

Mrs Navlette McFarlane

Tulips Care Home I

Inspection report

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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

Tulips Care Home I is a small residential care home providing personal care for up to four adults with mental health needs. At the time of our inspection three people were living in the service.

People's experience of using this service and what we found

People were supported and encouraged to access a range of activities and events to improve their health and wellbeing and help to reduce social isolation. People were positive about the friendships they had made with people in the provider's other two homes, one next door and one across the road.

People were supported to remain in contact with their family and friends. People's relatives were kept updated with their family member's health and wellbeing, being encouraged to be involved in their daily lives.

People and their relatives were positive about the friendly and caring attitude of the staff team. One person said, "I had a lovely peaceful Christmas and the staff looked after me really well."

People were involved in how they received their care and staff worked closely with them to help their understanding of how they wanted to be supported.

Staff involved people in decisions about their care, having regular discussions and resident meetings to find out how they wanted to be supported. Due to the size of the service, some staff had worked with people for a long time, knew them well and how they liked to be cared for.

People were supported to a range of healthcare appointments to ensure their healthcare needs were met, with staff recording moods and behaviours, including any advice given for staff to be aware of. We saw staff had contacted the necessary health and social care professionals when people's health and wellbeing had deteriorated.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The provider had systems in place to ensure improvements could be made where needed, the home kept people safe from harm and people had an opportunity to feedback about the service they received.

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

Rating at last inspection

The last rating for this service was good (published 15 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Tulips Care Home I

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. The provider knew we would be returning on the second day of the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted the local authority commissioning team and reviewed the previous inspection report. We used all of this information to plan our inspection.

During the inspection

We met and spoke with all three people who used the service. We also carried out observations throughout the inspection to help us understand the experiences of people, including during mealtimes and in the communal areas. We spoke with four members of staff. This included the registered manager, the deputy manager and two support workers. The registered manager was not present during the inspection due to family matters, but we spoke with them over the telephone and had email correspondence during and after the inspection.

We reviewed a range of records. This included three people's care and medicines records and four staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included quality assurance checks and minutes of team and resident meetings.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a recently updated fire risk assessment and further health and safety records. The provider sent us further information between 10 and 28 January 2020. We contacted two relatives of people who used the service and spoke with one of them. We also contacted two health and social care professionals who had experience of working with the service but did not hear back from either of them.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place and longer serving staff completed refresher safeguarding training to ensure people were protected from avoidable harm. Safeguarding was also discussed in resident meetings to help raise people's awareness of what to do if they had any concerns.
- People and their relatives told us they felt safe living at the home. One person told us they felt safe as staff were there at night. A relative said, "I certainly haven't had any concerns and am happy how [family member] is looked after." There had been no safeguarding incidents since the last inspection.
- The provider's safeguarding policy had been discussed at recent team meetings and staff were reminded how they could raise any issues or concerns and report them to the manager. One support worker said, "I've had the training recently and am confident [registered manager] would deal with any concerns."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed and reviewed if there were any changes. Care plans were in place with guidance for risks related to epilepsy, diabetes, mobility and mental health conditions so staff could support people safely.
- Staff had a good understanding about the risks to people and knew how to keep them safe. Records of staff supervision also discussed any concerns or issues staff had with people and their wellbeing.
- Fire safety checks were carried out and staff had fire safety training, including being made aware of local policies when they first started. Personal Emergency Evacuation Plans (PEEP) were in place with information about the support people would need in the event of an emergency. The provider had also sought best practice guidance from the London Fire Brigade regarding the safe use of emollient creams.
- We saw one person's records needed to be updated regarding their mobility and how they managed the use of the stairs. The deputy manager acknowledged this and said they would update it right away.

Staffing and recruitment

- The provider followed safer recruitment procedures to ensure staff were suitable to work with people who used the service. Disclosure and Barring Service (DBS) checks for staff had been completed at the time of recruitment along with appropriate references and identity documents. DBS checks were also renewed after three years in line with best practice. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- There was sufficient staffing to ensure people's needs were met. Two staff members worked during the day with a member of staff at night that carried out regular checks on people.
- The provider had two other registered homes, one next door and the other across the road on the same street. Staff told us they worked between all services and could rely on extra support in an emergency, with

the registered manager and deputy manager covering the on-call service.

