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Tulips Care Home III

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?	Requires Improvement

Summary of findings

Overall summary

This comprehensive inspection took place on 9 and 10 January 2018 and was announced. At the last comprehensive inspection in October 2015 the service was rated as 'Good'.

Tulips Care Home III is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Tulips Care Home III accommodates six people in one building across two floors, with each person having their own bedroom and two communal bathrooms. There was also a communal living room, kitchen and access to a garden. At the time of the inspection the care home was supporting six people with mental health conditions and those living with dementia.

There was a manager in post at the time of the inspection as there was no requirement to have a registered manager in place. This is because the manager is registered as an individual provider and there is no statutory requirement to have a registered person at this location.

People who required support with their medicines received them safely from staff who had completed training and been observed in the safe handling and administration of medicines. Staff completed appropriate records when they administered medicines and these were checked daily by staff to minimise medicines errors.

People and their relatives told us they felt safe using the service and staff had a good understanding of how to protect people from abuse. All staff had received training in safeguarding adults and were confident that any concerns would be investigated and dealt with immediately.

People's risks were managed safely and care plans contained appropriate and detailed risk assessments and emergency plans. The provider worked closely with health and social care professionals and ensured people had a review if their needs changed.

New starters received an induction training programme to support them in meeting people's needs effectively and shadowed more experienced staff before they started to support people independently. Staff received regular supervision and told us they felt supported and were fully involved with the supervision they received.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were aware of the importance of asking people for consent and the need to have best interests meetings in relation to decisions where people did not have the capacity to consent. The provider was aware when people had restrictions placed upon them and notified the local authority responsible for assessment and authorising applications.

People had regular access to healthcare services and staff were aware when people's health and medical appointments were due. Staff worked closely with other health and social care professionals, such as the care home intervention team and we saw evidence of this in communication records and people's care plans. Health and social care professionals confirmed they were always updated if people's health conditions changed or needed any further guidance and support.

People were supported to have a healthy and balanced diet, which took into account their preferences as well as their cultural, medical and nutritional needs.

We observed positive interactions between people and staff throughout the inspection. We saw that staff treated people with respect and kindness, respected their privacy and promoted their dignity and independence. People were also supported to access independent advocates where necessary.

People and their relatives told us staff were kind and compassionate and knew how to provide the care and support they required. Staff understood the importance of getting to know the people they worked with and showed concern for people's health and welfare in a caring manner.

People were involved in planning how they were cared for and supported. An initial assessment was completed from which care plans and risk assessments were developed. Care records were person centred and developed to meet people's individual needs. People were supported to follow their interests and encouraged to take part in a range of activities to increase their health and well-being and reduce social isolation.

The provider had an accessible complaints procedure in place which was regularly discussed with people. Relatives knew how to make a complaint and were able to share their views and opinions about the service. There were also surveys in place and monthly residents meetings to allow people the opportunity to feedback about the care and support they received.

The service promoted an open and honest culture and staff spoke highly of the working environment and the support they received from the manager. Staff felt valued and spoke positively about how they were encouraged and supported to sign up for vocational qualifications in health and social care to aid their learning and develop their careers.

There was a range of daily, weekly, monthly and annual quality assurance systems in place to monitor the quality of the service provided and understand the experiences of people who used the service. However, the provider was not meeting one of the conditions of their registration at the time of the inspection. We asked them to submit the necessary application documents immediately.

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.

Staff had a good understanding of how to recognise and report any signs of abuse and protect people from harm.

Medicines were administered and recorded by staff who had completed relevant medicines observations and training. Daily checks were in place to ensure people received their medicines safely.

Detailed risk assessments and emergency plans were in place to identify the areas of risk and to reduce the likelihood of people coming to harm. They were reviewed regularly or if any significant changes occurred.

The provider took appropriate steps to ensure safe recruitment procedures were followed and there were sufficient staff to meet people's needs.

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?

Requires Improvement

There was an aspect of the service that was not well-led.

The provider was not meeting one of the conditions of their registration at the time of the inspection.

People and their relatives told us that they were happy with the service and had confidence in the manager and management

team.

Staff spoke highly of the manager and felt they were supported to carry out their responsibilities and encouraged to develop their skills.

There were regular audits and meetings to monitor the quality of the service and identify any concerns.

Tulips Care Home III

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 was planned to check 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.

The inspection took place on 9 and 10 January 2018 and was announced. The provider was given 24 hours' notice because the service is small and we needed to be sure that the manager was available. We also needed to be sure that people living at the service would be available to speak with us and that the provider could give them notice, as not to cause any distress or disruption to their routines.

The inspection was carried out by one inspector. Before the inspection we reviewed the information the CQC held about the service. This included notifications of significant incidents reported to the CQC and the previous inspection report. We also contacted the local authority commissioning team to support the planning of the inspection. In addition to this we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we were introduced and had general conversations with all six of the people using the service but spoke in more detail with two of them. We also spoke with two health and social care professionals who were visiting the home and six members of staff. This included the manager, the deputy manager and four support workers. We looked at four people's care plans, five staff recruitment, training and supervision records and audits and records related to the management of the service. As some people living at the home were not fully able to tell us their views and experiences, we observed the care and support provided to people in the communal areas, including during mealtimes.

Following the inspection we spoke with three relatives. We contacted five health and social care professionals who had worked with people using the service for their views and heard back from two of

them.

Good

Our findings

At the last inspection in October 2015 we made a recommendation about the management of fire safety in relation to access to a fire escape. We saw that during the last inspection the provider had completed a comprehensive risk assessment in line with legislation. At this inspection we saw that the fire risk assessment had been recently updated and reviewed in October 2017 and correspondence from the London Fire Brigade confirmed that all necessary actions had been completed. Staff we spoke with were aware of this and the procedures to follow in the event of a fire. There were a range of weekly fire checks, including fire alarm tests and fire drills completed every two months, with an annual fire alarm maintenance check.

People we spoke with confirmed that they liked living in the home. One person said, "I like it here." All of the relatives we spoke with had no concerns about the safety of their family members. Comments included, "I need to know that my [family member] is in a safe environment and staff are aware of their needs and they do that. I'm happy with the placement" and "My [family member] prefers being accompanied when going out and it was discussed when we moved in. They feel much safer going out now and getting fresh air which is really good." One health and social care professional told us that the people they supported had never raised any concerns and felt that they were safe and well looked after.

There were procedures in place to identify and manage risks associated with people's care. Before people started using the service the provider completed a pre service assessment of their care needs to assess their suitability to live in the home and to identify any potential risks to providing their care and support. Risk assessments and emergency plans were available in each person's file and assessed risk factors that included mental and physical health conditions, self-neglect, aggressive behaviour, medicines, skin integrity and social isolation. It also discussed risks of people being alone with others and if there were any concerns that needed to be highlighted.

People's emergency plans and risk assessments contained details about the level of support that was required and information about their medical history and any current health conditions. Assessments included detailed guidance and information for support workers on how to manage risks to people. Where a risk had been highlighted, there was information detailing what the triggers were, what the signs or behaviour from the person would be and what actions should be taken to reduce the risk, with appropriate de-escalation techniques discussed. For example, one person had a plan in place for their mental health diagnosis. It included a relapse prevention plan with signs that staff should look out for if they had any concerns about any deterioration in their mental health and what actions to take. Another person was at

risk of epileptic seizures. A personalised plan had been developed which described how this risk could affect the person with detailed guidance in place, reminders to record the incident in a seizure diary and notify the relevant health and social care professionals. For a third person who was at risk of falls, we saw throughout the inspection they were supervised when mobilising and a falls chart had been put in place to record any incidents to identify any trends. We spoke with a health and social care professional who worked with this person who told us that their mobility had improved with the support that they received.

We saw that the provider was positive about risk taking behaviour and worked closely with people and their relatives to discuss any concerns and ensure their freedom was respected, with risk taking agreements being completed when people moved in. One person could become distressed when accessing the community alone so an agreement was in place for them to be escorted by a member of staff. We spoke with the person and their relative who confirmed this was in place.

There were appropriate medicines policies and procedures in place. Staff had received training in medicines and had a competency assessment before being able to support people with their medicines. One support worker said, "It runs smoothly and the training has helped me to learn what to do and has been really useful. The observations are important so we know how it should be done." One relative said, "They told me about some concerns they had and looked at their medicines and requested a review, which really helped." People's medicines were kept in a locked cabinet in their rooms which was only accessible by staff. Staff checked and signed in medicines when they were delivered from the local pharmacy. People were supported to take their medicines and there was guidance in place for staff to encourage people to take their medicines and procedures to follow if people refused. One person said, "They help with my medicines and check that I take them." Health and social care professionals confirmed they were kept updated with any issues or concerns related to people's medicines.

Each person had a separate medicines folder with a medicines profile in place, with their photo, allergy status and a list of their medicines, including why it has been prescribed and if there were any possible side effects. We looked at a sample of three medicine administration record (MAR) charts during the inspection and saw that they had all been completed correctly. We observed a morning handover on the second day of the inspection. The night staff and deputy manager visited each person's room to confirm if their medicines had been taken and then their MAR charts were checked and signed off as completed by the deputy manager. This was completed twice a day by staff involved in medicines administration to check that medicines were being managed safely. These processes helped to ensure people received their medicines safely.

The provider had safeguarding policies and procedures in place and staff were aware of the actions that needed to be taken if they had any concerns. Staff had a good understanding of their safeguarding responsibilities and understood how to recognise the signs of potential abuse. The safeguarding policy had guidance for staff along with information about the local authority safeguarding procedures and processes to follow if they had any concerns. All of the staff we spoke with felt confident that any concerns raised would be dealt with immediately. One support worker said, "I feel very confident that they would take action as people are the priority and always come first."

There were procedures in place for the reporting of any accidents and incidents. We saw that when an incident occurred it was recorded and followed up, with evidence of what action had been taken. For example, for one incident a body map had been completed, an observation chart was put in place and a referral had been made to a healthcare professional. Accident procedures were in place and the provider had a post incident debriefing policy where after an incident it would be discussed as a team for learning purposes and to find how future episodes could be avoided.

The five staff files that we looked through were consistent and showed that the provider had safe recruitment procedures in place. All Disclosure and Barring Service (DBS) checks for staff had been completed in the last three years. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. There was evidence of photographic proof of identity and proof of address, two references and documents confirming the right to work in the UK. We saw where an applicant had no previous employment history the provider had sought appropriate education and character references to ensure they were able to get feedback about their suitability. Referees were able to comment on their previous employees' teamwork, communication and interpersonal skills and interview assessments were also in place which showed that the provider had assessed the suitability of staff they employed.

We saw that staffing levels throughout the service were sufficient to meet people's needs. We looked at the last four weeks of staff rotas and saw there were consistently two staff in the morning and two in the afternoon, with support from the manager throughout the day. There was one waking night staff from 6pm to 9am. The management team were on call with an out of hours system in place. We also saw that extra staff were also available from the provider's other locations. The provider had a care home next door and another home across the road on the same street where a pool of part time staff could be used in the event of a staff emergency.

Infection control procedures were also observed to have been followed as we saw staff wearing personal protective equipment such as disposable gloves, hats and aprons during mealtimes. People's rooms were cleaned on a daily basis and checked during the morning handover. One person said, "The house is always clean." Relatives also spoke positively about the cleanliness of the home.

Good

Our findings

People told us they were happy with the care they received from staff. One person told us that they were happy with the staff and how they looked after them. We also received positive comments from relatives which included, "Staff are aware of their needs and know how to deal with any issues. My [family member] hasn't been back to hospital for a long time" and "Staff handled an incident very well, keeping my [family member] safe and the other residents. They are always on the top of things." Health and social care professionals confirmed this and felt that staff had a good level of knowledge and awareness of people's needs and that they had recommended the service to other health and social care professionals.

Staff understood the main principles of the Mental Capacity Act 2005 (MCA). The 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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS).

We discussed the requirements of the MCA with the manager, deputy manager and staff team and they demonstrated a good understanding of the process to follow where it was thought that people did not have the mental capacity required to make certain decisions. We saw records that showed best interests meetings had taken place and when mental capacity assessments had been completed, with evidence that people's relatives had been involved. The deputy manager informed us that at the time of the inspection four people had an authorised DoLS in place as they were under constant supervision and not free to leave the building for their own safety. The provider was aware when people's authorisations were due to expire and had made the necessary renewal applications before the current authorisation had expired. We saw correspondence with the local authority and reviewing officers regarding DoLS applications and each person had an overview in their file of when it was authorised, the reason for the application and when it expired. We spoke with a health and social care professional who confirmed that the provider had supported a person to meet a specific condition of the DoLS authorisation.

People had signed their care plans to indicate their consent to their care, with consent forms in place for being supported with their medicines and for their photos to be taken. It was also recorded if people had

refused to sign their care records. Staff were aware of the need for consent and we observed staff asking for people's permission throughout the inspection. One support worker said, "We can't force people to do anything so it is important to encourage them but respect them if they refuse anything."

The service assessed people's needs and choices so that care and support was delivered in line with current legislation to achieve effective outcomes. The manager had worked closely with health and social care professionals and had guidance in place for managing authorities to ensure best practice with record keeping in relation to the MCA and DoLS. They had also made contact with a charity to seek guidance about the required procedures for completing authorisations. Guidance had also been obtained from a safeguarding adults board about supporting a person under a DoLS authorisation with their medicines.

Staff had to complete an induction training programme when they first started employment with the service. The induction covered getting started in the service, which included becoming familiar with the building, fire safety procedures and being introduced to people. It also involved reviewing a range of policies and procedures which included lone working, food hygiene, health and safety, safeguarding and infection control. One support worker said, "I met the residents and had a tour of the building. I shadowed another colleague to learn about people's needs and supported all the staff to get to know how they worked." Although staff were required to hold a Level Two qualification in health and social care before they started, we saw that staff were encouraged and supported to sign up for further vocational qualifications to increase their experience. These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability and knowledge to carry out their job to the required standard. The deputy manager said, "The support I've had to further my learning has been great. I used to be a support worker and with the encouragement I have now completed my level five qualification."

Staff had access to a mandatory training programme that was fully reviewed after three years, with an annual refresher which involved discussions during supervision and with training DVDs. Mandatory training modules included basic life support, safeguarding, moving and handling, medicines and food safety. Each member of staff had an individual training matrix which covered all modules and identified when training had been completed and when it needed to be reviewed. We did see that three members of staff had not completed one of the mandatory topics however the manager was proactive and arranged for this to be completed later that week. Staff also received training which was specific to people's individual needs and we saw that training had been carried out in a range of areas, including dealing with challenging behaviour, MCA and DoLS, dementia and bereavement. The deputy manager said, "Training is always discussed through meetings and during handovers. We are able to call in healthcare professionals if we have any concerns, who are always happy to advise us". We spoke with a health and social care professional who had supported the provider with training in dementia and challenging behaviour. They told us that staff were always fully engaged and eager to learn and was happy with how they had put their knowledge into practice.

