

Navlette Ommouy McFarlane

The Tulips Care Home II

Inspection report

375 Hither Green Lane
Lewisham
London
SE13 6TR

Tel: 02086951175

Date of inspection visit:
12 April 2017

Date of publication:
02 May 2017

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

The Tulips Care Home II is a small care home that provides support to a maximum of four people who have mental health issues. The service is situated over two floors with spacious rooms.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The service had a manager in place. The service is not required to have a registered manager.

People received care and support from a service that demonstrated good practice in relation to safe medicines management. Records confirmed the administration, storage and recording of medicines was carried out safely. People were protected against the risk of harm and abuse by staff that received on-going safeguarding training and knew the correct action to take if they suspected abuse. Risk assessments identified the risk and gave staff guidance on how to manage the known risks safely.

Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). 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. At the time of the inspection the manager was completing the MCA assessments.

People's choices and decisions were supported and respected. People were encouraged to make choices and decisions about the care and support they received. Consent to care and treatment was sought prior to care being delivered.

People were supported to access sufficient amounts to eat and drink. The service encouraged people to maintain a healthy diet in line with their health care needs and preferences. People had access to a wide range of health care professionals to ensure their health was monitored and maintained.

People confirmed they were supported by staff that were compassionate, empowering and caring. Where possible people were encouraged to maintain relationships with people that mattered to them.

The manager developed care plans that were person centred and tailored to people's individual needs and preferences. People confirmed they were supported to develop their care plans and these were regularly reviewed to ensure they reflect people's changing needs and preferences.

People were supported to participate in a wide range of activities both in the community and within the service. The service placed emphasis on people integrating with the local community.

Both staff and the manager were aware of how to respond positively to complaints and concerns raised.

Records confirmed the service had not received any complaints within the last 12 months. The service made the complaints procedure available to people.

The service questioned the service delivery through annual quality assurance questionnaires. The manager informed us that should people raise any concerns through the questionnaires action would be taken immediately to manage the concern.

The service carried out regular audits of the service to drive improvement. Audits looked at the safety of the service and where issues were identified, action was taken in a timely manner.

People and staff spoke highly of the manager and told us, they could approach the manager and their views would be listened to and acted on if appropriate.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Tulips Care Home II

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 carried out this comprehensive inspection on 12 April 2017. The inspection was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we looked at the information we held about the service. This included previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law. We used this information to plan our inspection.

During the inspection we spoke with one person, one care staff, the deputy manager and the manager/provider. We reviewed three care plans, three Medicine Administration Recording Sheets (MARS), three staff personnel files, audits of the service, quality assurance questionnaires, the fire safety records, maintenance reports and other records relating to the management of the service.

After the inspection we spoke with a health care professional.

Is the service safe?

Our findings

People told us they liked living at the service and felt they were safe living there. One person said, "I do feel safe, yes. People can't just walk in here." A health care professional said, "It's a safe home away from home."

Staff had sound knowledge on how to identify and report suspected abused. One staff member told us, "Firstly you have to make sure the person is safe. I have had safeguarding training which was informative and helpful. You must report concerns to the manager and go higher if the manager doesn't take action. I have seen the safeguarding policy." Staff confirmed they had received safeguarding training and felt this had given them the confidence to report their concerns to senior staff or the local authority safeguarding team should they feel their concerns were not acted on in a timely manner. Records confirmed staff had received safeguarding training.

People were protected against the avoidable harm. The service continued to develop robust risk assessments that identified the risk and gave staff clear guidance on how to mitigate those risks. One person told us, "I have a risk assessment to look at and sing. They [risk assessments] are there to keep me safe. It gives staff the ways to help keep me safe." One staff member told us, "I do a daily risk assessment with everything that I do. I have read the risk assessments and found them helpful and am more aware of the risks. Identify the risk and act to minimise or remove it." Risk assessments continued to be reviewed regularly. When new risks were identified these were shared with the staff team to ensure they safely supported people.

The service continued to employ sufficient numbers of suitable staff to meet people's needs. One person told us, "I do think there's enough staff on shift. If we need more help staff from [sister home] come over." Rotas' showed staffing levels were flexible to enable people to engage in a wide range of activities with support from staff. One staff member told us, "Yes there are enough staff and there's a floating member of staff who goes between the two houses. If there are more activities then more staff are put on shift. We have used agency staff once in the last year." The service was supported by additional staff from the sister home across the road should there be an emergency or need for additional staff.

