New Outlook Housing Association Limited

Tulip Gardens

Inspection report

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Date of inspection visit:
19 April 2017

Date of publication:
13 June 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 19 April 2017 was unannounced. The inspection team consisted of one inspector. At our last inspection in 2014 we found that the home was rated as Good.

Tulip Gardens is a care home without nursing for up to eight people who have learning disabilities. At the time of the inspection eight people were living at the home. Most of the people who lived at the home did communicate verbally. The home has a registered manager and an operations manager who were present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, their relatives and staff told us they felt people were safe in the home. Staff were aware of the need to keep people safe and they knew how to report allegations or suspicions of poor practice. People were protected from possible errors in relation to their medicines because the arrangements for the storage, administration and recording of medicines were good and there were systems for checking that medication had been administered to people in the correct way.

People's relatives told us that they were happy with the care provided. People had opportunities to participate in some activities in the home and community. Most people who lived at the home had limited verbal communication and we saw that staff asked people how they wanted to be supported in a way that they understood. When necessary people were supported by those important to them to express their views. People were treated with dignity and respect.

Staff understood the needs of the people who used the service. We saw that staff communicated well with each other. Staff were appropriately trained, skilled and supervised and they received opportunities to further develop their skills.

The registered manager did not have a good understanding of the principals of the Mental Capacity Act (2005), and associated guidance in respect of making best interest decisions on behalf of people. They had not applied for authorisations to deprive people of their liberty.

People were supported to have their healthcare needs met and had regular access to healthcare professionals. Some people did not have sufficient food to meet their nutritional needs. Personal evacuation plans had not been completed for each person as was the providers' processes, and in the event of a fire or other evacuation staff would not have instructions about how to support people. We were advised after the inspection that 5 members of staff had participated in a fire drill and evacuation with people using the service. However staff we spoke with gave us inconsistent answers about how to support people to leave the building in the event of an emergency, and could not tell us when they had taken part in fire drills." We found that people may not have been safely supported in such circumstances.

The provider did not have effective systems in place to monitor that the service was compliant with the regulations and striving to continually improve.

You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were not always sufficient staff to meet people's needs.

People may not have been able to leave the building safely in the event of an emergency.

People told us they felt safe and we saw that people were confident to approach staff.

Staff demonstrated that they knew how to keep people safe.

People received their medicines safely and as prescribed.

Is the service effective?

Requires Improvement

This service was not always effective.

Decisions made on behalf of people were not always made in line with guidance and legislation.

People may not have received the appropriate support to eat and drink enough to maintain their health.

People were supported by a range of health professionals.

Is the service caring?

Good

This service was caring.

People told us that they felt cared for and that staff were kind.

Staff sought people's views about their care and took these into account when planning their care and support.

People felt that they were treated with dignity and respect.

Is the service responsive?

Requires Improvement

This service was not always responsive.

People were not supported to take part in a range of activities and interest they enjoyed.

People received care that was personalised to them and their choices.

If needed people could access the provider's formal complaints system.

Is the service well-led?

Requires Improvement

This service was not always well-led.

The systems in place to check on the quality of the service were not effective and had failed to identify several areas of concern.

The processes in place to seek people's views of the service were not robust.

The provider returned required information to CQC as required.

Tulip Gardens

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.

This inspection took place on 19 April 2017 and was unannounced. The home was last inspected in 2014, and was rated good at that time. The inspection team comprised of one inspector.

We asked the provider to complete a 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. This was received within the necessary timescale. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and in addition considered feedback provided to us by commissioners of the service and Health Watch. We used this information to help us plan our inspection.

During our inspection visit we spoke with the registered manager, two members of the staff team and three people. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We sampled records, including two peoples' care plans, staffing records, complaints, medication and quality monitoring. After the visit we spoke with relatives of one person who used the service.

Requires Improvement

Is the service safe?

Our findings

People did not have access to staff to keep them safe and well at all times. When we spoke with people and relatives about the staffing levels at Tulip Gardens we had mixed responses. A relative told us, "Over the weekend they work on a skeleton staff, they are short staffed." During our inspection we saw that people did spend long periods of time with no staff contact. We also saw that the majority of staff contact was task orientated such as asking people if they wanted a drink. One member of staff told us, "Some staff are lazy, the manager is not on the floor to see it." Another member of staff said, "Most people spend too much time in their bedrooms, staff don't do any activities with people they just sit and watch TV." Another staff member said "We have enough staff but they need to be more experienced." We brought this to the attention of the registered manager who assured us that the home had sufficient numbers of staff with the recent exception of possibly needing more night staff. This was because one person's health care needs had recently changed. The registered manager told us that they were recruiting additional night staff to support that person. We looked at the staffing rota and noted that staff were on shift as the rota specified. Throughout the day we saw that staff were available to support people with tasks, but were not available to support people with their interests or activities.