Using medicines safely

- The provider continued to follow best practice and clear procedures were in place and guidance for staff to ensure people received their medicines safely. Staff completed training and annual observations were completed to check their competency, which staff confirmed.
- People told us they were happy with the support they received with their medicines. One person said, "They help us to make sure we take it. They come in, explain what it is and give it to us. They do a good job."
- Medicine administration records (MARs) were completed and daily and weekly checks were in place to minimise any errors. We saw the weekly medicines check had not been completed between 9 and 23 December 2019, which the deputy manager acknowledged. However, staff completed daily checks during a handover to ensure people's medicines had been taken.
- The provider had further support from their pharmacist who carried out an annual medicines audit. The audit in February 2019 did not identify any concerns.

Learning lessons when things go wrong

- There were procedures in place for the reporting of any incidents and accidents across the service. Incident forms were completed, reported to the provider and discussed at the staff handover.
- Where an incident for one person was unclear, the deputy manager told us they had spoken with staff and the importance of following recording procedures had been discussed at a team meeting.
- The provider had shared learning from a recent inspection for one of their other registered services regarding the management of people's finances. We could see checks were in place and the findings from the inspection had been discussed at a team meeting.

Preventing and controlling infection

- Staff were responsible for the daily cleaning of the service and were supported by a contracted cleaner who completed a deep clean every month. We observed the home to be clean and tidy during the inspection.
- Team meetings reminded staff about their cleaning responsibilities and weekly checks were in place. People told us they were supported with the cleaning and their laundry. One relative said, "Whenever I come, I find that it is always clean."
- There was a food hygiene policy in place and the kitchen had retained their rating of five from the Food Standards Agency at their most recent inspection on 9 March 2019, the highest rating available.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People had been assessed before they used the service or when their health needs changed. There was information in place about people's background histories and health conditions, with information provided by relevant health and social care professionals.
- People's care was delivered in line with best practice guidance. One person had information from an NHS foundation trust assessment with details about their current health and guidance to manage their support needs. We saw staff were following guidelines from a health and social care professional regarding the monitoring of moods to help understand any relapse indicators.

Staff support: induction, training, skills and experience

- The majority of staff had worked with the provider for a number of years and completed refresher training. One staff member who had started within the last six months confirmed they had an induction and worked with other staff members when they first started. One support worker said, "The training taught me a lot of things and helped to refresh my mind and learn even more."
- Staff were supported to obtain national vocational qualifications in health and social care to support them in their role. Three members of staff had completed courses and one support worker told us they had just started one.
- Staff received supervision to support them in their role and records documented staff responsibilities and training needs. Although there was a minor gap in supervisions for one staff member, one support worker told us as the service was small, there were regular discussions during handovers and team meetings.
- We saw the training plan was out of date and had to request this to be sent to us after the inspection. The registered manager told us this was because the trainer kept the main copy and was away on holiday.

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

- People were supported to eat and drink, be involved in food choices and staff were aware of their nutritional needs. People's preferences were discussed when they moved in and the topic was regularly discussed at resident meetings.
- Positive comments from people about the food included, "The food is good, they ask us what we want and discuss it in meetings" and "They are helping me with healthy eating and I'm trying to give up some foods." We saw team meetings discussed people's dietary preferences, with reminders about portion sizes and healthy food choices.
- Where one person had highlighted they were unhappy with the food, we saw this had been discussed in their weekly keywork meetings.

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

- People were supported to access a range of healthcare services. Staff recorded people's appointments and any related information, including advice from the GP and what had been discussed at the appointment. We saw people had regular appointments with their GP, optician, dentist and chiropodist.
- Staff had a good understanding of what to do if they noticed any changes in people's health and wellbeing. One support worker said, "I'm confident I'd get a response from the on-call, however I'd call 999 first if it was an emergency, then contact the manager."
- Daily observation charts of people's moods and behaviours were completed, including blood sugar levels if this was needed. Samples of daily logs showed that staff recorded any changes in people's health and wellbeing. Where one person's health had shown signs of deteriorating, we saw a GP appointment had been booked for them during the inspection.
- We saw two people were supported by staff in meetings with the Community Mental Health Team (CMHT) as part of their Care Programme Approach (CPA) involvement. This is the system used to organise people's community mental health services, involving people, their friends and relatives if applicable, and health and social care professionals. Both people's meeting records highlighted positive relationships with the staff team with no concerns identified.

