

# The Tulips Care Home

# 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** 

### Overall summary

This unannounced inspection took place on 20 October 2014. We last inspected the service in October 2013 when we found the service met all the regulations we checked.

The service provides care and accommodation for people with mental health needs. It is located in a large house with a garden. Each person using the service has their own bedroom and shares communal facilities, such as the kitchen and living room. At the time of the inspection there were three people using the service. The provider is in regular day-to-day contact with the service and manages it with the assistance of a deputy manager. The service is not required to have a registered manager.

The provider had oversight of the running of the service and was described as approachable and friendly by people and staff. A mental health professional told us they thought the service was well-led, and planned and delivered people's care effectively.

People told us they felt safe at the service. Staff knew how to identify and report signs of abuse or neglect. Risks to each person had been identified and plans were in place to promote their safety. People told us they received their medicines safely. They said staff were available to give them the support they needed.

People were supported to keep well by maintaining a healthy life style and diet and to attend healthcare appointments. People's health had improved because

# Summary of findings

staff had effectively responded to their needs. Staff were trained to carry out their work appropriately and said they received good support from their managers. People said staff respected their views and their privacy. They said they were able to make decisions about how they were supported.

People said they felt at home in the service. They told us they liked all the staff who they had got to know and they

were friendly and pleasant. They said staff helped them to follow their interests and supported them with any worries they had. A mental health professional who visited people using the service said the service always communicated well with them and had been effective in promoting people's wellbeing.

# Summary of findings

## 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 safe. People said they had no concerns about how staff treated them. Staff had been trained to recognise and report any concerns about abuse or neglect.

People said there were enough staff to meet their needs. People received their medicines safely as prescribed. Risks to people were identified and managed.

Good



### Is the service effective?

The service was effective. Staff had training and support from their managers. They carried out their responsibilities appropriately. People were asked for their consent before they received their support.

The service supported people to maintain and improve their health.

Good



### Is the service caring?

The service was caring. People told us they liked the staff and enjoyed living at the service. People's privacy was respected. Staff were polite and friendly to people.

Good



### Is the service responsive?

The service was responsive. People told us staff asked them about their needs and preferences.

People's support plans were reviewed and updated regularly to ensure their current needs were met.

People were asked for their views of the service and staff responded to what they said.

Good



### Is the service well-led?

The five questions we ask about services and what we found The service was well-led. People who use the service and commissioners told us the service was managed well. They said they knew the managers of the service who were involved in their day-to-day support.

Staff said their managers were approachable and supportive and listened to them. They said managers acted on any suggestions they had about how to improve the service.

Good



# Tulips Care Home I

## Detailed findings

### Background to this inspection

We carried out this unannounced inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. It took place on 20 October 2014 and was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service and used this to plan the inspection. We spoke with a health care professional who was responsible for commissioning the service to obtain their view of it.

During the inspection we spoke to one person who uses the service, two staff members and the provider. We read two people's care records. A staff member's recruitment and supervision file was looked at. Staff training records and notes of meetings between people and the managers of the service were seen. We checked the provider's systems for monitoring and improving the quality of the service. We reviewed feedback that people had given about their experience of the service.

# Is the service safe?

## Our findings

People told us they felt safe at the service. A person said, "It's a relaxing place to be. I don't have any worries about the staff."

Training records confirmed that staff had attended local authority courses on safeguarding adults. Staff understood how to reduce the risk of people experiencing abuse or neglect. A member of staff told us they had attended a course on this subject arranged by the local authority. They were able to explain what types of abuse to look out for and the signs to be aware of. They knew how to make a safeguarding referral and how to take action as a 'whistle-blower' if they had any concerns about the provider.

Some people in the service had support from staff to safely manage their money. A person told us, "I get help with looking after my cash – it's good." Staff said they followed clear procedures when supporting people with their finances. We saw that detailed records were kept of financial transactions which included the person's signature and the signature of two members of staff. The provider had signed these each week to confirm that the records were accurate. These arrangements reduced the risk of people experiencing financial abuse.

Staff records showed they had received training on anti-discriminatory practice. A staff member was able to explain how they ensured each person's diverse needs were met. A person told us, "I prefer [a type of ethnic food] so staff help me buy and cook it for myself."

A person said they thought there were always enough staff available to give them the support they needed, "The staff are always here to help us here and when we go out." Staff told us the provider varied the number of staff on duty in order to enable people to go out as they wished and attend their health appointments. They said team work was good and absenteeism was low. Staff said all the staff who worked in the service lived locally and could if necessary come in to work at short notice. They said staff sickness and holidays were always covered from within the staff team. During the inspection we saw that people received individual attention and reassurance from staff.

