We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Woolston Mead

4 Beach Lawn, Liverpool, L22 8QA

Date of Inspection: 26 February 2013

Tel: 01519283796

Date of Publication: September 2013

We inspected the following standards as part of a routine inspection. This is what we found:

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<tr>
<td>Respecting and involving people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>✓</td>
</tr>
<tr>
<td>Staffing</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
</tr>
</tbody>
</table>
# Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Tulip Care Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Anne Orme</td>
</tr>
<tr>
<td><strong>Overview of the service</strong></td>
<td>Woolston Mead Care Home is situated in a quiet residential area and is registered to provide accommodation and personal care for 28 people. Accommodation is provided on four floors with two lounges on the ground floor and a dining room in the basement. A passenger lift and stair lift provide full access to all areas of the home. The home is located close to all amenities and transport links.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service without nursing</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Accommodation for persons who require nursing or personal care</td>
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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, reviewed information given to us by the provider and talked with local groups of people in the community or voluntary sector.

What people told us and what we found

People living in Woolston Mead had varying needs, and not all people living in the home had capacity to make their own decisions. During our inspection we spoke to four people living in the home and two relatives of people who were unable to speak with us directly.

People living in the home told us: "They treat me very well, the staff are very nice, they get me anything I need." "This is my home; it feels like home, people here are my family." "It's a very good home; staff are awfully kind and very capable." "What more can you ask for? I get my washing and cleaning done, nice food and no washing up."

We found from reviewing records and speaking with people and their relatives, that they understood the care and treatment choices available to them.

Care plans were written in such a way that staff could clearly see the care, support and treatment requirements for individuals.

Two people living in the home and one relative told us that they felt people living there would benefit from more activities and stimulation within the home.

We saw that there were effective recruitment and selection processes in place, and there were enough qualified, skilled and experienced staff to meet people's needs.

We noted in the entrance hall that satisfaction surveys were available for people to complete and return, and a notice advertising the relative's monthly forum.

You can see our judgements on the front page of this report.
More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Respecting and involving people who use services  ✔  Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People living in Woolston Mead had varying needs, and not all people living in the home had capacity to make their own decisions. During our inspection we spoke to four people living in the home and two relatives of people who were unable to speak with us directly.

One person living in the home told us: "They listen to me, they ask what I need, if you ask for something or say you need something they sort it out for you."

The deputy manager, who leads on reviewing care with people and/or their relative, told us: "I spend time with people when we review care, it is important that people are involved as much as possible so that we can continue to meet people's needs, small changes for people can make a big difference."

The provider might like to note the benefits of minuting who had been involved with the review of care, to enable them to monitor levels of involvement by people in the review process.

We found from reviewing records and speaking with people and their relatives, that they understood the care and treatment choices available to them.

One relative told us: "They involve me and my X (person living in the home) with everything, they call me if they need anything or to inform me of any issues with X. I can't fault what they have done."

People expressed their views and were involved in making decisions about their care and treatment.

Throughout our inspection we observed people interacting with staff and expressing their views to staff and the manager. We observed staff acknowledging people's views and providing reassurance, and taking action where appropriate. We observed people
throughout the day involved in decision making, from where to spend their time to where they would like their meals.

One member of staff explained to us how they keep people’s relatives involved, especially where people do not have capacity: "I like to check in with families - especially if there are ongoing concerns. It reassures them, but they might also notice changes or issues which they want to make sure we are aware of. It is a two way process."

We saw records of residents' meetings, where people were able to express their views, and be involved in the planning of activities they would like to see within the home.

People's diversity, values and human rights were respected. We saw in care records that people's spiritual preferences were highlighted. One person told us: "Someone comes in every Sunday for communion, we are only a small group now, but it means I don't have to go out, especially in the winter."
Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People living in the home told us: "They treat me very well, the staff are very nice, they get me anything I need." "This is my home; it feels like home, people here are my family." "It's a very good home staff are awfully kind and very capable." "What more can you ask for? I get my washing and cleaning done, nice food and no washing up."

Not all people living in the home were able to express their views to us, in order for us to form our judgement we observed care and sampled three care records, alongside speaking with relatives and staff.