In some areas people were protected from harm in the event of an emergency. For example, we saw that fire safety had been considered and fire equipment checks and smoke alarm tests had been done regularly. Personal evacuation plans had not been completed for each person as was the providers' processes, and in the event of a fire or other evacuation staff would not have instructions about how to support people. Staff we spoke with gave us inconsistent answers about how to support people to leave the building in the event of an emergency, and could not tell us when they had taken part in fire drills. We found that people may not have been safely supported in such circumstances.

Everyone we spoke with told us that they felt people living at the home were safe. We saw that people looked relaxed in the company of staff and were confident to approach them for support and comfort. One person said, "The staff are fine, I feel safe living here." A staff member told us, "I think people are safe and well looked after. The staff are brilliant with the people here."

Staff knew what constituted abuse and what to do if they suspected someone was being abused. They knew how to report their concerns to the registered manager and external agencies such as the Local Authority. The registered manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. All the staff we spoke with believed any concerns would be taken seriously by the registered manager. We saw that the provider had systems in place to protect people from abuse and neglect.

We saw that the registered manager had assessed and recorded the risks associated with people's medical conditions and any activities which may have posed a risk to staff or people using the service. When necessary, measures were put in place to minimise any danger to people. Records we looked at showed that, where they were known about, the premises were kept free from avoidable risks of harm to people, and that any maintenance issues were dealt with promptly to keep the building safe.

Accidents and incidents were managed well within the home and helped to make sure people stayed safe. We saw the recording system used by the registered manager and the operations manager confirmed that accidents and incidents were analysed at the head office for any trends or patterns. This helped to ensure that the likelihood of accidents happening in future would be reduced.

Recruitment processes were in place to help minimise the risks of employing unsuitable staff. Staff told us that the provider had taken up references about them and they had been interviewed as part of the recruitment and selection process. We reviewed staff recruitment files and noted that the registered provider's recruitment process contained the relevant checks before staff worked with people. The registered manager confirmed they were supported by the provider's human resources (HR) department during the recruitment process, and showed us the current DBS or police checks that they held for all of the staff who worked there. The registered manager said they were unable to offer employment to applicants until the HR department confirmed that they had conducted the appropriate checks to identify that staff were suitable to support people who used the service. We found that staff were recruited safely.

People received their medicines safely and when they needed them. Staff we spoke with were confident that they could administer medicines safely. We saw that medicines were kept in a suitably safe location which had temperature checks which helped to make sure that the medicines remained effective. The medicines were administered by staff who were trained to do so. Where medicines were prescribed to be administered 'as required', there was information and guidance for staff about the person's symptoms and conditions which told staff when they should be administered. We saw that where people had skin creams prescribed, that these were applied in accordance with the instructions and their application was recorded on the person's records.

We sampled the Medication Administration Records (MARs) and found that they had been correctly completed. We noted that past recording errors had been identified by the registered manager and corrective action taken to keep people safe. We saw that medicines were administered in a safe and unrushed manner. We observed a member of staff obtaining consent from people before giving them their prescribed medicines. This helped to ensure that people were involved in their care.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that the registered manager was not aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS).

When people were thought to lack mental capacity the registered manager had not ensured that assessments of their mental capacity had been undertaken or that best interest meetings had been held to support decisions made. We saw that some people were under continuous supervision and support. Staff and people told us they were not allowed to leave the building alone, one staff member said, "No one can leave the grounds on their own, we always go with them." At the time of our inspection no applications had been made to request that someone was deprived of their liberty. After the inspection the registered manager told us that the DoLS applications had been completed.

We looked at peoples care records and saw that in some cases relatives were making decisions about people's finances and health and care without having the legal authority to do so. Staff we spoke with confirmed this was happened. The registered manager told us that this issue would be addressed.

