encouragingly.
- People were broadly satisfied with the food and drinks provided. One person said, "I get enough to eat throughout the day including drinks and snacks including fruit. I have no complaints about the food." A relative told us, "[Family member] had started to eat more in the home and that her appetite had increased with a Sunday roast being offered once a week."
- Some people found the lunch time meal not as hot as they would have liked on the first day of the inspection. This was reported to the manager. By the end of the inspection a heated food trolley had been ordered to keep meals hot when being transported from the kitchen, located in the basement, to the dining room on the ground floor.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- We saw that staff responded promptly to people's changing needs. Records showed staff had engaged well with health and social care professionals, such as social workers, the falls team, the speech and language team, to ensure that people's needs were met as effectively as possible.
- Information was shared with other agencies if people needed to access other services such as GPs, district nurses and community matrons.
- Relatives confirmed that their family member's physical and emotional well-being needs were being met, which included dentist, chiropody and GP appointments. A relative said, "The chiropodist had visited [family member] last week; they are offered a bath twice a week. I am happy enough. The staff get on well together."

Adapting service, design, decoration to meet people's needs

- The home was maintained to a reasonable standard. A programme of redecoration and repair was in progress. Some redecoration had taken place since the last inspection, including replacement stair carpets.
- People could safely and independently mobilise throughout the home; a passenger lift and stair lift provided access to other floors. Adaptations, equipment and handrails were available in bathrooms and bedrooms to assist people and keep them safe.
- Access to the care home was via a flight of steps. Level access for people with mobility issues and those who used a wheelchair was via the rear of the property.
- Some signage was visible in the home. A board to show the date and weather was on the wall in both the lounge and dining room; however, this was not in use and no information displayed.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff ensured that people were involved in decisions about their care. Where people did not have the capacity to make specific decisions, for example, to regularly take medication or to move to another care home, then decisions were made in people's best interests following due process and involved health and social care professionals and family members.
- Applications had been submitted to the local authority for assessment to deprive people of their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were familiar with people's needs. They were attentive, responsive and provided support and care in a respectful manner.
- People were treated with care, compassion and kindness. There were no restrictions for relatives and friends to visit. Visitors were made welcome. Feedback from people and relatives confirmed this. Comments included, "I did research into several homes before I placed my relative here, I felt this was the best and still do five years later."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions about their care and staff ensured people were provided with 'choice' on a day to day basis. Some people enjoyed a 'lie-in' in the morning; some chose to stay in their rooms, whilst others enjoyed being in the lounge.
- Staff were familiar with the level of care and support people required as well as being familiar with their likes, dislikes and preferences.
- People and family members had been given the opportunity to share information about their life history, important relationships and in completing care records.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff were observed supporting people to move safely around the home and support themselves.
- People were supported to remain as independent as possible. Mobility aids were used when it was safe to do so.
- Care records recorded when staff needed to ensure people wore their spectacles and hearing aids to be able to communicate effectively.
- People appeared well presented and appropriately dressed for the time of year. A family member told us, "They look after [relative] well, they treat them with dignity & respect."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The care people received was person centred and based on their individual needs. Staff knew people's likes, dislikes and preferences and used this knowledge to care and support people in the way they wanted, such as, how they preferred to spend their time.
- Care records were detailed and contained all relevant and up-to-date information regarding people's needs. The service ensured that all relevant records were completed in a timely manner when people's needs changed so that staff had access to the most up-to-date information.
- People were supported to access a range of activities on a regular basis. Activities were planned based around people's needs and preferences. A new activities worker had been recruited to offer a more diverse range of activities. People were encouraged by staff to join in.
- People's religious needs were met; a local minister visited each week to hold Communion.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure which was made available to people. However, no complaints had been made.
- The home manager had an open-door policy, their office was easily accessible on the ground floor. People and relatives could speak with her at any time to address any issues.

End of life care and support

- At the time of our inspection, the service was not providing end of life care to anyone. Staff were aware of the processes and procedures required.
- People's preferences and last wishes had been discussed with them or their family members. Information was recorded in people's care records.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service was run by a home manager, who had been in post for two months, and senior carers. The provider visited every four to six weeks as part of their quality assurance procedure.
- The home manager promoted a positive person-centred culture. Staff were positive about their management of the service and told us they were well supported. One staff said, "[Manager] is very supportive."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a manager in post, who had the support of the registered provider. They had started the process to become registered manager with the Commission. The manager was aware of the role and responsibilities of a registered manager, including what events they needed to notify CQC about. They had submitted notifications in line with legal requirements and displayed the rating of the last inspection.
- Staff received supervision and support to develop their practice.
- Information related to people who used the service was stored securely and treated in line with data protection laws.

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

- People voiced their opinions and the management team responded to comments and suggestions made. Suggestions had been made regarding the menu and activities, which they had responded to.
- The manager had an open-door policy and people came with their individual matters directly.
- Feedback was sought from people in the home and their family members each year. Feedback from December 2018's survey was mainly positive in all aspects of for care, food, activities, staffing and dignity. People's views and management/provider responses and action plan to show changes were displayed on a noticeboard in the entrance in the home.

Continuous learning and improving care

- There was an effective system in place for checking on the quality and safety of the service and making improvements.
- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team and provider.

Working in partnership with others

- The manager and staff maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals.