

Discovery Care Group

Tulipa House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Tulipa House is a residential care home providing personal care to older people who may be living with dementia. At the time of the inspection there were 24 people living there. The service can support up to 31 people in one adapted building.

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

People were happy and calm living at Tulipa House; staff told us there was a positive culture. Relatives told us their loved ones were safe and well looked after. However, we found improvements needed to be made to the oversight and governance systems. Shortfalls were not always identified and acted on by the registered manager and provider. For example, rips in flooring in two bedrooms created trip hazards for people. Risk assessments and care plans were not always up to date and learning from incidents was not reflected in care plans to inform staff.

There were enough staff to keep people safe and meet their needs. When staffing levels dropped due to sickness the registered manager worked with staff or organised agency staff. Staff felt confident with identifying abuse and knew how and where to report any concerns.

Staff followed Government guidance in relation to personal protective equipment, and the service was clean. Relatives were able to visit the service when they wanted to.

People and staff were involved in the service, and their opinions were used to improve the service. Staff and the registered manager worked with healthcare professionals to ensure people received support for all aspects of their lives.

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

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 5 August 2021).

Why we inspected

We received concerns in relation to infection control and the care of people living with dementia. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Good to Requires Improvement based on

the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led. You can see what action we have asked the provider to take at the end of this full report. During and following our inspection the provider and registered manager took action to address the shortfalls we identified.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tulipa House on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to audits, oversight and improving the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Tulipa House

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Tulipa House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC 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

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, the manager from the providers other location, and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We spoke with one visiting health professional. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data.



Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider and registered manager did not have effective systems in operation to identify and act on all potential risks to people. We have reported on this within the Well-led domain of this report. The provider and registered manager had not provided guidance for staff around how to mitigate all risks. Where we found risk during the inspection, they acted to address this.
- Clear and specific guidance was not in place around the support people needed to reduce all risks. Before our inspection safeguarding concerns were raised by a whistleblower who was concerned one person was being neglected. The person had capacity to make decisions about the way they lived and long-standing staff knew how to support them. There was a lack of specific guidance for staff round this person's support and this left them at risk of not receiving the care they needed. The registered manager put guidance in place after our inspection.
- Some people were at risk of constipation and were prescribed medicine to help them to open their bowels. Guidance had not been provided to staff around how they would know if the medicine had been effective or when to refer the person to their GP for care and treatment. Following our inspection this guidance was put in place by the registered manager.
- Some people communicated their needs by making distressed sounds. Guidance in place for staff did not describe people in positive and respectful ways and was limited and contradictory in places. One person chose to sleep on a mattress on the floor at times. Support to do this safely had not been planned and staff were instructed to wake to person and support them back to bed. This may happen three or four times each night. This increased the risk of the person becoming distressed.
- Risks to the environment had not always been assessed and mitigated. The flooring in two bedrooms had rips, which could pose falls risks to people. Although work had started to improve areas of the service, this risk had not been identified, mitigated or prioritised. On the day of the inspection the provider covered the rips with tape to reduce the risk to people.
- Some people could become confused and forget the location of the nearest bathroom. The provider installed additional dementia friendly signage to remind and guide people to the nearest bathroom.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- One person was living with epilepsy. Their risk assessment stated there was rescue medicine that could be administered, but that staff had not had training. The registered manager confirmed that staff did not have the training to administer the medicine and should not attempt to administer it. Following the inspection, the registered manager sent us confirmation the guidance for staff had been amended and required them to contact 111 or 999 services. This would cause a delay in the person receiving the emergency medicines they were prescribed which could lead to serious health conditions.
- Medicines were not always managed safely; oversight and governance systems did not identify shortfalls highlighted within this report. We have reported on this in the Well-led domain. Some people had pain relief patches, which are required to be repositioned to a different site to help prevent skin irritation or possible skin breakdown. Staff did not record the position of where the patch was applied and could not demonstrate they were applying the patch in line with guidance. Following our inspection, the registered manager sent us confirmation of a checklist to be used by staff to ensure guidance was followed.
- Some people were prescribed medicines on an 'as and when' basis for example pain relief. There was no detailed guidance to inform staff when the person may need it and how to check if it was effective. Following the inspection, the registered manager sent us confirmation of guidance put in place to support all 'as and when' medicines. We will check the effectiveness of this during our next inspection.
- Medicine administration records (MAR) were fully completed without gaps. We completed a reconciliation of medicines and found that the stock of medicines matched the documented medicines on the MAR.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with understood their responsibilities around safeguarding people, and how and where to raise concerns if they had any.
- Staff and relatives told us they felt people were safe living at Tulipa House. Staff told us, "Oh yes, without a doubt people are safe. As a team we couldn't try any harder." A relative told us of their loved one, "She is fine, she is happy there."
- When safeguarding concerns were raised, the registered manager investigated and shared any lessons learnt with the staff team.

Staffing and recruitment

- The registered manager assessed that based on people's needs, there needed to be four care staff on day shifts. The rotas showed on a few occasions there were only three carers. On these occasions the registered manager would work alongside carers to ensure staff numbers remained safe. Staff told us, "At the moment we do [have enough staff], we have plenty of training."
- Relatives told us they thought there was enough staff, and that staff had the training needed to do their job.
- Checks had been completed on staff before they worked with people, for example staff had completed application forms with a full employment history. Checks were completed with the Disclosure and Barring Service (DBS). The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visits to people were being supported in line with government guidance. Relatives were able to visit their loved ones when they wanted to. A relative told us, "They allow visitors, so I go and see her, the staff are very helpful, and the staff know my mum well."

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager carried out a number of checks and audits on the service, however we identified these had not always been effective. For example, the care plan audits completed regularly by the registered manager did not identify issues highlighted during this inspection.
- We found that care plans were not always accurate, complete or up to date. Care plans lacked detailed guidance for staff and had not been reviewed following incidents. For example, after concerns were raised about one person, their care plan had not been reviewed and updated to ensure staff were able to provide the right support. Staff knew the person, and how to respond but guidance was not clear for new or agency staff. Other care plans repeated information or had sentences which were unfinished.
- Audits and checks were completed on medicines, and issues such as missed signatures had been identified and addressed. However, 'as and when' guidance and pain patch management were missing or not robust and this was not identified by staff or the registered manager.
- When we highlighted the issues to the registered manager and provider action was taken to resolve them on the day of the inspection, or in the days following. However, the provider's governance systems had not been effective in identifying and addressing the issues. For example, health and safety checks or daily walk arounds had not identified falls risks with rips in the flooring in two rooms. Action was only taken to address this once highlighted during inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff and people told us there was a positive culture within the service. Staff told us, "The residents are the best thing. We have some fantastic residents and over the years we have had some fantastic residents. And the staff obviously. I get on really well with the staff most of the time we are a happy staff team."
- Staff and relatives told us people were happy living at Tulipa House. We observed a calm atmosphere, with staff supporting people in a person-centred way. A relative told us, "I have no complaints about the care."

- The duty of candour requires providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. We found that the registered manager had been open and honest, and understood their responsibility to comply with the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had tried to conduct regular meetings with people; however, these were unsuccessful due to some people's ability to retain information. The registered manager liaised with people and their relatives to ensure that people and their loved ones were involved in their care. A relative told us, "[The registered manager] is very friendly. I normally go straight to them and they are always happy to help."
- Staff told us their opinions were sought, and they were kept well informed in all aspects of the service. For example, staff had made suggestions for improvements at the service, for example to the flooring and to make the service feel more homely. These were in the process of being implemented by the provider.
- Each day the staff team had a brief meeting to discuss all important and urgent changes to people or issues which may affect the service. Staff told us this helped keep them informed of changes to people's conditions for example.
- Staff and the registered manager worked with healthcare professionals to provide joined up care to people. A visiting healthcare professional gave us positive feedback about how staff supported the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to demonstrate safety was effectively managed.