We saw records that showed support workers had regular supervision every six to eight weeks and an annual appraisal. We looked at a sample of supervision records for five staff members which showed they were able to discuss key areas of their employment. Discussion points included a follow up from their previous supervision, new ideas, positive contributions, quality and performance, goals and any concerns with people using the service. One member of staff told us that they had brought up a training need they felt they needed and it had been arranged. Another staff member said, "I'm very happy with the supervision I have. It is good to know that we have the support and can work towards improving any weaknesses."

People were supported with their nutrition and hydration and we saw that they were encouraged to have a

healthy and balanced diet. A detailed overview of people's preferences were recorded during their pre service assessment, which included any dietary, medical or cultural needs. One person said, "I get three meals a day here and I can help to prepare my breakfast and get a cup of tea." They also added that staff supported them with their diet and since they had moved in, one of their health conditions had improved. We saw that the food menu was discussed with people to take into account the variety of people's likes and cultural preferences. Staff were aware of people's nutritional risks and guidance was in place for staff to follow if any further support was required. We were invited to sit and have lunch with people and sampled the food on the first day of the inspection and we found it to be fresh and of good quality, with plenty of drinks available throughout. One person who was sitting with us said, "The food is good here" when we asked them how they liked their meal.

Staff said they supported people to manage their mental health conditions and well-being and would always speak with the management team if they had any concerns about a person's healthcare needs. Health and social care professionals confirmed they were always contacted by the provider if they had any concerns and were given regular updates. Each person had a medical record file in place which recorded input from health and social care professionals and outcomes from visits or appointments, if any advice had been given or if any follow up action was required. People also had an annual action plan in place which recorded all scheduled appointments for the coming year. It included appointments with GPs, opticians, dentists, chiropodists, psychiatrists and dietitians. We also saw that each person had an accident and emergency folder in place in case they had to go to hospital. It included an overview of their general details, health conditions and a copy of their medicines, and would be easily accessible in the event of a medical emergency. One relative said, "If there are problems, they are quick to pick up on it and encourage my [family member] to go to the GP. If they refuse, they still try to get a GP to come to the home. I can't fault them for that."

Staff told us and records confirmed that they worked closely with a range of health and social care professionals to ensure people received effective care and support. For example, we saw that a referral had been made to the local authority care home intervention team when a person's health condition deteriorated and they displayed behaviour that challenged the service. We saw that advice had been sought and there was guidance in place for staff to help manage the behaviour. Staff we spoke with were aware of this and were able to explain what they would do if the situation occurred. A health and social care professional we spoke with confirmed this and told us that staff would always get in touch if they had any concerns and had confidence that the staff team would be able to meet people's needs.

Good

Our findings

People we spoke with told us they were happy living in the home and we saw they were comfortable in the staffs' presence. One person told us they were very happy living in the home. They added, "I want to continue living here for many more years, hopefully another twenty." All of the relatives spoke positively about the caring nature of the staff. Comments included, "I hope he/she can stay there as I don't want them to leave as they are happy there", "I like it because they make it like a home for him/her and they take good care of them" and "My [family member] is always clean, presentable and the staff are always helpful. He/she tells us that they are happy there." A health and social care professional commented positively on the atmosphere and that they felt it was warm and homely and that staff really cared about the people who lived there.

Throughout the inspection we observed many positive interactions between people using the service and staff. Staff were observed to be attentive to the needs of people and spoke with them in a calm, compassionate and reassuring way. We saw people were very relaxed and comfortable with staff and were given the opportunity to be fully involved with whatever care and support they received. We observed a relaxed atmosphere during mealtimes and people and staff talked and laughed with each other. We chatted with people using the service, including people from another home that was managed by the provider which was next door, during an afternoon activity on the second day of the inspection. People were encouraged to take part and the relaxed and caring nature of the staff created a homely atmosphere and people felt at ease throughout the activity. One support worker said, "It's a lovely environment here. As it's a small service we can bond with residents and get to know them well."