In all three records of care we saw that people's personal needs were assessed and level of dependency rated. Where people had allergies or illnesses, such as diabetes, this information was highlighted to ensure that appropriate care and treatment was provided.

Risk assessments were in place and included risk of falls, pressure ulcers and nutrition.

Assessments had been carried out to assess people's capacity to make decisions. The records only provided the space to say if the person had capacity or not. We noted that there was no review of the assessment and no details of who was able to represent people if they did not have the capacity to make decisions. We highlighted our findings with the manager who accepted that the assessments needed to provide more details, such as what areas of daily living people were able to make decisions on, and to review the assessment in line with other reviews of care. Before we left, the manager had sought guidance to improve recording in line with the Mental Capacity Act 2005.

Care plans were written in such a way that staff could clearly see the care, support and treatment requirements for individuals.

We noted that personal preferences were recorded in people's care records but these were limited in details and had not been reviewed. The manager might like to note the
value of including detailed personal likes and dislikes and reviewing these with people and/or their representative to ensure continued person-centred care and support.

The personal preferences we saw, for example, 'X enjoys sitting at the dining room table in back lounge.' And 'X does not like large meals', were respected and we observed during breakfast and lunch staff adhering to people's personal choices.

We looked at one record of care for an individual who required support with movement and additional care to prevent pressure ulcers. Appropriate care plans were in place and daily records provided evidence that care was taking place in line with individual plans.

Two staff members we spoke with explained in detail how they maintained people's dignity and welfare when providing personal care. One told us: "I always talk to people, make sure I work with them, take my time when moving people, and if I ever have concerns that someone may be developing a pressure ulcer I inform the district nursing team straight away." The other explained to us: "It is really important that we respect people regardless of their understanding, getting to know people helps me provide care. If someone likes singing we sing, I alter my tone of voice to help people understand, go into a different environment if someone is distressed. It's all about what works for the individual."

Two people living in the home and one relative told us that they felt people living there would benefit from more activities and stimulation within the home. We noted that no activities were arranged on the day of our inspection. When we discussed activities with the manager, they were aware of people's requests for more activities and had plans to extend the range of activities they already had arranged. They told us: "Staff are raising money to help take people out more, and we are looking into light exercise activities such as arm chair exercise." The manager told us that they would ensure activities were discussed at the next relative and residents meeting to update people on progress.

During our inspection we spoke with the district nurse, who told us: "I have a really good relationship with staff, they work well with us. Staff are pro-active in their care and contact us straight away with any concerns. We visit here often, and sometimes they ask us to check on someone they are concerned about while we are at the home."
Requirements relating to workers  ✔ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We spoke with the manager who explained to us that they used an agency to shortlist staff for interview. We saw that there were effective recruitment and selection processes in place.

As part of our inspection we looked at three staff records, two of which were for recently appointed staff. We noted that all appropriate checks were undertaken before staff began work, this included two references and identification verified, to enable checks to be undertaken by the Criminal Records Bureau.
### Staffing

<table>
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<tr>
<th>Met this standard</th>
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</table>

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

#### Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people’s needs.

#### Reasons for our judgement

During our inspection we looked at staffing levels for the home, we observed three night staff on duty which included one senior carer. During the day we saw the Manager, Deputy Manager and four care staff working. The staffing levels we observed reflected the staffing levels stipulated on the rota. There were enough qualified, skilled and experienced staff to meet people’s needs.

The manager told us that there is a senior carer on each shift who is qualified to NVQ level three or above, and all have had medication training.

We noted that all staff had either completed or were in the process of completing their Diploma in Health and Social Care.

The manager told us: "We have staffing levels which meet the needs of the people we care for. We would benefit from additional staff to support with administration to ensure that records are up to date in a timely manner, but we ensure at all times that staffing levels are maintained to ensure the care and welfare of people living here."

We noted that the home used bank staff to cover annual leave and sickness or unforeseen circumstances. The manager told us that many of the staff were part-time and that, between staff willing to work additional hours and bank staff, they are able to provide enough carers to meet people needs.
### Assessing and monitoring the quality of service provision

| The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care | ✓ Met this standard |

### Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

### Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We noted in the entrance hall that satisfaction surveys were available for people to complete and return, and a notice advertising the relative’s monthly forum.