People gave us mixed responses when we asked them about the food in the home. One person said it was, "Fine." Another person said, "When [a staff member] is on duty we always get ham sandwiches, we don't get apples anymore." Another person said, "The food is okay, I get biscuits." We saw that where people needed to have certain types of diets, such as pureed food, there were clear instructions for staff to follow and staff we spoke with knew which people needed what type of diet. Staff told us that they thought the food people had should improve, one staff member said, "We have concerns about people always getting the same food, people don't choose what they have except on the day from two options. I would change the menu." The registered manager told us that they planned to introduce a four week menu. A relative told us that they did not know what their son ate or if he was offered things he enjoyed. We found that people and, where appropriate, their relatives were not involved in decisions about menu planning and choice of food available.

People who were at risk of malnutrition had not had their weight monitored regularly or the food they actually ate recorded. For example one person had lost a significant amount of weight over six months prior to our inspection. This had not been identified by the home until very recently when the person had been referred to their GP for support and guidance. We noted that instructions from the persons GP had changed

the day before our inspection but not all staff were aware of this change. The GP had advised the staff to offer extra snacks and high calorie drinks to enable the person to gain the weight they had lost. When we spoke with staff during our inspection they were not aware of the need to do this. We could not be sure people were receiving adequate nutrition to meet their needs.

Staff told us that they received an induction which included getting to know people's needs and shadowing more established staff before they began working on their own with people. One member of staff told us, "I completed an induction book and shadowed other staff." There was evidence that inductions had taken place with the support of the care certificate [a nationally recognised induction programme for new staff].This process helped staff to support people based on best practice and current knowledge.

Staff received training when they began working at the home and then annual updates in relation to training such as safeguarding, medication, health & safety and first aid. In discussions, staff demonstrated that they knew and understood the implications of people's mental and physical health conditions in relation to how they needed care and support. Staff could explain how people preferred to communicate and what their individual gestures and sounds meant. There were details of people's specific needs in relation to their health in their care plans which staff could consult when necessary.

We looked at the supervision arrangements for staff. The staff we spoke with confirmed they had received recent supervision and felt supported in their roles. Supervision is an important tool which helped to ensure staff received the guidance required to develop their skills and understand their role and responsibilities. There had also been recent staff meetings at which staff discussed people's care, staff responsibilities and any concerns that they might have. This helped to ensure staff had support to do their jobs well.

We saw that people were regularly supported to access health services. We noted that people had various health professionals who supported them, and who had offered guidance to support the registered manager to deliver effective care. Records we looked at showed that people had the health support they needed, for example, one person had recently been supported by an occupational therapist to obtain some aids to ensure their safety within the home. People in the home were supported to make use of the services of a variety of mental and physical health professionals including psychiatric professionals and community nurses.

Good

Is the service caring?

Our findings

People we spoke with were positive about the caring nature of the staff team. A person told us, "Some staff are kind really, not nasty." Another person said, "It's okay here, I'm okay. People are nice enough." A relative told us, "My sons' key worker is absolutely fabulous, they are excellent." Staff also said that people were cared for well. Staff said, "I think about 90% of the staff are really kind and caring but the rest just do the tasks." and "We are all good with the residents."

People told us that on occasion they felt alone, one person told us, "[The staff] try their best, but I can be lonely." We saw that many people spent large parts of the day in their own rooms, or alone in the communal rooms. During our visit we spent time in the communal areas and saw that staff interacted with people in a warm and kind way. We saw staff respond to people's attempts to communicate in a timely and supportive manner. We noted that there was a friendly and relaxed atmosphere within the home, but staff were focussed on completing tasks rather than engaging with people in a meaningful way. For example, several people were being wheeled into the lounge area and being left in their wheelchair without the member of staff speaking with them, we did not see staff sitting and talking with people other than to complete tasks such as giving a drink.

People were supported to be involved in their own care and make decisions about their day, such as what to wear and where to be within the home. Staff told us that they helped to promote each person's independence where possible. Staff we spoke with had a good knowledge of people they cared for and referred to them fondly and respectfully. For example, we saw that staff made sure one person was dressed in their favourite clothes and made comfortable in a way that was important to them. They could describe individual preferences of people and knew about things that mattered to them. We saw that there were clear records of how people wanted to be addressed by staff and what they liked to do. We observed staff addressing people by their preferred names and supporting people in line with their wishes.

People gave us mixed responses about how staff respected their privacy. One person said, "Sometimes they knock my door and sometimes they don't when they come in." Another person told us that staff were very respectful of their privacy, and told us how staff would leave them to do as much of their own care as possible which they appreciated. Staff we spoke with could describe what they did in practice to protect people's privacy and dignity. For example one staff member explained how they offered personal care in a dignified manner, and made sure tasks were undertaken at a suitable pace for the person. People had access to their own rooms for private space and one person told us that they liked to spend time alone in their bedroom which staff respected.