Staff knew the people they were supporting and were aware of both their healthcare needs but also about them as a person, including personal histories, preferences and daily routines. Staff spent time with people during regular meetings and reviews, but also during household tasks, activities and scheduled plans for the day. For example, we saw that one person liked to go to the local pub for a drink. We saw this had been made into a regular event and everybody was invited. On the first day of the inspection we saw that three other people had also joined in the outing, which had been recorded in people's activity records. We also saw records that showed staff supported people to celebrate their birthday. We saw staff had organised a birthday party for one person and comments showed that the person enjoyed this and thanked the staff for arranging it.

Records showed that people were encouraged to be involved in their own care and had regular meetings with their support worker to discuss the support they received, with their comments recorded to confirm

they were happy and had been fully involved. Relatives we spoke with confirmed they were involved in making decisions about the care their family members received and were always invited to any scheduled meetings. People were encouraged to be independent and development plans were in place, which covered budgeting, meal preparation and household tasks to help people remain as independent as they could be. One person said, "I help with the household and keep my room and the bathroom tidy." One support worker said, "As their keyworker, we've bonded very well and I make sure we have a chat every day and always encourage them to be as involved as much as they want to." We saw that this person was encouraged to have their lunch with the rest of the people using the service but respected their wishes when they declined.

People were also supported to access advocacy services. Advocates are trained professionals who support, enable and empower people to speak up. This meant that where people did not have the capacity to express their choices and wishes or found it difficult to do so, they had access to independent support to assist them. Staff explained to people what the role of an advocate was and we saw correspondence that showed the manager had requested advice for when they felt a person required one. We spoke with one person's Relevant Persons Representative (RPR). The role of a RPR is to maintain contact with the relevant person and to represent them and provide support that is independent of the providers of the services they are receiving. They told us that they were happy with how the provider had listened to their views and the action that had been taken.

We observed staff knocking on people's doors and announcing their presence throughout the inspection. People were asked if they were happy to speak with us and if they were happy for us to come in and see their room. Each person had a personal care checklist in place which highlighted what people were able to do and what support they would need. Staff had a good understanding of the need to ensure they respected people's privacy and dignity and gave us examples of how they did this during personal care and also if they thought it was best to take a person back to their room for support that required more privacy. We observed during the inspection that there were no locks on both of the communal bathroom doors. We spoke to the staff team about it and they explained it was due to health and safety issues in case somebody had a seizure or a fall. It was also noted that only two people would be in the bathroom without support and staff were aware of the privacy issues that could occur. A support worker told us that this issue had been explained to people in meetings and people were encouraged to knock if they used the bathroom independently. The deputy manager explained that they had never received any complaints about it and no issues had been raised in the privacy section of the questionnaires that we reviewed.

Good

Our findings

People expressed that they were happy with their care and support and we saw that they were supported to maintain relationships with friends and family and encouraged to get involved with meaningful activities. One person told us about one of their interests and that staff supported them with this. A comment from a person in their review stated that staff always told them what had happened and what it meant for them. Relatives spoke positively about the service and felt they were involved in the care planning process. Comments included, "They understand if there is a change in their mood and they are good at responding to this and know how to help them" and "We are invited to reviews and are regularly updated. The deputy manager always gives us a call to let us know if there are any concerns." Health and social care professionals we spoke with said that staff were responsive to people's needs and would always get in touch if they had any concerns.

People's needs were assessed before they moved in and we saw pre service assessments had been completed. They included a physical and psychological assessment of each person to see what support was needed, along with the opportunity to visit the home and meet the other people and the staff team. One relative said, "We had a chance to look around before moving in and had a meeting to discuss if their needs could be met. We could see that they are given choices."