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

- The provider had information and guidance factsheets about mental capacity and DoLS assessments, including what the required procedures were and what should be done if there were any concerns. At the time of the inspection, there were no DoLS authorisations in place and people were free to leave the home.
- We saw staff had gone through people's care plans with them and had consented to the care and support they received. One person's care plan had a reminder for staff in case the person was confused, to reassure them and explain what they were doing to ensure they consented to their care.
- Staff had recently completed training in the MCA and supported people to help them make decisions about their day to day events. One support worker said, "I try my best to explain everything, let them know what I'm doing or encourage them throughout the day. I can't force them to do anything they don't want to."

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

- The home was accessible to people who used the service and they had their own bedrooms with two communal bathrooms, a communal lounge and kitchen. There was also access to a private garden, which had access to the provider's other registered service next door.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- We observed positive interactions throughout the inspection. Staff checked on people throughout the day, asking how they were and if they needed anything. One relative said, "I call in at different times during the day and can see that there is a good environment and [family member] feels comfortable with staff."
- People and their relatives were positive about the caring attitude of the staff team. Comments from people included, "I'm happy with the staff as they care for me and look after me", "They treat us fairly and are nice to me" and "I get on well with [support worker]. She is lovely and sits and has a chat with me as we have something in common." One relative said, "The staff are polite and very friendly. I get on well with them."
- Staff knew people well, as some staff members had worked with people for many years. One support worker said, "The main reason for our work is to look after the service users. I've built up a good relationship with them and I feel this is the best part about the job."
- Daily records for one person showed they were in a low mood over the Christmas period and did not feel like attending an organised Christmas dinner event. Records showed staff encouraged this person and provided emotional support, which resulted in them changing their mind and enjoying the outing.

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

- People were involved in making decisions about their care and support. People's care plans and assessments recorded that people had been involved in the decisions that had been agreed and had signed to confirm this. There were reminders for staff about offering people choices and supporting them with the decisions they made.
- One relative confirmed they were involved and kept updated about their family member's health and welfare and if any changes with their care and support needs.
- People were supported to discuss their care needs on a regular basis. Keyworking sessions recorded the discussions staff had with people about their care and support needs and if people had any issues they wanted to discuss. A keyworker is a specific member of staff with additional responsibility for planning a person's care

Respecting and promoting people's privacy, dignity and independence

- People's care records reminded staff about maintaining their dignity during personal care and promoting their independence with tasks they could do by themselves. We saw staff respected people's privacy and respected their wishes if they wanted to spend more time in their room.
- People were supported to be independent with household tasks. Two people told us they were

encouraged to be involved in the day to day tasks of the home, which included washing up and support with cleaning and laundry tasks. We saw one person was supported to wash up their dishes after lunch on the first day of the inspection.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were supported with a range of activities and events in the local community, including being able to socialise with people living in the provider's other two homes. Comments included, "I'm going to the salon on Friday to get my nails done", "They arranged for the library to come and visit and leave books for me" and "I have made good friends here and next door, who I hang out with. There is lots to do to keep me occupied."
- Activity records and daily records showed people attended coffee mornings at the local library, were encouraged with daily exercises, were involved in a knitting club and had trips out for afternoon tea. One person said, "We were taken out for a nice Christmas dinner at a hotel. It was a really lovely meal to have with everybody."
- The provider also had information about people's religious or cultural needs and if any support was needed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had regular keyworking sessions which discussed how they were feeling and gave them an opportunity to discuss their care and support needs and if they had any concerns. Due to the size of the service, staff had regular opportunities to speak with people and understood how people liked to be supported. One relative told us they had the opportunity to visit the service before their family member moved in.
- Care records were personalised, with information about people's past history, current health conditions and an overview of their daily routines and preferences. One relative told us they felt staff had been flexible when needed in trying to meet their family member's needs.
- One person told us it was important for them to complete a daily diary. We saw this was regularly discussed during their keywork sessions and we observed them being supported with this throughout the inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were highlighted and staff had a good understanding of how to meet their needs. Easy read person centred care plans were completed with people and made available to aid their

understanding of their care and support needs.

- Large print and easy read documents, such as the provider's complaints policy, were in place to further support people's communication needs.

Improving care quality in response to complaints or concerns

- There was an accessible and easy read complaints policy in place and records confirmed people had the complaints procedure explained to them and had signed to say they had understood it. We saw it was also discussed at keywork sessions and at a recent resident meeting where people were reminded how they could raise any issues or concerns.
- There had been no complaints managed through the formal procedures since the last inspection. People told us they would be able to talk to staff if they had any issues. One relative said, "I haven't had to raise any complaints and would be able to take anything up with the staff if I needed to."