People continued to receive their medicines in line with good practice. One person told us, "Yes, they [staff] give me my medicines. It's in a dossett box and kept locked in the office. They [staff] explain what its [medicine] for. The medicine helps me." Staff were aware of the service policy on safe management of medicines and said, "I have had the medicines training and do administer medicines. If there was an error I would show a colleague to double check I was correct and report it immediately to get advice." During the inspection we observed the staff administering medicines and found that they demonstrated good practice. We carried out an audit of the medicines for three people and found that these tallied with the Medicine Administration Records (MAR). MAR charts were completed correctly and detailed the name of the medicine, dose to be administered and time to be administered. Staff were aware of the correct procedure in managing medicine errors. Staff and records confirmed they received medicines management training.

Is the service effective?

Our findings

People continued to receive support and care from staff that were skilled and knowledgeable in their roles. One person told us, "I think they [staff] are all good carers. I believe they are trained and qualified but I really wouldn't know." Staff received on-going training to meet people's needs. All staff received mandatory training in medicines management, first aid, safeguarding and Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). One staff member told us, "The training is effective. We [staff] do get enough training. I could ask for more training if I need to and have done so, this was arranged for me."

The service had an embedded induction process, whereby new members of staff received intensive support to ensure they were competent to support and care for people effectively. One staff member told us, "The induction looked at who people are, their diagnosis and routine, how to communicate with people and socialise with them. I found the induction helpful; I shadowed staff for a week but could have asked for longer if I felt I needed it." Records confirmed staff received support and guidance from a more experienced staff member upon commencing employment. Staff shadowed more experienced staff and received feedback on their performance and advice on areas of improvement if identified. Staff reflected on their working practices through supervisions and appraisals. Records showed staff discussed their role, responsibilities, people they supported, training requirements and things they did well or required improvement during supervisions. Staff confirmed they could meet with the manager at any time to discuss their work.

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 when this is in their best interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA. A health care professional said, "To the best of my knowledge, people are not in any way deprived of their liberty. All [people] are being supported to make decisions that are relevant to their day to day functioning and wellbeing." One staff member told us, "I've received MCA training. We do support people who have a DoLS in place, it just means that we support them to go out as they cannot go out unsupported." Staff had an understanding of the MCA and their roles and responsibilities. At the time of the inspection the manager was undertaking the MCA assessments in conjunction with a health care professional.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS protect the rights of people who may require their liberty restricted lawfully in order to protect them from harm. The service continued to submit DoLS authorisation applications to the local authority in a timely manner, to ensure they did not deprive people of their liberty unlawfully.

People continued to have access to sufficient amounts to eat and drink that met their dietary requirements and preferences. One person told us, "I can cook for myself and I don't really need any help from staff to do it. I go to the shops to buy the ingredients and then I come home and cook them. Sometimes staff help me but I like to do this for myself and I make sure that I have healthy things to eat." During the inspection we observed people accessing the kitchen and making themselves lunch of their choice with supervision from staff. The service provided a weekly menu, however people were encouraged to make choices around what they wanted to eat. Staff encouraged people to maintain a healthy nutritional diet and gave people guidance on how to manage this effectively.

People continued to receive access to health care professionals to maintain and monitor their health care needs. One person told us, "I can see a G.P if I need to. I can make the appointment myself. Staff come with me for some appointments. It's helpful having them [staff] there, it's a great help." A health care professional said, "Staff are proactive and are always quick to seek for the support of external medical advice /support by way of referral for specialist opinion where and when necessary." Records confirmed people were supported to see the G.P, psychiatrists, dentist and the optician as and when required.

Is the service caring?

Our findings

The service had an embedded culture whereby people were supported by kind and caring staff. The service placed significant importance on empowerment of people to manage their lives. "One person told us, They [staff] talk things through with me to make sure I do better thinking and think more positively about myself." A health care professional told us, "Staff are very caring and able to personalise care to the specific needs of the [people]. They [staff] are great role models." Throughout the inspection we observed staff speaking to people in a respectful and compassionate manner, using their preferred name. The service had a welcoming and homely feel and people were supported to access all communal areas of the home as and when they wished. The service continued to encourage people to maintain positive relationships with people that were important to them.

Where possible people were encouraged to make decisions about the care and support they received. Staff used their knowledge of people and their preferences to support people to make decisions. One person told us, "I make lots of decisions about my care. I can choose lots of things and when I do make decisions the staff respect them." People confirmed they were given information in a way they understood to enable them to make decisions about their care. During the inspection we observed staff encouraging one person to make decisions about their plans for the day. Staff were observed as being caring and empowering. One staff member told us, "It's important to offer people choices so they can make decisions. This could be with choice of meals, television, activities and health care appointments."

People's privacy and dignity continued to be maintained and respected. During the inspection we observed staff knocking on people's door and awaiting confirmation they could open the door before doing so. One person told us staff always sought permission before entering their room. Staff were aware of the importance of maintaining people's privacy and encouraging their dignity.