Records showed that risks to people had been assessed when they first came to the service and then regularly reviewed. Up to date guidelines were in place for staff to

follow. These covered issues such as the monitoring of people's long term health conditions and the signs for staff to be aware of that may indicate that a person's mental health was deteriorating. Staff were able to describe the actions they took in order to support people to keep as well and safe as possible. For example, there were guidelines in place for one person to minimise the risks associated with them going into shops. A health professional told us the service had been effective in managing risks to people. This had meant that in the past year there had been no significant incidents involving people using the service.

During the inspection, a person showed us their room and we checked the communal areas of the service. All these areas were clean and well maintained. Records were kept of health and safety checks of the building and the appropriate certificates were in place for gas and electrical systems. Staff supported people to practice evacuation of the building in the event of a fire and a report was made to explain how it had been carried out.

People told us they had help with their medicines. They said that staff talked to them about their medicines and they knew what they were for. People said the staff supported them to contact the GP or the community mental health team (CMHT) if they had any concerns about medicines. Records showed people's needs for support to manage their medicines was assessed when they began to use the service. A person told us, "The staff come and remind me about my tablets." A health professional confirmed that the provider had consistently ensured people received their medicines safely. They said, for example, staff were alert to the possible side effects of some medicines. Potential problems were identified at an early stage and reported to the CMHT. This had enabled people to have an urgent review of their medicines so that their mental and physical health could be maintained.

We looked at two people's medication administration record charts for the two weeks prior to the date of the inspection. Staff had fully completed these and they showed that people had received all their medicines as prescribed at the correct times of day. In addition, staff completed a record at the handover between shifts to confirm they had supported people to receive their medicines.

## Is the service safe?

Staff we spoke with were knowledgeable about people's medicines and said they could easily access advice from the CMHT if they had any concerns about people's medicines. We saw that medicines were stored safely.

# Is the service effective?

## Our findings

People told us they were happy and well and enjoyed living at the service. A person said, "I would say it is a very good place."

A person told us, "We can decide things and staff then help us." People said staff always involved them in discussing their care to ensure they agreed with the way they were supported. Care records showed people participated in meetings with staff about their needs and the planning and delivery of their support. The records we looked at, which included detailed information on people's mental health, did not indicate that people's needs were such that they came within the scope of the Mental Capacity Act 2005 or the Deprivation of Liberty Safeguards, which apply to people who may lack mental capacity to make decisions. The provider had arranged for staff to attend local authority training in this area in December 2014 so that they can ensure the service complies with legal requirements in relation to people who may lack the mental capacity to make decisions.

Staff received support and training to meet people's needs. A member of staff told us that when they first started work they had spent an induction period learning how the service operated. They said this had included reading key procedures such as adult safeguarding and whistle blowing. They told us they had also observed staff supporting people and read people's care plans to ensure they understood how to deliver their support appropriately. For example, they said they had worked with a person and another staff member in order to learn how the person liked to be supported to wash and style their hair. The staff member had received training and support to understand people's mental health needs.

A health professional told us, "The staff group is stable, they have all attended training we have arranged over the years. This has paid off, their skills have developed and people receive the support they need." Staff files included certificates to show they had attended external training courses provided by the local authority and the CMHT

relevant to people's needs. This had included courses on understanding medicines for people with mental health needs, communication skills and dealing with depression and anxiety.

Staff told us that they received good support from their manager and could easily ask them for any advice. Staff records included reports of regular one-to-one meetings with the deputy manager which covered their training needs, people's support needs and team work. There was a system for staff appraisal in place. Records showed the provider observed staff whilst they supported people to ensure they were competent in areas such as the administration of people's medicines.

Staff told us they were expected to spend some time in private with each person every day in order to ask them how they were and if they were concerned about anything. They said this was important because this gave people the opportunity to talk through any issues and enabled them to support them with any worries or health issues they had.

People told us they were able to buy and choose what food they ate, and one person said she had wanted to lose weight and was supported to do this by staff. Records showed people were supported to follow the advice of their GP in relation to their diet and exercise if they wished to lose weight or reduce their blood pressure. Staff had supported people with this by recording their weight each month and people told us they were pleased with the way staff helped them to keep well. A person told us, "I have lost weight and feel much better." A health professional told us, "The service is particularly good at helping people with their health and their quality of life, the improvements for some people has been quite remarkable." Care records included details of people's health needs and how they were met. They had been supported to attend the GP surgery for flu vaccinations, for example. In addition, people were assisted in relation to their appointments and meetings with the community mental health team.

Records showed that staff had received training on preparing food safely. When staff prepared food they kept a record to confirm that it had been served to people at the correct temperature.

# Is the service caring?

## Our findings

People told us that staff were kind and caring. A person told us, "All the staff are pleasant and nice. I have no complaints at all about them." A health professional, who had known the service for several years, said they had always found the service to be a calm pleasant environment where people experienced support from staff who knew them very well and were therefore able to recognise any signs of their mental health deteriorating.