Detailed care plans were in place which covered areas such as people's mental health, personal care, physical health, daily living skills, dietary needs, activities and interests, communication and relationships. Care plans focussed on a specific area of need, what the person's goals were and the plans in place to make sure they were met. For example, one person had a history of fluctuating moods. We saw that there were mood and behaviour charts in place with staff recording their observations on a daily basis to monitor their well-being to see if there were any changes, with information about what action to take. During reviews people were able to discuss their feelings and comment on how happy they were with the support they received. Care plans were reviewed every two months and were updated if there were any changes to people's care and support. The care plans were personalised and provided details about what was important for people. We saw there were also specific care plans in place for people who were living with dementia. There was guidance for staff on supporting people that identified common behaviours and techniques for reassuring people if they were distressed. Comments from one person's dementia care plan highlighted that they were happy with the care they received. We observed that they had a good rapport with the staff team and staff knew them well and how they liked to be supported.

There was evidence that the provider listened to people's preferences with regard to how they wanted staff

to support them with their cultural or religious needs, with information that staff needed to be aware of. One person told us they were supported with food that met their cultural needs. They added, "They do ask if I want Jamaican food." For another person, their relative confirmed that their family member was encouraged to have Caribbean food from a local takeaway. They added, "It is good that they are aware of this need." The provider also had a cultural diversity policy which highlighted a strong commitment to recognising the importance of supporting and promoting people's diversity.

People were supported to follow their interests, maintain relationships and encouraged to take part in activities of interest. People had the opportunity to discuss what they wanted to do during residents meetings and key work sessions. For example, we saw that one person enjoyed knitting and saw that a knitting group had been created by staff with people being encouraged to attend. A health and social care professional told us that they had highlighted that the person needed more knitting needles and were pleased to see this had been done. People from the provider's other homes were also encouraged to get involved to increase the opportunity for people to socialise with each other. Other activities and events that we saw were available included a tea dance, an art befriending class and trips to the local pub. We saw that a group holiday was also in the process of being planned for later in the year. Records for another person showed that it had been advised for them to get out into the community to avoid any social isolation. We spoke with this person who said, "They always ask me if I want to go out for a walk." People's participation was recorded and we saw this person was regularly encouraged to access the community with walks to the shops and visits to a local coffee shop.

Relatives said they felt comfortable if they had to raise a concern. One person told us that they could talk with staff at any time. One relative said, "We are confident that any issues will be dealt with." There was an easy read complaints procedure in place which highlighted the provider was committed to responding quickly, openly and sensitively to any complaints about the service. We saw that it had been discussed at team meetings about the importance of making sure the complaints procedure was explained to people in a way they understood. One support worker said, "To do this, we make people feel comfortable, reassure them and let them know that we are here to listen to them if they have any concerns." The provider's complaints procedure aimed to resolve all complaints within four weeks. If people were unhappy, it would be shared with the local authority for an independent review. There had been no complaints since the last inspection.

The service also gave people the opportunity to discuss any issues during monthly residents meetings. We reviewed records from the last three meetings and saw topics discussed related to activities, household tasks and menu choices, including discussions about healthy eating and balanced diets.

The manager told us that people were involved in end of life planning as it was important to be aware of people's and their relatives wishes. We saw people had funeral action plans in place and correspondence showed the manager had requested meetings with relatives to discuss this and make sure they were fully involved. The manager also shared further correspondence with us about people's Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) status, with relatives invited to best interests meetings to discuss the decision.

Requires Improvement

Our findings

At the time of our inspection there was a manager in place. Our records showed she had been registered with the Care Quality Commission (CQC) since October 2010 and was registered as an individual provider, but had managed the home since October 2014. She was present on both days and assisted with the inspection, along with the deputy manager and the rest of the staff team.

We found that the provider was not meeting one of the conditions of their registration. When Tulips Care Home III was registered in October 2014, one of the conditions that was applied was that they must only accommodate a maximum of five people, however six people were living at the service. We spoke to the manager about this who told us that when it was registered the sixth bedroom was a guest room. As it was not regularly used, it was changed into a permanent bedroom after a couple of months. The manager acknowledged that they had not sent in the necessary application to vary the condition of the registration, but did this straight away after the second day of the inspection. As this did not have an impact on people using the service, we wrote to the provider to inform them that we would not be taking any enforcement action.