End of life care and support

- People were not being supported with end of life care at the time of the inspection. People had funeral action plans in place and staff were reminded about having the sensitive discussions about end of life care if people's health conditions changed. Staff also had access to bereavement training and support if it was needed.
- People's care records had information about their Do not Attempt Cardiopulmonary Resuscitation (DNACPR) status. We saw the registered manager had followed up with a person's social worker to discuss this decision as no family members were involved.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

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

- The registered manager was aware of their responsibilities regarding incidents and had displayed the previous CQC inspection ratings within the home. The deputy manager also had an understanding of their key responsibilities and were implementing systems of checks since starting in October 2019. There had been no notifiable incidents since the last inspection.
- Staff had a good understanding of their key responsibilities and we saw staff were reminded about their duties during team meetings and supervision. Areas discussed included reminders to check people's medicines, recording and reporting in line with procedures and checking on people throughout the day. The deputy manager had introduced a new shift handover record form which gave an overview of the tasks staff needed to complete, which was just being implemented.
- Daily handovers also discussed each person and what tasks needed to be completed. One support worker said, "During the handover, we discuss how people have been, any changes and if we need to be aware of anything. We also check on people throughout the night to make sure they are OK."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Our observations showed that people were comfortable in the home and were supported to live the life they wanted to. Staff had a good understanding that it was important to put people first.
- People and their relatives were positive about the home environment. Comments included, "The staff work very hard, I think they are all excellent" and "It's good living here." One relative said, "Staff are always pleasant and open. I'm always offered a cup of tea when I come in. I'm happy with how everything is managed."
- We received mixed feedback from staff about the support they received and the working environment. One staff member told us they were fully supported, got on well with the staff team and had no concerns. Where another staff member was less positive about the working environment, we attempted to follow this up after the inspection for further information, however did not get any other feedback.
- We felt there may have been some minor staff issues at the time of the inspection as we did hear two members of staff arguing with each other on the second day of the inspection, in front of people who used the service. The deputy manager acknowledged this was not acceptable behaviour. We spoke with the registered manager after the inspection who told us they had spoken with the staff involved and went through their internal disciplinary procedures, assuring us the matter had been dealt with.

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

- The provider sought people's views about the care and support received through regular questionnaires. Although there were minimal comments, areas covered had been ticked as positive. One comment from a person said, 'It's a good service.'
- There was no feedback from relatives available at the time of the inspection. The deputy manager told us relatives were called on a regular basis but as some visited regularly, conversations were not always formally recorded.
- People were involved in regular resident meetings to discuss the service and asked what they wanted to be involved in. We saw people were regularly asked about activities of interest and food preferences. These topics were further discussed with people during their keywork sessions.
- One staff member told us they felt involved in the service and could contact the registered manager at any time if they needed to discuss anything, confident that they would be listened to.

Continuous learning and improving care

- The provider had used learning from one of their other registered locations to ensure systems were in place to monitor the service and were completed on a regular basis. Audits of people's medicines records and financial transactions were completed to monitor the service and find any areas of improvement.
- Staff also completed a range of health and safety checks across the service. Where water temperature records were not available during the inspection, these records were sent to us afterwards by the registered manager. We saw three minor gaps in weekly fire door check records in October 2019, however there was minimal impact on people and it had not happened since.
- Actions had been completed from the local authority monitoring visit in May 2019. We found there was only one outstanding point, for the provider to keep a copy of their training matrix on site. This was not available during the inspection and we were told it was kept with the external trainer. The registered manager acknowledged this and told us they would keep a copy on site and update it themselves from now on.

Working in partnership with others

- The provider liaised with a range of health and social care professionals to seek advice and guidance related to people's care and support, including people's GP's and social workers. Comments seen in correspondence with health and social care professionals in people's care records were positive about the care people received.
- As with the provider's other homes, they continued their links with a range of local organisations, including the library, a local care home and the local church. One person told us they were supported to courses at a local school to help with confidence building. The provider had a policy about integrating people into the community, to enable them to be accepted and of value to society.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There had been no serious incidents or safeguarding alerts since the last inspection. One relative told us that although they did not have any issues or concerns, they were confident in the openness of the service and had been kept updated with any changes in their family member's health and wellbeing.