People had a key member of staff assigned to them who arranged a regular meeting with them to discuss and plan their support. Reports of these meetings showed people were asked about how they were feeling and were encouraged to raise any worries or concerns they had. In addition, the person's hobbies and interests were discussed and plans were made in relation to furthering these. Arrangements were also made to support the person to keep in contact with friends and family and attend their health appointments.

People said staff respected their privacy and dignity and knocked before coming into their room. A person showed us their room, which had many personal items in it, and said they could lock it with a key if they wished.

During the inspection, staff consistently spoke to people in a friendly and respectful way and offered reassurance and guidance to people. People's preferences in relation to leisure activities were recorded in their care plans. Daily notes had been completed which confirmed they were supported in the way they wished. A person told us they spent their time in the way they wanted, "I like to go out a lot and I get to do that."

The service had agreed with each person a plan to maintain and promote their independence. For example, a person told us, "Yes I am working on dusting my room." People went into the kitchen and prepared food and drink as they wished. They told us they were able to do this in line with their preferences. They had specific goals in relation to developing their independence in relation to household management skills. Staff had involved the person in discussions about their progress with this and recorded the outcome in their care records.



# Is the service responsive?

## Our findings

People told us staff asked them how they would like to be supported and listened to them. A person told us, "I can say what I want and what I agree to." A health professional told us the service had identified and met people's individual needs. Care records included detailed assessments which had details of people's health needs, their background history and their preferences and interests.

The service had developed support plans for each person which set out how their individual needs were met. Plans included information on the support people received to manage their medicines, meet their health needs, maintain relationships with family and friends and follow their interests. These plans had been regularly reviewed to ensure they were up to date and met people's current needs. A person told us, "Yes I get the help I need here."

Care records were accurate in relation to people's circumstances and the support they had received. For example, there was information on how someone was supported to manage their long-term health condition.

Staff we spoke with were knowledgeable about people's individual needs and clear about the support each person required. A member of staff told us, "Most staff here have been here for several years. We know all the little things about people."

People in the service went out to different activities according to their individual interests. Care records included information on the choices people had made in relation to how they spent their time and how staff supported them. For example, a person told us that staff supported them to keep in touch with their family. They said staff helped them make arrangements to have contact with their relatives. In addition, they said they had recently gone out to the shops, the park and local cafes and restaurants. The person told us they were "enjoying life and keeping busy".

The service had a complaints policy in place. People told us they had not needed to make any complaints but would be happy to raise any concerns if they had them. A person said, "It's great here. I have not needed to complain about anything." They said they would ask their family or community psychiatric nurse to help them complain if they wanted to.

Meetings were held with people and notes showed people were asked if they had any concerns about the service. The provider had a system to formally collect people's views. People completed a questionnaire every three months about the service. They had made positive comments on how they were treated by staff and the support they had received. For example, a person had said, "everything is good here." People were asked to make suggestions for improving the service, however said they thought the service did not require improvement.

# Is the service well-led?

## Our findings

The provider of the service was in day-to-day contact with the service and employed a deputy manager to assist her. People told us they thought the service was well-led. A person said, "We see the manager and the deputy manager nearly every day. They are friendly and I would tell them if we are not happy about something." A health professional told us their team considered the provider had the knowledge and skills necessary to operate a care home for people with mental health needs.

Staff said the provider set clear expectations in terms of how they interacted with people. They told us the provider's values were set out in a staff handbook which they went through at induction. A staff member when asked about these said, "we [the staff] are here for them [people using the service]. We try to create a nice atmosphere and reassure people about any worries they have." They reported that the provider and deputy manager were 'hands on' and acted as role models in terms of how they talked to people and staff and recorded information. They said the staff team was very close and supportive and this made the service an enjoyable place to work. Notes of team meetings showed that staff were given the opportunity to raise any concerns and contribute their ideas about how the service operated.

The provider had a system to formally collect people's views. People completed a questionnaire every three months about the service. People had made positive comments on how they were treated by staff and the support they had received. For example, a person had said, "they liked all the staff". People were asked to make suggestions for improving the service. Most people said they thought the service did not require improvement.

The provider ensured the quality of the service. People's care records were up to date and comprehensive. They included evidence of oversight and involvement by the managers of the service. For example, managers had checked that care plans met people's current needs effectively and that medication administration records were fully completed.

A health professional told us their team considered the provider had the knowledge and skills necessary to operate a care home for people with mental health needs. For example, they said the provider and staff were skilled in supporting people to maintain their health and develop their skills. They told us the provider had a good understanding of partnership working and was able to understand when it was appropriate to seek help from external agencies.