People using the service and their relatives were comfortable talking with the management team and spoke positively about the way the service was managed. We saw the whole staff team had a good relationship with people who used the service and also helped to support them in their day to day lives. Comments from relatives included, "All the staff are very nice and call us to let us know how everything is. The home is kept clean and we are happy with it all", "They have empathy with our situation and we are confident that any issues will be dealt with. There is regular contact and we are always kept updated" and "If there is anything we don't understand, they always explain it to us and are confident with their actions. They inform us about a problem, what they are doing about it and update us throughout it." Health and social care professionals spoke positively about the management of the service, highlighting they were helpful, welcoming and always informed if there were any changes in people's health and well-being.

Staff told us they were well supported by the management team and had many positive comments about working at the service. Staff were motivated about their job and felt they were encouraged to develop their skills and experience to further support people who used the service. Comments from staff included, "Overall, I'm very happy working here. I'm working with great people, learning new experiences and interacting with the residents" and "We get great support if we have any concerns. We are a small team, we have a good sense of teamwork and work together the best we can." Positive comments about the manager included, "She is a good lady and a strong manager. I'm confident with the decisions she makes and we

learn a lot from her as she's very experienced" and "If I need any advice, she is easy to talk to about anything and is very down to earth. I've never had any problems."

The manager was aware of their responsibilities and provided a clear vision for staff that involved them and developed their skills which helped people to maintain an independent life. The manager told us that they felt it was important to develop her staff team even if it meant they could possibly leave for more experienced positions. Two members of staff told us how they had been encouraged to develop their skills and had been supported to study for further vocational qualifications. We saw it had been discussed during team meetings that they had been given the opportunity to manage the home with support one day a week, which helped them to get involved and understand the running of the service, but also keep them motivated. One member of staff said, "She is an excellent manager and gives us great opportunities and helps us with what we need. She is all for the well-being of us all, both the staff and the residents."

The provider had a range of internal auditing and monitoring processes in place to assess and monitor the quality of service provided, which were carried out at regular cycles. There were monthly team meetings which covered areas such as staff training, care planning, accidents and issues, concerns with people who used the service, activities and updates and reminders on policies and procedures.

People's medicine administration records (MARs) were checked twice a day and signed by two members of staff to ensure they were being managed safely. The deputy manager said, "With this protocol in place it is another way for us to make sure that there are no errors and people always get their medicines." There was also an annual external audit by the pharmacy and records showed the last audit that was completed in November 2017 had no concerns. People's finance records were checked every two weeks and an annual quality assurance audit reviewed care plans and risk assessments to make sure they were in date and addressed all aspects of care to meet people's needs. There were a range of daily and weekly health and safety checks of the building which included daily room checklists and weekly maintenance checks throughout the home.

There were regular service user questionnaires in place to get feedback about the care and support people received. We saw that since November 2016 people had been supported to complete the questionnaire five times, with the most recent being completed in November 2017. Questions included topics such as personal care, food, cultural needs, complaints, staff attitude, communication and the internal and external environment of the home. There were opportunities for people to comment further and be fully involved and we saw positive responses from all the records we reviewed. There was also a visitor survey available and we saw two relatives had completed one for 2017, both with positive comments. One comment from a relative said, 'We are happy with the care our [family member] receives. Staff are always accommodating and happy to assist with anything that they need.'

We received positive comments from health and social care professionals who confirmed that the service worked closely with them and other agencies involved in people's care. Staff had regular access to the local authority care home intervention team and received support from them when people's needs changed. We also saw they had worked with a local voluntary organisation to create opportunities for people to get involved in an arts programme. We saw that these opportunities were also available to people who lived in the provider's two other homes. A member of staff told us that they encouraged people to get involved and interact with others, which we saw during the inspection.