We checked staff's understanding of confidentiality. Staff could describe ways in which they kept people's personal information confidential. This practice meant people could be confident that their personal information would not be shared. We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager told us they had used advocates in the past, and they were aware of where to go to apply for one if needed.

Requires Improvement

Is the service responsive?

Our findings

People told us that they only had access to a limited amount of activities. One person said, "I find things are alright, somebody does exercises with us." Staff knew the activities that people enjoyed, but told us that people did not access as many activities as they wanted. One staff member said, "People do a few activities in the house but [one person] doesn't go out much. Staff are expected to do something with people every day but it doesn't really happen." Another staff member said, "People would like more activities." When we spoke to the registered manager about the issue of activities for people to take part in, they showed us the records of a recent staff meeting where the issue of increasing the number and range of activities had been raised. They assured us that this was an area that would shortly be improved. People and relatives told us that they did not have access to as many activities as they may have wanted.

People and staff gave us mixed feedback about how well complaints might be dealt with. One person said, "The manager is okay, I could complain." Another person said, "I don't think anything would change if I complained." One staff member said, "We have some issues, but nothing happens." Relatives we spoke with told us they would speak to the registered manager if they had any concerns. We saw that there was a system for responding to complaints and we noted that the registered manager had received one complaint recently that had been dealt with and responded to appropriately. There were clear policies and procedures for dealing with complaints. Relatives told us that the registered manager and staff were approachable and they would tell them if they were not happy or had a complaint.

People were encouraged and helped to maintain contact with friends and family members who they said were important to them. Relatives we spoke with and records showed that they had regular contact with people in the home. Some people also went to their family home if they wished. One relative told us that they felt comfortable visiting the home and felt welcomed there.

People received care that was personal to them. Care records we saw contained information for staff about people's personal preferences, daily routines and life history. Peoples care records had been made personal to them and contained details about what each person liked and disliked. This helped staff identify what was important to people. Records contained a statement about what gender each person would like their carer to be and we noted that this preference was followed by staff whenever possible. Relatives we spoke with told us that they had been involved in the review of care plans and felt involved in the care and support that was given to their relative by the staff.

Requires Improvement

Is the service well-led?

Our findings

The providers own systems to assess and monitor the service were not fully effective and had failed to identify issues related to protecting the rights of people in line with the Mental Capacity Act, Deprivation of Liberty Safeguards. The systems had also failed to identify issues related to staff practice and risk management records of how staff should keep people safe in the event of an emergency.

The provider had not ensured checks had been conducted or regular audits undertaken in all areas to keep people safe and well. For example care records relating to peoples risks had not been audited, and this had meant that some people had not been weighed to make sure they remained healthy. People did not have their safety ensured by the use of personalised evacuation plans, as they had not been completed. During the inspection we noted that the water temperature of the hot water from some taps was very high. Routine audits had not identified this issue and actions had not been taken to rectify it. The activities plans that should have been in place for people had not been completed and people were not benefiting from a sufficient range of activities and interests. When we spoke with the registered manager about these issues they told us they would be rectified as soon as possible.

There were no effective processes in place to seek the views of people that used the service. Whilst we saw that some surveys had been undertaken with people it was unclear as to what actions had been taken in light of the information provided in the surveys. Although the provider had a service user forum we found that people had not been as involved in their care planning as much as possible.

There was an ineffective quality assurance process that had not ensured the service was monitored and audited well. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

There was a registered manager in post. People who lived at the home and their relatives told us they knew who the registered manager was and they felt comfortable to approach them at any time. Staff told us that the registered manager was approachable. Staff knew there were procedures in place should they wish to raise concerns about poor practice and they felt confident in using the procedures.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that an effective notification system was in place and we had received notifications in line with current legislation. We saw that the ratings given to the home by CQC were appropriately displayed and in line with current regulation.

People told us they liked living at the home. We saw the registered manager and staff spoke with people and supported them throughout the day in a responsive and friendly manner. Staff were able to describe their roles and responsibilities and knew what was expected from them. Staff told us that staff meetings were held regularly which enabled staff to voice their opinions towards the continual development of the home. The registered manager had ensured resources were available to staff to meet the support needs of people, such as protective gloves and aprons. Staff told us they could contact the registered manager if they needed

assistance, and felt supported by the management team.

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 There was an ineffective quality assurance process that had not ensured the service was monitored and audited well