The service maintained a culture of empowering people's independence to ensure they maintained and developed life skills. One person told us, "Yes, staff do encourage me to be independent." All staff spoken to expressed the ethos of the service was to give people the tools and skills to enable them to make decisions and be able to do things for themselves. People's care plans clearly identified areas people required support with and areas they were able independent. People with the support from staff set goals to achieve, this further encouraged their independence.

Is the service responsive?

Our findings

People continued to receive person centred care. The service developed care plans with the input of people, to ensure they were tailored to their needs and preferences. Care plans were comprehensive and covered health, medical, social and mental health needs. Care plans gave staff guidance on how to deliver care and support to people on a day-to-day basis, safely. One person told us, "I have a care plan. I have seen it and [keyworker] sits down with me and goes through it. They ask me if things have changed or if I want to add anything in it. I then sign it." A health care professional told us, "Staff manage many [people] with challenging behaviour, by way of collaborative assessment of needs and formulating care plans that are flexible and realistic enough to manage every presenting behavioural and psychological symptoms identified." Staff told us that the care plans gave them a good understanding of the people they supported and when changes had been made, these were shared amongst the team to ensure they were delivering consistent care and support. One staff member told us, "Care plans let you know what the person can do and what they need help with doing. It's a guide really and it helps you to give the person the best care possible." Records showed care plans were regularly reviewed to reflect people's changing needs.

The service continued to support people to participate in a wide variety of activities that reflected people's preferences. The service had an embedded culture of supporting people with their social care needs. One person told us, "There's a lot to do. I like to do some shopping and to church twice a week or out for lunch. I choose not to do anything else, but I could if I wanted to." During the inspection three people using the service were being supported to go out for the day with the sister home. People were encouraged to access the community frequently, to go out for meals, visit the cinema, theatre trips, days out in London or to visit places of interest. Records showed the service maintained a log of activities people participated in to ensure people were not socially isolated. By maintaining these records staff were aware of when changes to people's daily routine occurred.

People were aware of how to raise any concerns or complaints they may have and felt confident their complaints would be managed sensitively. One person told us, "I would talk to the manager or [staff member]. I have the managers number and I have a one-to-one and discuss all my concerns and worries during that meeting. If I wasn't happy with the decision of my complaint I could speak to my social worker.." The service had an embedded culture that encouraged people to raise concerns. The service had guidance on how to raise a concern in the main entrance to the building, this included a pictorial format to ensure it was in a manner everyone could understand. We spoke with staff and the manager who had a clear understanding of the service's process in receiving, managing and responding to complaints in view of reaching a positive outcome for all. One staff member we spoke with told us, "I would sit and talk with the person and find out why they want to raise a complaint and what would make the situation better. Then write down everything we discuss and inform the manager. During the service user weekly meeting, we ask them how we could improve." We reviewed the complaint file and found there had been no complaints in the last 12 months.

Is the service well-led?

Our findings

People told us they liked the service they received at The Tulips Care Home II. One person said, "I would encourage people to move here, I really would."

The service had a manager in place, as it is not required to have a registered manager.

The service had continued to have an embedded culture that promoted independence and empowerment. People confirmed they were treated with dignity and respect and had their views listened to and respected by all staff. The manager told us, "We [staff] treat everyone as individuals. We want people to be part of the community and value social inclusion and offer people the choice of doing so. We encourage people to have a sense of pride in themselves and treat people as we would want our relatives to be treated."

People, health care professionals and staff spoke highly of the manager, stating they felt they could approach her should they wish. One person told us, "She's [the manager] approachable. I can get hold of her when I need to and she pops in here a lot." A health care professional told us, "I'm quite satisfied with the leadership style of leading by good examples." During the inspection we observed people and staff approach the manager for support and guidance.

The service had a maintained audit to monitor and drive improvement. Audits carried out by the service covered medicines management, care plans, risk assessments, maintenance and personnel files. Audits were monitored by staff and where issues were identified, action was taken to address these in a timely manner. One staff member told us, "If I notice anything of concern or any issues I would report this to the manager immediately." The service continued to seek feedback from people to question the service provision. Records showed feedback received was monitored and used to improve the service.

People continued to benefit from a service that maintained and encouraged partnership working with external health care professionals. Both the manager and staff understood the importance of receiving support and guidance from health care professionals to enhance the care people received. Records confirmed advice received from health care professionals by the service was implemented in a timely manner. A health care professional told us, "Staff are proactive and are always quick to seek the support of external medical advice and support by way of referrals for specialist opinion as and when necessary."