The manager told us that they struggled to get relatives to complete satisfaction surveys; they have surveys available to people in the home and send them out attached to invoices asking people to complete and return them. However they had a low return rate. A conversation took place to look at improving return rate and the manager felt that annually asking relatives to complete the survey whilst they were visiting could improve return rates and give an annual reference point to monitor quality.

From the surveys which had been returned we noted positive comments.

The manager and two members of staff told us that feedback happened continuously, and that the relationship with people living in the home and their relatives meant that they spoke regularly and -where possible - resolved issues and concerns there and then.

The manager told us: "We have an open door policy' people are welcome to speak to me or any staff member if they have any issues." During our inspection we saw people who live in the home dropping into the office to speak with the manager, we also saw visitors interacting with staff throughout the day.

We looked at the minutes of relative meetings and found that people expressed a variety of views and, in the notes, we saw evidence of actions and outcomes. We noted that one area of concern was people’s laundry, where it was not being returned to the appropriate people living in the home. The actions taken by staff solved the issue and people were satisfied with the outcome.

The manager informed us that attendance at pre-arranged residents meetings were low,
so they have changed their approach and every month, when there are a number of people in the communal area, they instigated a meeting. The manager told us: "Since we started having more informal meetings with residents we get far more engagement, and find we now get a wider range of views." We noted that minutes from these meetings were ad-hoc and did not always include evidence of actions and outcomes. We discussed this with the manager and they agreed that it was important to ensure that accurate minutes were taken, and that they would display copies so everyone living in the home can see what the outcomes to the meetings were.

We spoke with three members of staff, all of whom told us that they attended staff meetings and were able to give feedback. One staff member told us: "At staff meetings we get the time to discuss issues and get our heads together to look at how we can resolve particular issues. The manager is very good at acting on our suggestions/feedback and always gives us the outcomes."

We looked at the audit of care records and medication to ensure that decisions about care and treatment were made by the appropriate staff.

The manager told us that medication was audited internally to ensure records are accurate and that they are only being administered by trained staff. The pharmacy who supply the home and Primary Care Trust also completed an audit and provide feedback and guidance in relation to medication.

We saw a new system implemented by the manager to audit care records, where the manager and deputy manager, following monthly reviews with people living in the home, audit those records to monitor quality and ensure that all records accurate and up to date. The manager told us that: "The new system will allow us to more accurately highlight any issues or patterns that occur across all care records in a timely manner, and we can address with individual staff or staff teams to resolve any issues."

We looked at the complaints policy and procedure and the manager showed us the complaints log; we noted that there was only one complainant. We discussed with the manager the nature of the complaints and the action they had taken, we found that they had taken account of the complaint and comments to improve the service. However, the manager might like to note the benefit of recording the actions and outcomes following complaints, thus ensuring that procedures are being followed and appropriate action has been taken.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
# How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

<table>
<thead>
<tr>
<th><strong>✓ Met this standard</strong></th>
<th>This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>✗ Action needed</strong></td>
<td>This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.</td>
</tr>
<tr>
<td><strong>✗ Enforcement action taken</strong></td>
<td>If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.</td>
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</tbody>
</table>
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>Regulation 17</td>
</tr>
<tr>
<td>Consent to care and treatment</td>
<td>Regulation 18</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>Regulation 9</td>
</tr>
<tr>
<td>Meeting Nutritional Needs</td>
<td>Regulation 14</td>
</tr>
<tr>
<td>Cooperating with other providers</td>
<td>Regulation 24</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>Regulation 11</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>Regulation 12</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>Regulation 13</td>
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<td>Safety and suitability of premises</td>
<td>Regulation 15</td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment</td>
<td>Regulation 16</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>Regulation 21</td>
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<tr>
<td>Staffing</td>
<td>Regulation 22</td>
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<tr>
<td>Supporting Staff</td>
<td>Regulation 23</td>
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<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>Regulation 10</td>
</tr>
<tr>
<td>Complaints</td>
<td>Regulation 19</td>
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<tr>
<td>Records</td>
<td>Regulation 20</td>
</tr>
</tbody>
</table>

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
### (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

### Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

### Responsive inspection

This is carried out at any time in relation to identified concerns.

### Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

### Themed inspection

This is targeted to look at specific standards, sectors or types of care.